

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 13/06/2023 14:22 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 12/06/2023 17:48 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT BATOK AVE 6, AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7154C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAN CHUN YUIN CHYI
NRIC No SXXXX232D
Email Address MASSIVETRD@GMAIL.COM
Mobile Phone No (Phone) +65-91053307
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNA00001492301

DRIVER

Name of Driver SEAN CHUN YUIN CHYI
NRIC No SXXXX232D
Date Of Birth 05/01/1977
Occupation Outdoor

Date Of Driving Pass	19/05/1997
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91053307
Alt. Phone Number	-
Email Address	MASSIVETRD@GMAIL.COM
Address	APT BLK 460B BUKIT BATOK WEST AVE 9
Address complement	#04-43
Postcode	652460
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED STATEMENT

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	SNJ6432D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOK SHI FU,FREDRIC
NRIC No	SXXXX664H
Contact Number	(Phone) +65-86542894
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	SEAN CHUN YUIN CHIYI
Gender	Male
Phone No	(Phone) +65-91053307
Address	APT BLK 460B BUKIT BATOK WEST AVE 9
Address Complement	#04-43
Post Code	652460
Approximate Age Years Old	-
Injuries Sustained	BACK&NECK PAIN
Injured person in which vehicle?	SMZ7154C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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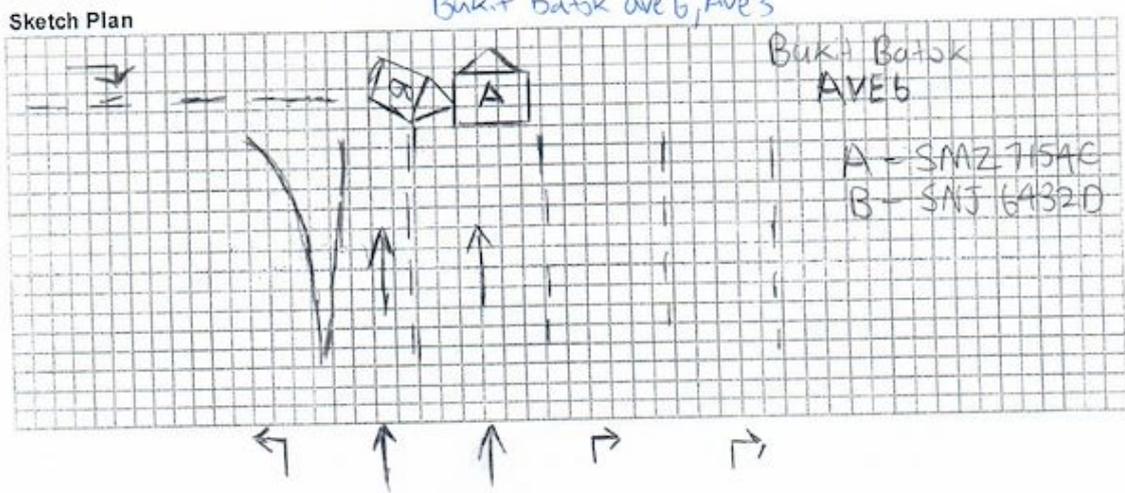
8. Consent under the Personal Data Protection Act (PDPA)

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 Bukit batok ave 6, Ave 3	 13/6/2023 Witnessed by Reporting Centre Personnel
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Describe Circumstance of the Accident

I was driving along bukit butok Ave 6, when the traffic lights turned green vehicle B was on my left at bukit butok Ave 3 vehicle B failed to confirm red light and hit the rear left of my car.

Report Number: W/20230615/2041

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

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 13/6/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230613/2041

1 of 3
Report No. T/20230613/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 13:18
Vide Report No.:
Station Diary No.: 56

Informant's Particulars

Name of Informant: SEAN CHUN YUIN CHYI		Address: APT BLK 460B BUKIT BATOK WEST AVENUE 9 #04-43 SINGAPORE 652460	
ID Type / ID No.: NRIC NO / S7700232D		Contact No.: Home/Office: Mobile: 91053307	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 05/01/1977	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 17:45	Type of Location: X-Junction
Location: BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ7154C	Car	KIA	CERATO 1.6(A) SUNROOF	White	Slightly Damaged	2
SNJ6432D	Car	HYUNDAI	KONA		Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890998

Report No. 1192 0001 0001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMZ7154C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000149 2301	13/02/2023	12/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SEAN CHUN YUIN CHYI	ID No.	S7700232D
Related Vehicle	SMZ7154C (Car)	Contact No.	91053307
Hospital/Clinic	LIM CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.
On 12/06/2023 1748hrs, while I was driving my car (White KIA Cerato SMZ7154C) on Bukit Batok East Ave 6, going straight towards the other side of the cross junction, a White Hyundai Kona, SNJ6432D (GetGo Carsharing) dashed the red light from Bukit Batok East Avenue 3 turning right towards Bukit Batok East Avenue 6 and crashed into the left side of my car. The left passenger door of my car was dented and unable to open due to the crash. And the front of his car was crushed, and his car plate dropped. At that time, there were 2 grab passengers on my car, however I am unsure how many passengers were on his car. The driver (Mok Shi Fu, Fredric, S9535664H, 86542894) exited his car and made a check on his car. We both agreed on settling the accident through insurance. I went to Lim Clinic and Surgery as my back and neck fell pain after the accident and got 3 days MC.

