

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	22/06/2023 16:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/06/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER THOMSON ROAD TOWARDS SIN MING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4388K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH WEI HUAT , ALVIN (SU WEIFA)
NRIC No	SXXXX578J
Email Address	alvinsoh.era@gmail.com
Mobile Phone No	(Phone) +65-91188320
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00137732201

DRIVER

Name of Driver	SOH WEI HUAT , ALVIN (SU WEIFA)
NRIC No	SXXXX578J
Date Of Birth	19/02/1988
Occupation	Indoor

Date Of Driving Pass	13/12/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91188320
Alt. Phone Number	-
Email Address	alvinsoh.era@gmail.com
Address	APT BLK 234 LORONG 8 TOA PAYOH
Address complement	# 03-284
Postcode	310234
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT -

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG2158E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	JULAYHA
NRIC No	TXXXX023J
Contact Number	(Phone) +65-83285612
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	SOH WEI HUAT , ALVIN (SU WEIFA)
Gender	Male
Phone No	(Phone) +65-91188320
Address	APT BLK 234 LORONG 8 TOA PAYOH
Address Complement	# 03-284
Post Code	310234
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SMC4388K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

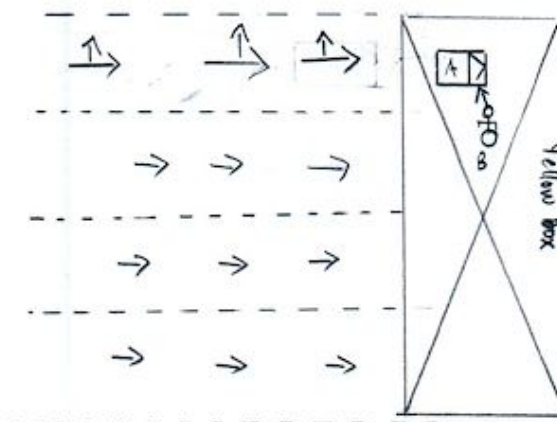
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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 _____

Sketch Plan Along upper Thomson Road Towards Sin Ming



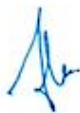
A: SMC4388K
 B: FBG2158E

Describe Circumstances of the Accident

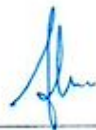
On 21/06/2023 at about 1930hrs, I was driving along upper Thomson road towards Sin Ming, and was driving straight road, suddenly vehicle B (PBG2158E) bump into my front right portion of my car.

Declaration

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



Policyholder's Signature / Date & Time



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

 22/06/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230622/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230622/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC4388K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001377 32201	01/07/2022	30/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SOH WEI HUAT, ALVIN		ID No. S8805578J
Related Vehicle	SMC4388K (Car)		Contact No. 91188320
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of Slight

Brief Details.

