

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 First Submission	27/07/2023 15:55 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE AMK TOWARDS YISHUN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND499H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INTMEDIA PTE LTD
Company Reg No	2XXXXX695M
Email Address	JOYCECHEN3663@GMAIL.COM
Mobile Phone No	(Phone) +65-94575009
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00019322301

DRIVER

Name of Driver	CHEN HUAPING
NRIC No	SXXXX987F
Date Of Birth	20/07/1975
Occupation	Indoor

Date Of Driving Pass	05/09/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94575009
Alt. Phone Number	-
Email Address	JOYCECHEN3663@GMAIL.COM
Address	369 SEMBAWANG ROAD
Address complement	# 03-10
Postcode	758382
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - T/20230727/7019

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	SLJ3657R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSHUA DINESH MENON
NRIC No	SXXXX133J
Contact Number	(Phone) +65-98292344
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	CHEN HUAPING
Gender	Female
Phone No	(Phone) +65-94575009
Address	369 SEMBAWANG ROAD
Address Complement	# 03-10
Post Code	758382
Approximate Age Years Old	-
Injuries Sustained	LOWER BACK , HAND AND RIGHT THIGH-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SND499H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

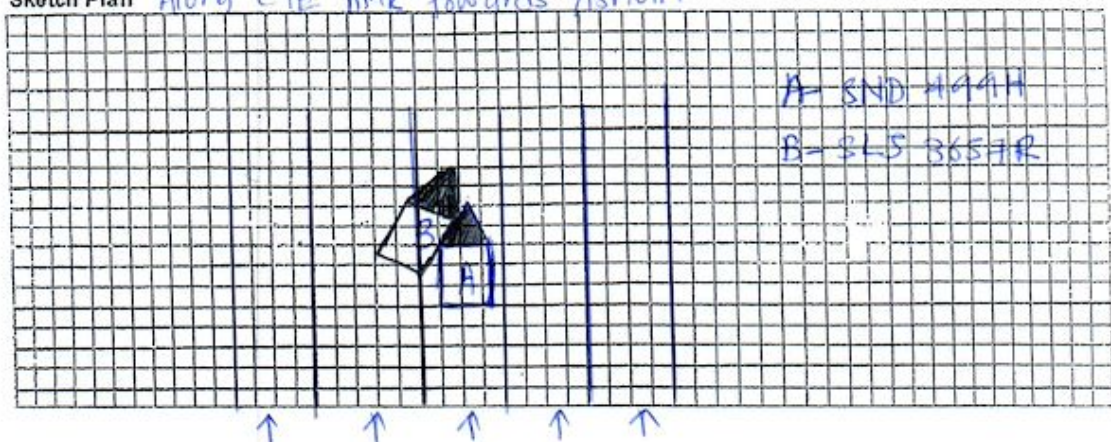


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Along CTE AMK towards Yishun



