

# 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 .....	28/06/2023 17:56 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/06/2023 20:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PUNGGOL FIELD TWDS PUNGGOL WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS3247T
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA TECK KIONG
NRIC No .....	S0024329I
Email Address .....	tktonychua@yahoo.com
Mobile Phone No .....	(Phone) +65-90098890
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MQ003687-R01

### DRIVER

Name of Driver .....	CHOO LYE HIANG
NRIC No .....	S1182638E
Date Of Birth .....	17/05/1956
Occupation .....	Indoor

Date Of Driving Pass .....	28/04/1981
Driving experience .....	42 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81137152
Alt. Phone Number .....	-
Email Address .....	choolyehiang@gmail.com
Address .....	24 JALAN KUANG
Address complement .....	-
Postcode .....	488892
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	PC9347K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

VEH NO: SLS32477  
INSURER: Tokio  
DATE OF ACC: 27/06/23 @ 2015

**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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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.

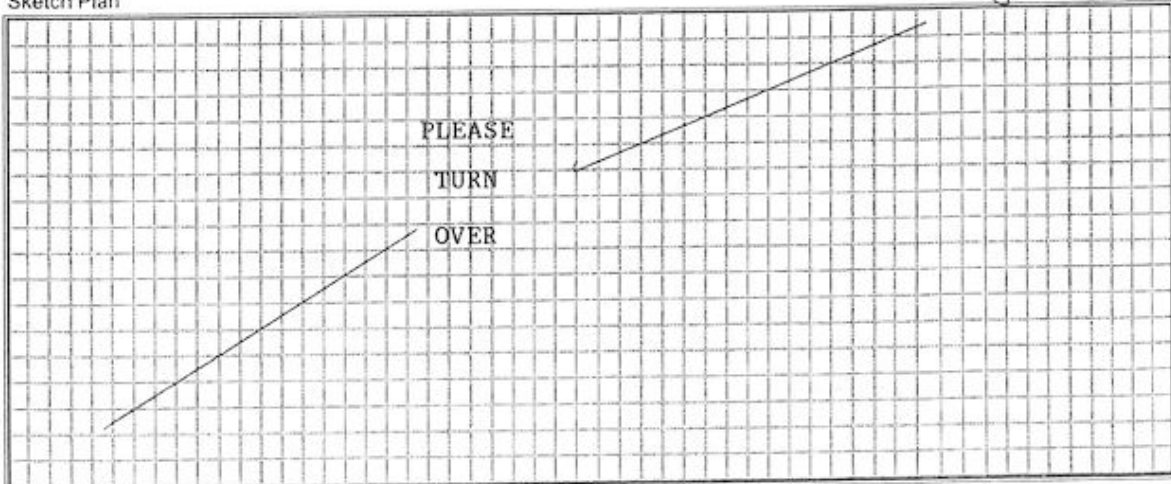
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) Dorlyn (Y1) 28/06/23

**Sketch Plan**

PLEASE  
TURN  
OVER



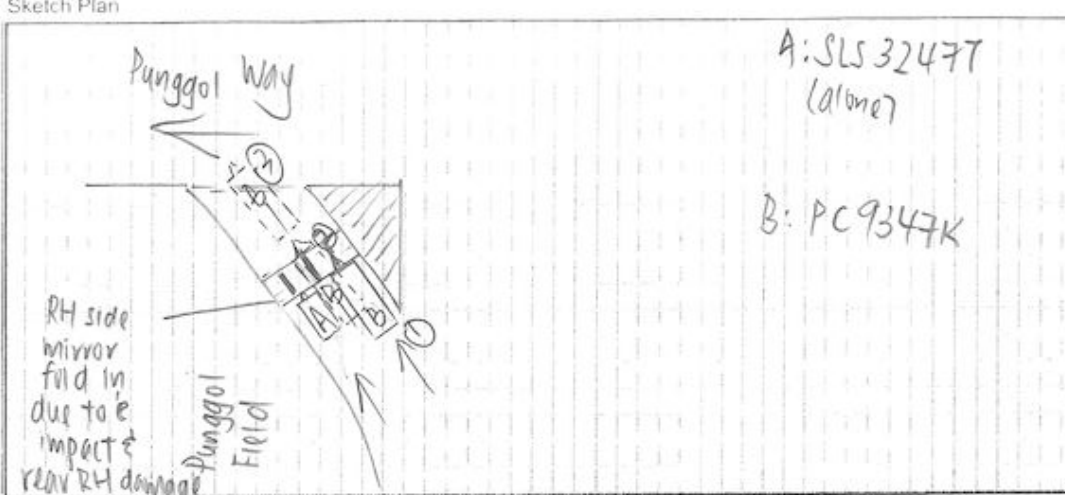
Describe Circumstance of the Accident.

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pts check your policy for more information.

( ☒ ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan



Vehicle No: SLS 3247T (Tokio)


Date & Time: 27/06/23 @ 2018 (clear/dry)

Refer to police report.

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

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



















**SINGAPORE  
POLICE FORCE**



T/20230627/2118

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20230627/2118

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/06/2023 21:45		Vide Report No.:	Station Diary No.: 29
<b>Informant's Particulars</b>			
Name of Informant: CHOO LYE HIANG		Address: 24 JALAN KUANG SINGAPORE 488892	
ID Type / ID No.: NRIC NO / S1182638E		Contact No.: Home/Office: Mobile: 81137152	
Nationality: SINGAPORE CITIZEN		Email: choolyehiang@gmail.com	
Sex: Female	Age: 67	Date of Birth: 17/05/1956	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Admin		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/06/2023 20:15	Type of Location: Bend
Location:  PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS3247T	Car	TOYOTA	WISH 1.8 CVT	White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230627/2118

2 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20230627/2118

**CONTINUATION OF REPORT**

Driver			
Name	CHOO LYE HIANG	ID No.	S1182638E
Related Vehicle	SLS3247T (Car)	Contact No.	81137152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date and time, I was driving along Punggol Field and making a left turn into Punggol Way when I was involved in an accident.

After passing the pedestrian crossing, I had stopped to check for oncoming vehicle from the right. There were two turning lanes, and I was on the left lane. A bus approached on the right lane. While the bus was making the left turn, I felt an impact from my right.

I was shocked and immediately horned to signal the driver to stop. However, the driver failed to stop and drove off. I continued with my journey and made a left turn onto TPE while the bus continued straight towards Seng Kang. I did not manage to catch the plate number of the bus. I only remember seeing the numbers "9347" on its number plate. The bus is a single-deck bus with yellow "Jet" word on the left of the bus.

Upon reaching home, I alighted from my vehicle to assess the damage. I noticed my rear right tyre area and right mirror had dents and scratches.

I wish to state that I did not suffer any injuries from the accident and do not feel unwell at the point of lodging this report. I have pictures of my vehicle damage and footage of my in-car camera on saved on an SD card. I have yet to review the footage.

I am making this report for record purpose and follow-up by my insurance company.



**SINGAPORE  
POLICE FORCE**



T/20230627/2118

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20230627/2118

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 YEO HUI TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/06/2023 21:45

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT RASHIDAH BINTE AZMAN

Contact No.: 65476902

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: SC1I236S000F Vehicle Registration No: SLS32477  
 Name (as shown in NRIC): Chua Teck Kiong NRIC/FIN/Passport No: S00243291  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 24 Jalan Kuang Singapore (488892)  
 Contact (Tel): - Mobile No.: 90098890  
 Email Address: tktongchua@yahoo.com  
 Date of Accident: 27/06/2023 Time of Accident: 20:15  
 Place of Accident: Punggol Field Trwas Punggol Way  
 Insurance Company: Tokio Marine

**(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:

- Key wrong information for policyholder's column.

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card): Sonyun (YS)  
Date: 28/06/23