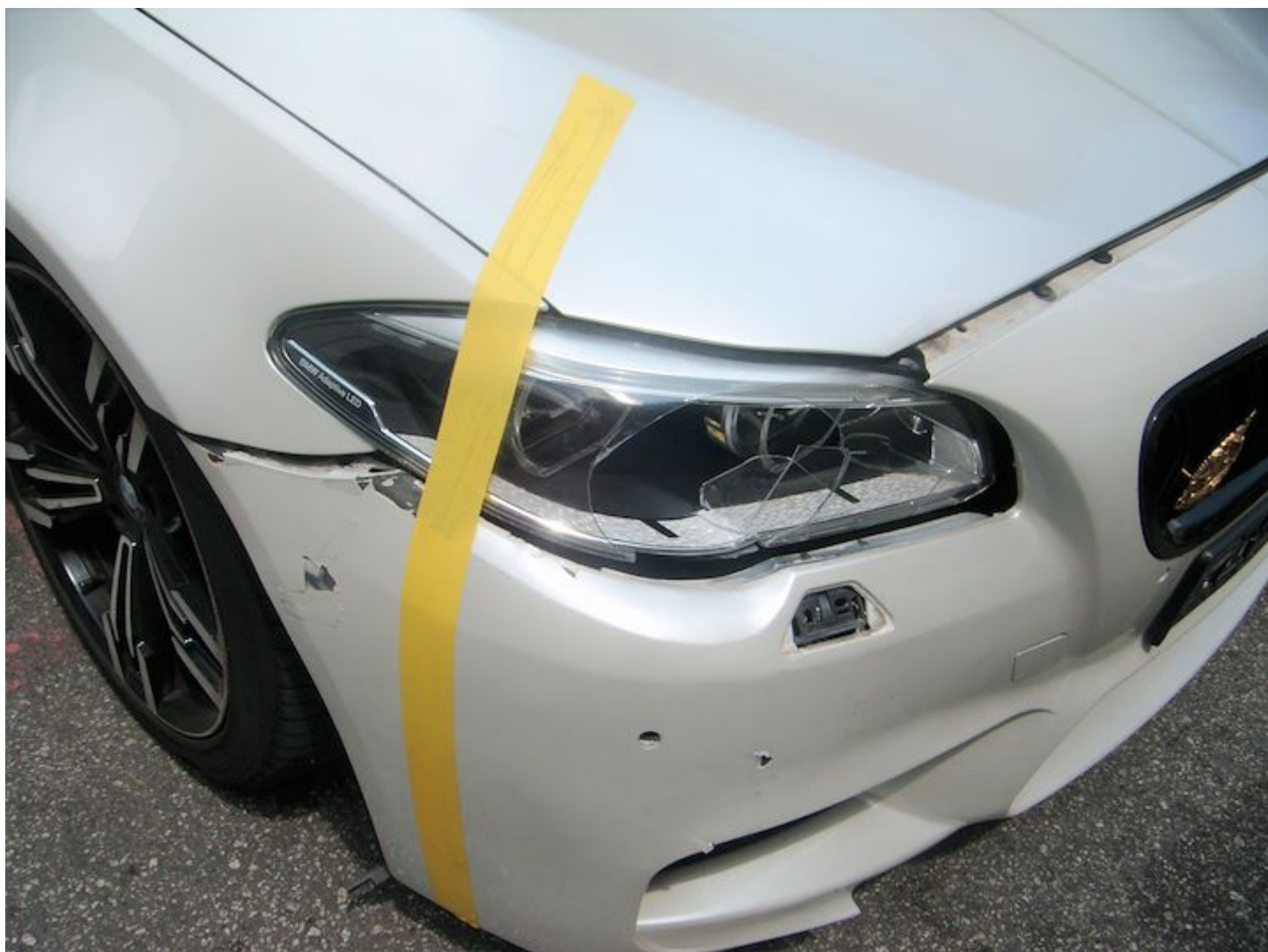
I was driving straight along upper Thomson road towards Sin Ming suddenly vehicle B FBG2158E bump into my front right portion of my car.