Describe the Circumstance of the Accident

*please refer to the attached
police Report - T12023072717019-*

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



Policyholder's Signature / Date & Time

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

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

[Signature] 27/7/23 *[Signature]* 27/7/23

v3jun2022

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**SINGAPORE
POLICE FORCE**



T/20230727/7019

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

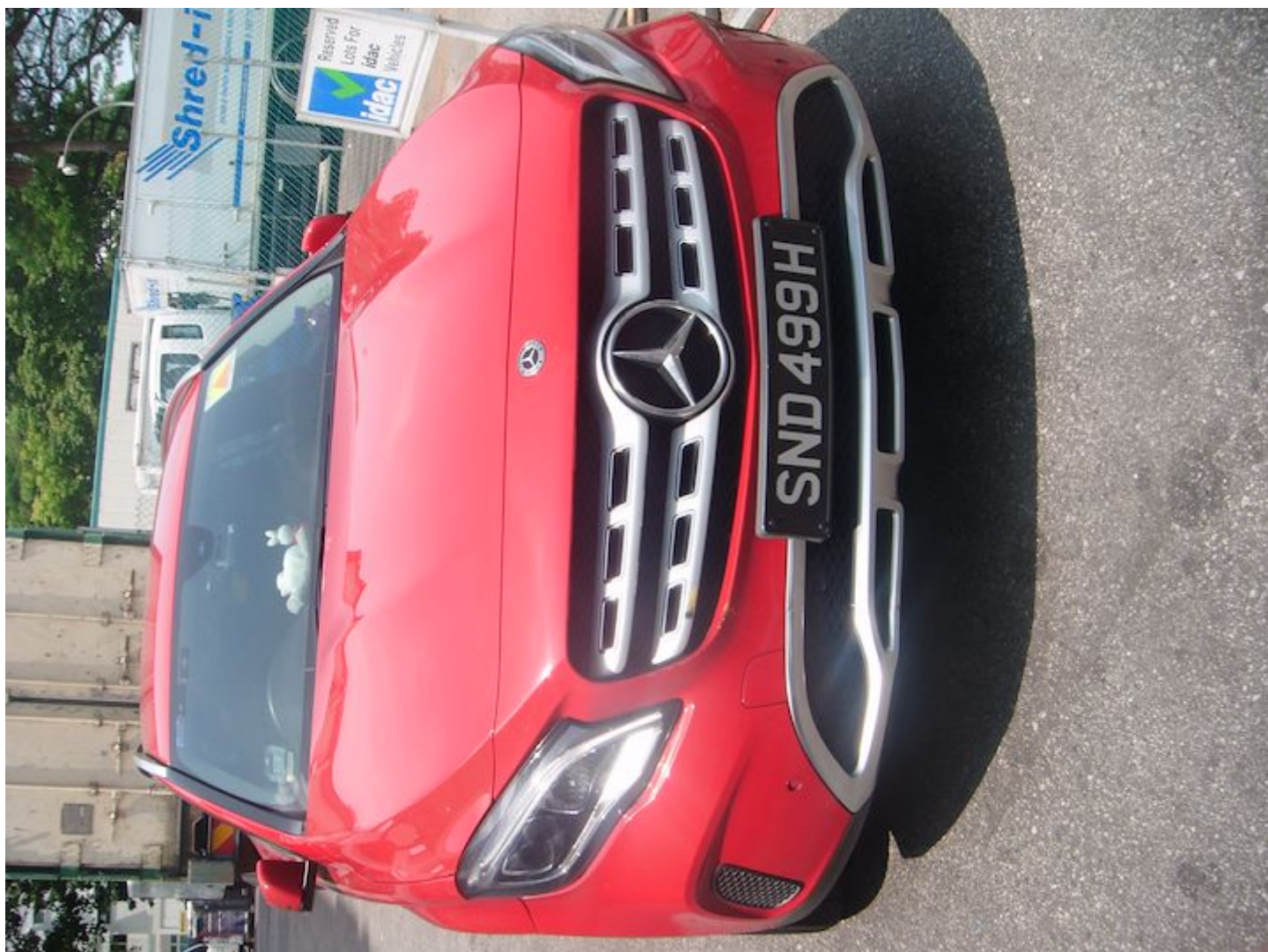
2 of 3
Report No. T/20230727/7019

CONTINUATION OF REPORT

Driver			
Name	CHEN HUAPING	ID No.	S7582987F
Related Vehicle	SND499H (Car)	Contact No.	94575009
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight

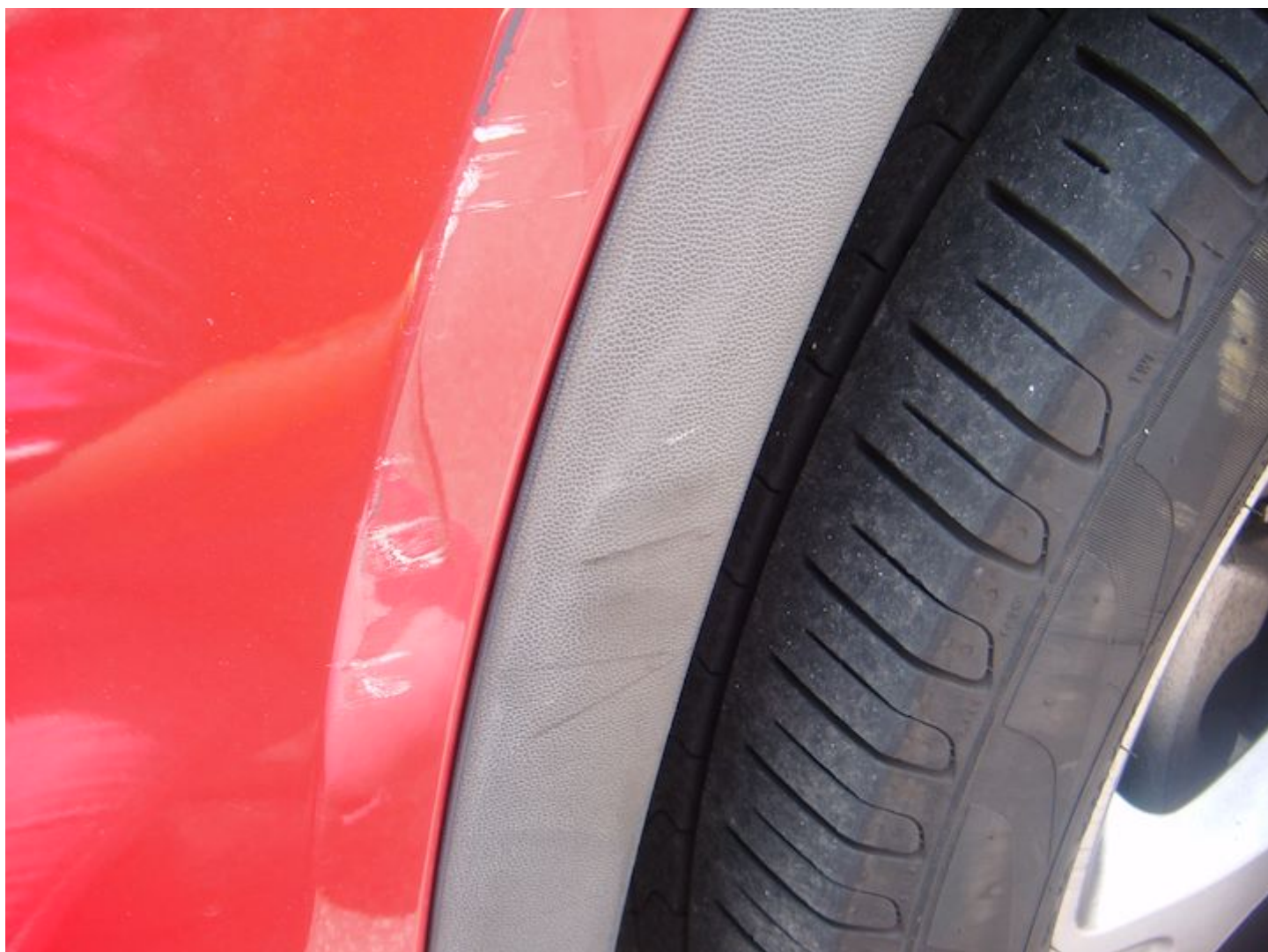
Brief Details.

On 25th July 2023 at around 6:25pm. I was driving along CTE Ang Mo Kio towards Yishun. Traffic was slow moving and jam. Suddenly, vehicle SLJ3657R cut in from my left encroaching into my lane. I was driving straight and inside my lane. The impact caused damage on my front left side of my car. I wish to state that the driver is driving wrecklessly and didn't notice clearance before switching lane. The impact has caused some discomfort on my lower back, hand and right thigh. I went to seek medical attention and was given 5 days medical leave.



