

# 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 .....              | 13/07/2023 09:51 (SGT)       |
| Reported by .....                     | Actual Driver                |
| Date of Accident .....                | 11/07/2023 08:30 (SGT)       |
| Exact Location of Accident .....      | Choa Chu Kang Way, Singapore |
| Additional Location Information ..... | BEFORE CHOA CHU KANG GROVE   |
| Country/State of Loss .....           | Singapore                    |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SJX5576C |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | TOH HONG MENG        |
| NRIC No .....                  | SXXXX505G            |
| Email Address .....            | fynn_192@hotmail.com |
| Mobile Phone No .....          | (Phone) +65-97519989 |
| Alternative Phone No .....     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Vellfire                  |
| 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 .....   | 3456                      |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPCSNW00085582301                            |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | LIEW YU XUAN |
| NRIC No .....        | SXXXX174C    |
| Date Of Birth .....  | 05/05/1992   |
| Occupation .....     | Indoor       |

|  |                      |
|--|----------------------|
| Date Of Driving Pass .....   | 29/10/2018           |
| Driving experience .....   | 4 YEARS AND 9 MONTHS |
| Gender .....   | Female               |
| Mobile Number .....  | (Phone) +65-98323771 |
| Alt. Phone Number .....  | -                    |
| Email Address .....  | fynn_192@hotmail.com |
| Address .....  | 44 JALAN GAHARU      |
| Address complement .....   | -                    |
| Postcode .....   | 588863               |
| 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 .....   | 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) .....   | 2   |
| 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  |

#### 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 POLICE REPORT T/20230712/7073

#### 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 .....             | SLD473E     |
| Vehicle Manufacturer .....                    | Mazda       |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                      |
|---|----------------------|
| Name of injured person .....                              | LIEW YU XUAN         |
| Gender .....  | Female               |
| Phone No .....  | (Phone) +65-98323771 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SLIGHT INJURY        |
| Injured person in which vehicle? .....                    | SJX5576C             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

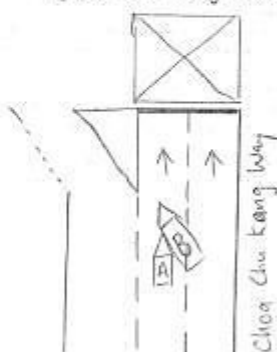
  
Policyholder's Signature / Date & Time

Sketch Plan

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

Choa Chu Kang Grove

  
Witnessed by Reporting Centre Personnel



Vehicle A: SJX5576L  
Vehicle B: SED473E

Describe Circumstances of the Accident:

Refer to police report. 7/20230712/7073

A large rectangular area with horizontal lines for sketching or writing. A large, curved line is drawn across the area, starting from the top right and curving down towards the bottom left.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 13/07/2023  
Witnessed by Reporting Officer's Personnel































**SINGAPORE  
POLICE FORCE**



T/20230712/7073

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

1 of 3

Report No. T/20230712/7073

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |  |
|--|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>12/07/2023 17:22 |            | Vide Report No.:             |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                              |  |                    |  |
| Name of Informant:<br>LIEW YU XUAN         |            |                              | Address:<br>44 JALAN GAHARU SINGAPORE 588863           |                    |  |
| ID Type / ID No.:<br>NRIC NO / S9215174C   |            |                              | Contact No.:<br>Home/Office: Mobile: 96608296          |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>FYNN_192@HOTMAIL.COM                         |                    |  |
| Sex:<br>Female                             | Age:<br>31 | Date of Birth:<br>05/05/1992 | Type of Informant:<br>Driver                           |                    |  |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                   |                    |  |
| Occupation:<br>Clerk                       |            |                              | Driving Licence Information:<br>Class: Date of Expiry: |                    |  |

**General Information of the Accident**

|                                    |                  |                       |   |  |
|------------------------------------|------------------|-----------------------|---|--|
| Type of Accident:                  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>11/07/2023 08:30 | Type of Location:                      |
| Location:<br><br>CHOA CHU KANG WAY |                  |                       |   |  |
| Weather:                           |                  | Road Surface:         |   |  |
| Traffic Flow:                      |                  | Traffic Control:      |   | Traffic Volume:                        |
| Type of Collision:                 |                  |                       |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SJX5576C    | Car  |      |       |       |          | 1     |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230712/7073

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

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Report No: T/20230712/7073

**CONTINUATION OF REPORT**

| Driver                            |                |           |  |
|-----------------------------------|----------------|-----------|--|
| Name                              | LIEW YU XUAN   |           | ID No. S9215174C   |
| Related Vehicle                   | SJX5576C (Car) |           | Contact No. 96608296   |
| Hospital/Clinic                   | NIL            |           | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            |           | Date NIL   |
| No. of Days granted Medical Leave | 05             | Degree of | Serious  |

Brief Details.

On the stated date and time, I was driving SJX5576C along CCK Way with 1 male passenger on board.

I was travelling straight in my lane when SLD473E abruptly swerved into my lane at a sharp angle without signaling before the junction of CCK Grove.

I immediately jammed on my brakes but still could not avoid the collision.

The impact caused my left knee to knock against the centre console of my vehicle.

A couple of hours after the accident, I started feeling aches over my neck and back areas as well.

I sought treatment at Unihealth Jurong East the same afternoon and was given 5 days MC for injuries caused by the accident.





**SINGAPORE  
POLICE FORCE**



T/20230712/7073

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

3 of 3

Report No. T/20230712/7073

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/07/2023 17:22

Officer In Charge Of Case:  
TP / TP1B /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168