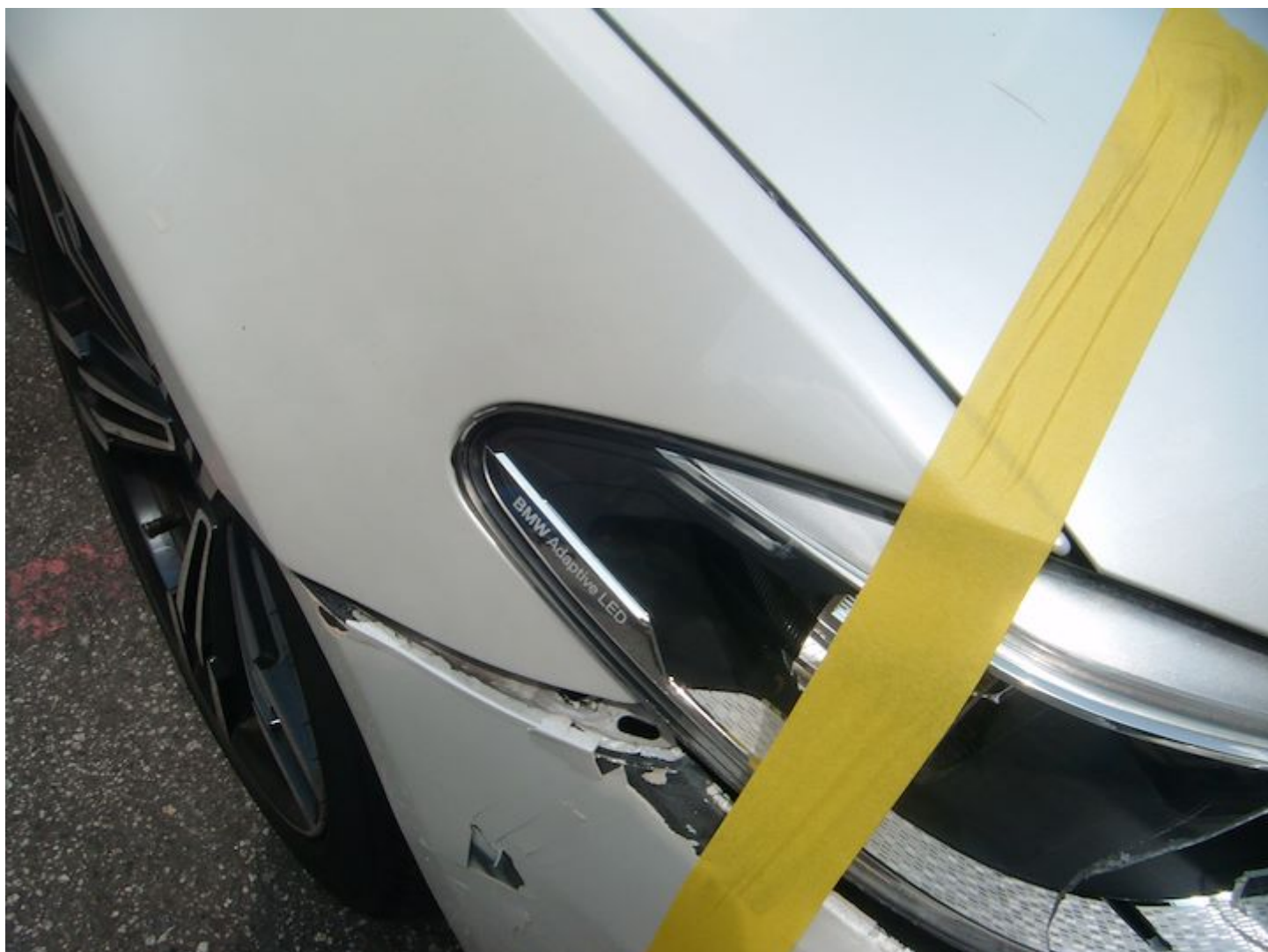















**SINGAPORE
POLICE FORCE**


T/20230622/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230622/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2023 12:01	Vide Report No.: E/20230621/0142	Station Diary No.:
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Informant's Particulars

Name of Informant: SOH WEI HUAT, ALVIN	Address: 234 LORONG 8 TOA PAYOH #03-284 SINGAPORE 310234		
ID Type / ID No.: NRIC NO / S8805578J	Contact No.:	Mobile: 91188320	
Nationality: SINGAPORE CITIZEN	Email:	ALVINSOH.ERA@GMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 19/02/1988	Type of Informant: Vehicle Owner
Race: Chinese	Language: English		
Occupation: Intellectual property agent	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2023 19:30	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG2158E	Motorcycle	HONDA				0
SMC4388K	Car	BMW	528			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230622/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230622/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC4388K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001377 32201	01/07/2022	30/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SOH WEI HUAT, ALVIN		ID No. S8805578J
Related Vehicle	SMC4388K (Car)		Contact No. 91188320
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of Slight

Brief Details.

I was driving straight along upper Thomson road towards Sin Ming suddenly vehicle B FBG2158E bump into my front right portion of my car.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230622/7024

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Report No. T/20230622/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Signature Of Informant:

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

Date/Time:
22/06/2023 12:01

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09236M000C Vehicle Registration No: SMC 4388K
 Name (as shown in NRIC): soh wei huat, Alvin NRIC/FIN/Passport No: S8805578J
 (Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT B1K 234 Lorong 8 Toa Payoh # 03-284 Singapore (310234)
 Contact (Tel): _____ Mobile No.: 9118 8320
 Email Address: ALVIN.SOH.ERA@GMAIL.COM
 Date of Accident: 21/06/2023 Time of Accident: 19:30
 Place of Accident: Along upper Thomson Road Towards Sin Ming
 Insurance Company: china taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Injuries: Any Injuries? Yes: whiplash.

Amend Add Police Report - T1 20230622 /7022

Amend sketch plan.

Amend Circumstance of accident.

Amend add injured person 1.

Policyholder / Actual Driver's Signature
Date:

[Signature] 26/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: