

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	25/05/2023 09:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 06:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	(TUAS) BEFORE EXIT 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8567G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN KAR LEONG
NRIC No	SXXXX605D
Email Address	isaac.chin0918@gmail.com
Mobile Phone No	(Phone) +65-82876068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1368

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00213412100

DRIVER

Name of Driver	CHIN KAR LEONG
NRIC No	SXXXX605D
Date Of Birth	18/09/1989
Occupation	Indoor

Date Of Driving Pass	25/05/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-82876068
Alt. Phone Number	-
Email Address	isaac.chin0918@gmail.com
Address	BLK 406 BEDOK NORTH AVENUE 3 #06-191
Address complement	-
Postcode	460408
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230521/7067

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8646A
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DAS DIP KUMAR
Passport No/FIN	GXXXXX074Q
Contact Number	(Phone) +65-93688462
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIN KAR LEONG
Gender	Male
Phone No	(Phone) +65-82876068
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLA8567G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

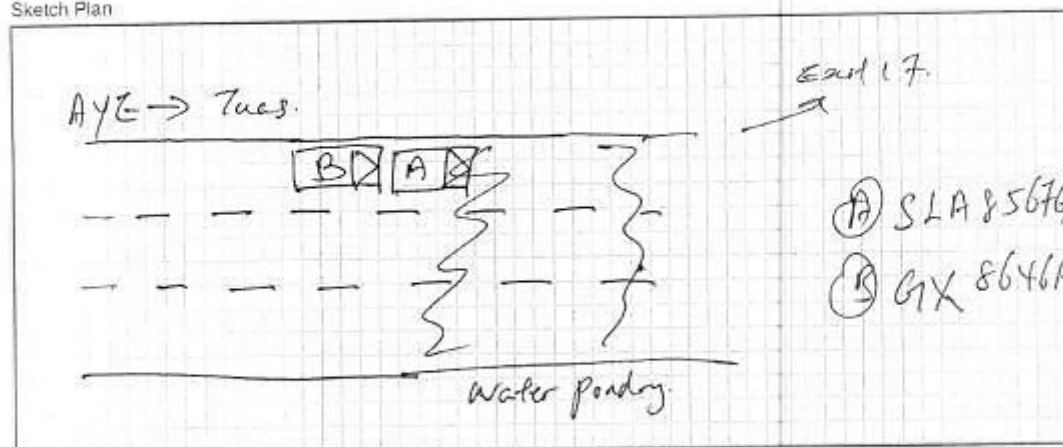
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

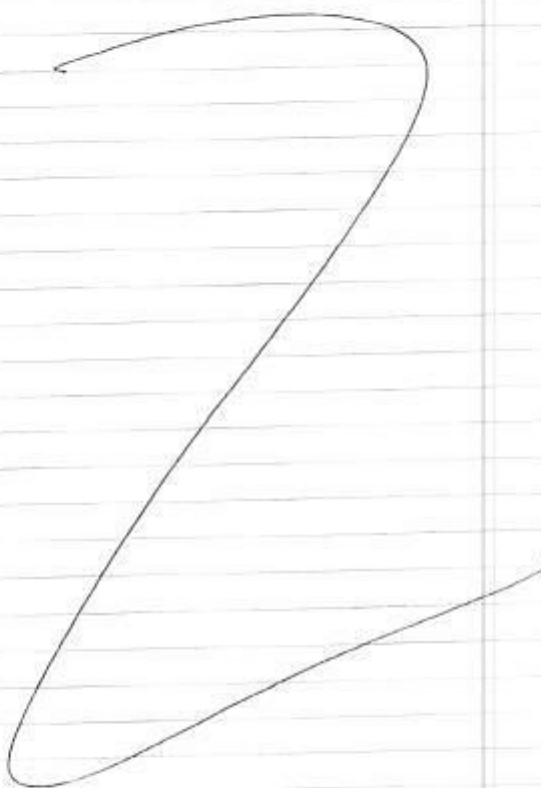
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report G/20230521/7067



Declaration
I/We declare the foregoing particulars are true in every respect.

CJ
Policyholder's Signature / Date & Time

CJ
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 25/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











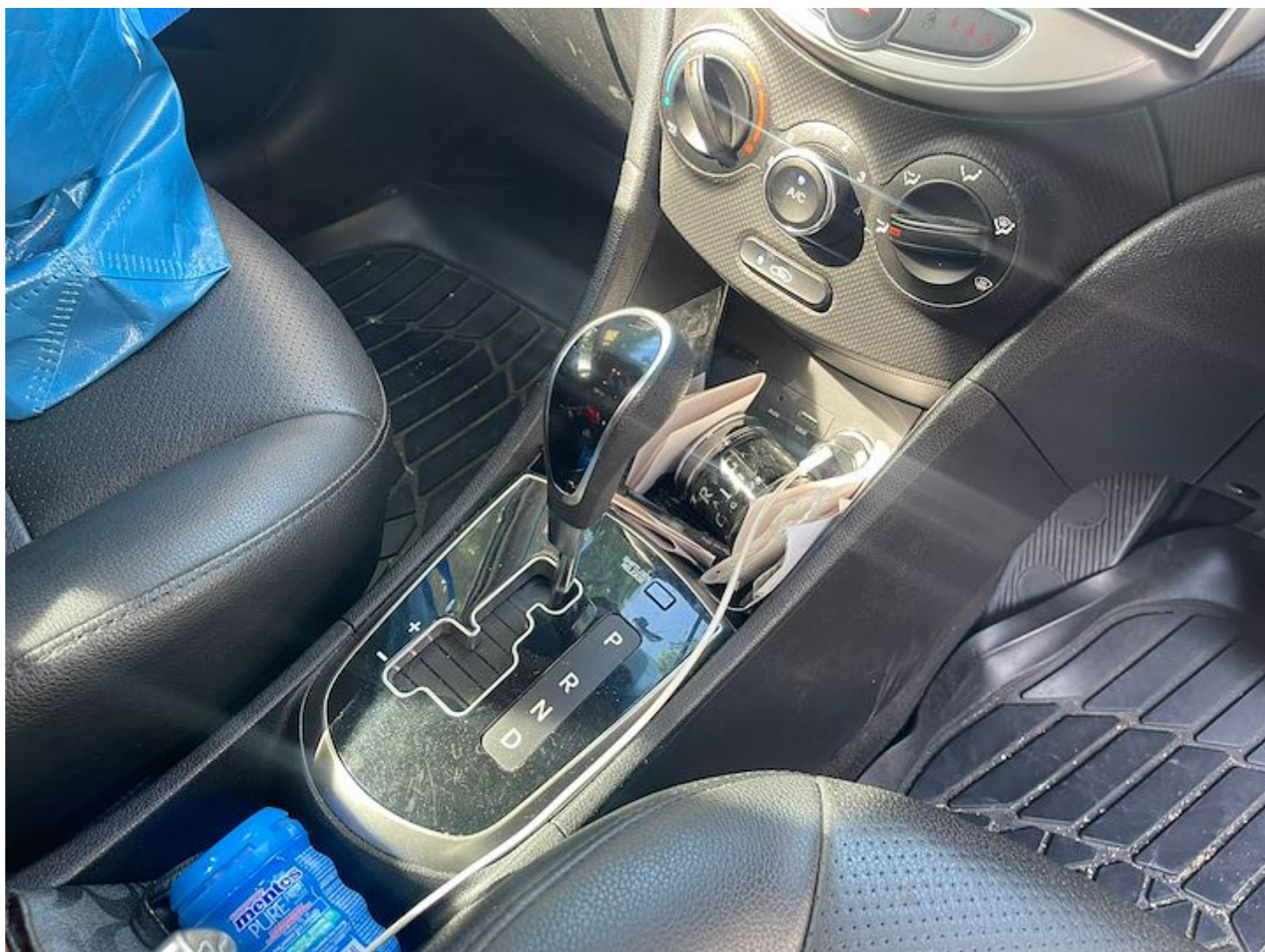






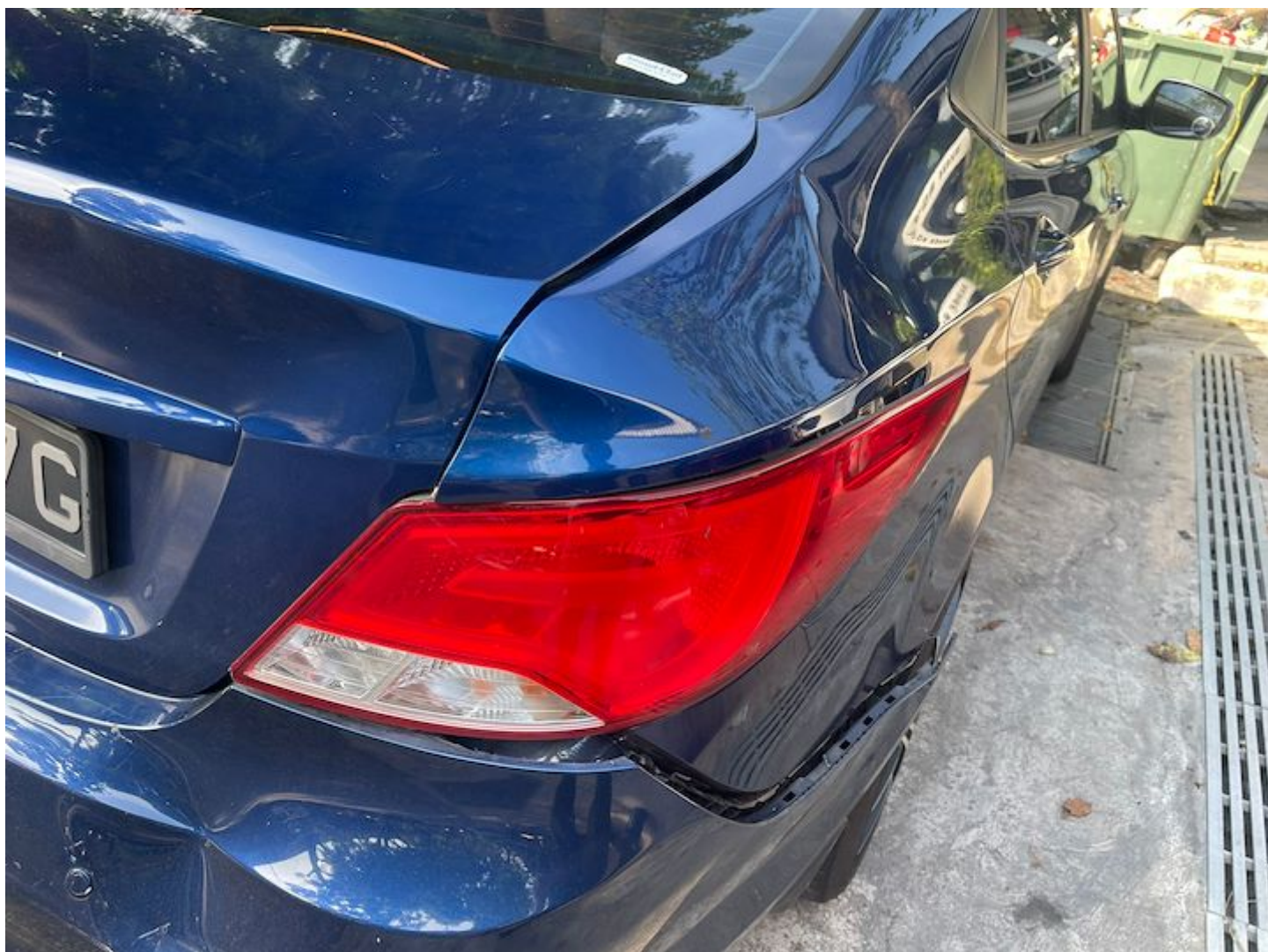













**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20230521/7067

1 of 2

Report No. G/20230521/7067

Date/Time Report Made 21/05/2023 20:30	Vide Report No.	Station Diary No.
Name Of Informant CHIN KAR LEONG	Address 406 BEDOK NORTH AVENUE 3 #06-191 SINGAPORE 460406	
ID Type / ID No. NRIC NO / S8980605D	Contact No. Home/Office:	Mobile: 82876068
Nationality SINGAPORE CITIZEN	Email Address ISAAC.CHIN0918@GMAIL.COM	
Occupation Procurement engineer	Sex Male	Age 33
Institution/School Name	Date of Birth 18/09/1989	Race Chinese
Date/Time Of Incident 21/05/2023 06:56 - 21/05/2023 06:56	Language English	
	Location Of Incident AYE In front of SPH Print Centre	

Brief details.

Due to heavy rain and road flooded, I'm driving around 50-60 km/h this morning - My vehicle No: SLA8567G. When I was about to exit AYE with my speed reduce - about 30 - 40km/h (toward to Jurong Island Port), I heard a loud bang.
To my realize, my car was hit by lorry - GX 8646A.

The driver alight and questioning me why did i stop, I told him, i only reduce speed inorder to exit AYE and did not stopped my vehicle.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
21/05/2023 20:30

Classification Of Case:

This report is lodged at Eunus NPP Kiosk



**SINGAPORE
POLICE FORCE**



G/20230521/7067

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230521/7067

My car back booth was dented with the lights almost dropped off and i m not able to open the booth.
Back bumper give way, dented and alignment run off. As for the lorry, right headlight dropped off and
front dented. None of us was injured during the accident.
Video and camera took on spot.

The lorry driver's particular as below:

Lorry driver name: DAS DIP KUMAR

Work Permit No: G3458074Q

Subjects Involved			
Victim			
Person Name	CHIN KAR LEONG		
ID Type	NRIC NO	ID No	S8980605D
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Procurement engineer	Address	406 BEDOK NORTH AVENUE 3 #06-191 SINGAPORE 460406
Mobile No	82876068	Is Informant A Victim?	Yes
Person Name	CHIN KAR LEONG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
21/05/2023 20:30

Classification Of Case:

This report is lodged at Eunus NPP Kiosk