I would like to add that I have the video footage of the accident from my dashcam. I am making this report for insurance purposes.

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
80 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890996

Barcode: T/20230613/2041

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Report No. T/20230613/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 CHUA HUI TING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2023 13:18
Officer In Charge Of Case TP / AEIT / SI TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:

NP168











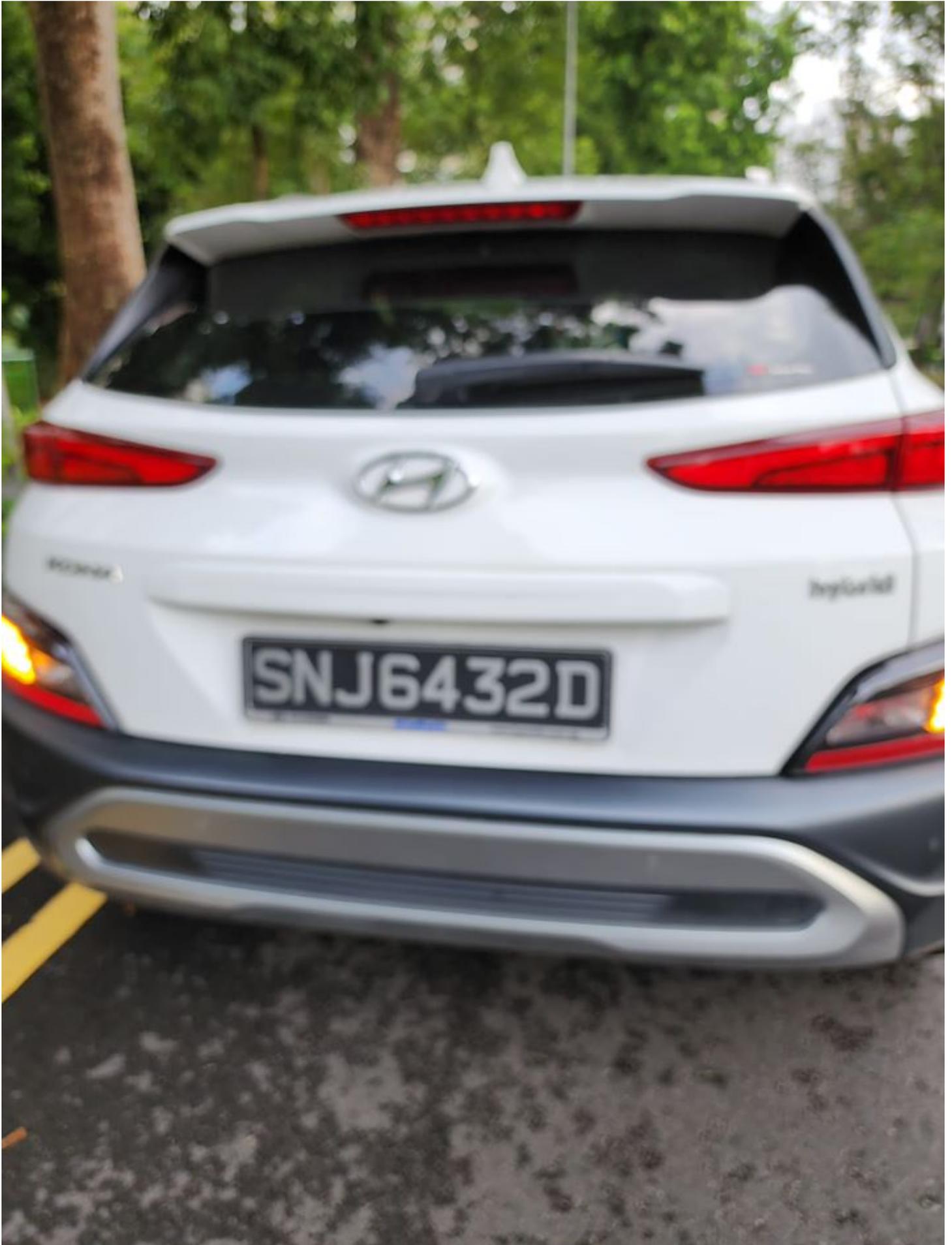
















SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/202306132541 2 of 3

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ7154C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00001492301	13/02/2023	12/02/2024

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Use of Pedestrian Crossing: NA	
Driver	
Name	SEAN CHUN YUIN CHYI
ID No.	S7700232D
Related Vehicle	SMZ7154C (Car)
Contact No.	91053307
Hospital/Clinic	LIM CLINIC AND SURGERY
Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2023
Date Discharge	NIL
No. of Days granted Medical Leave	03
Degree of Injury	Slight

Brief Details.

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230613/2041

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Report No: T/20230613/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /
SGT 2 CHUA HUI TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/06/2023 13:18

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

NP168