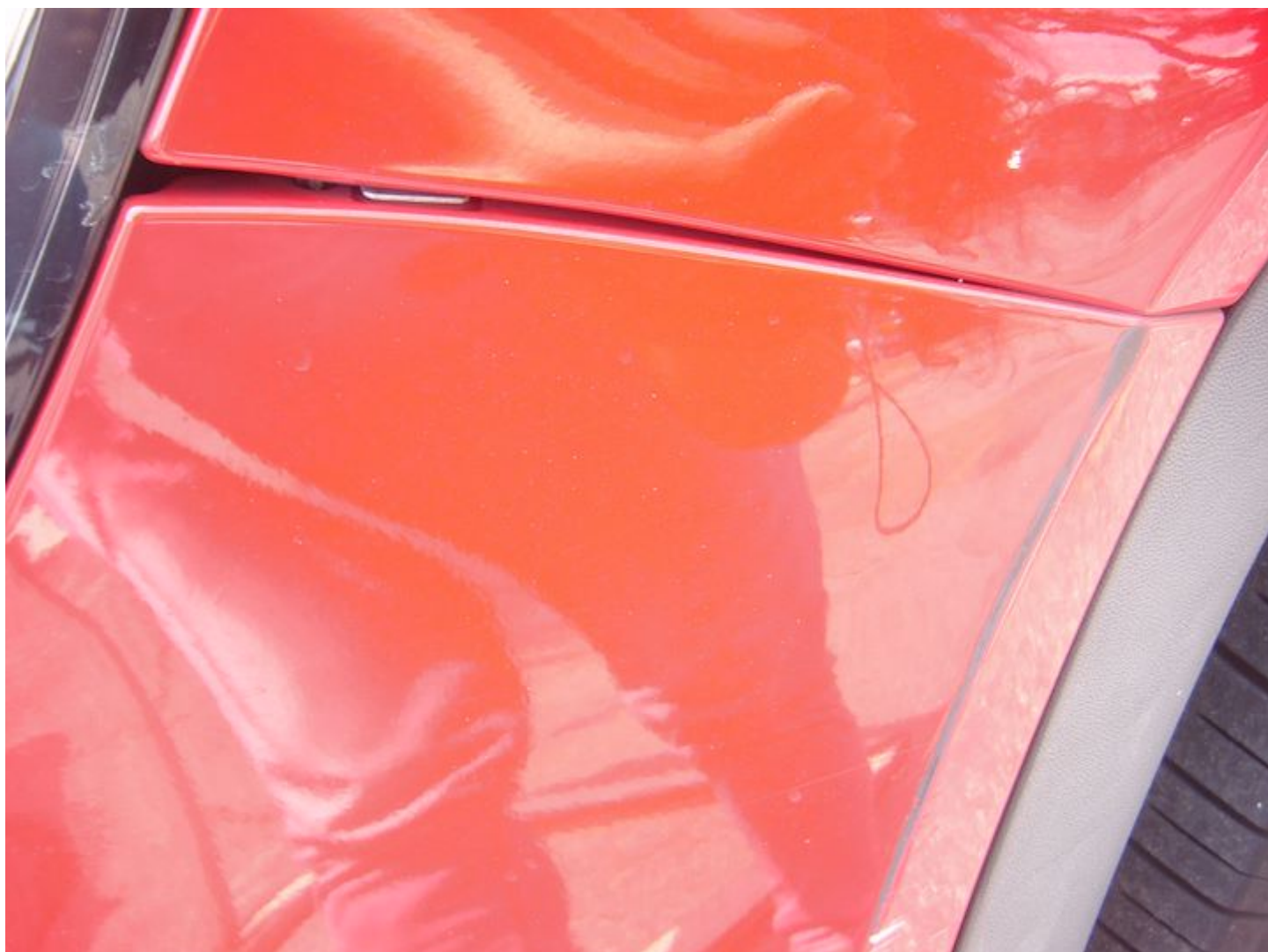




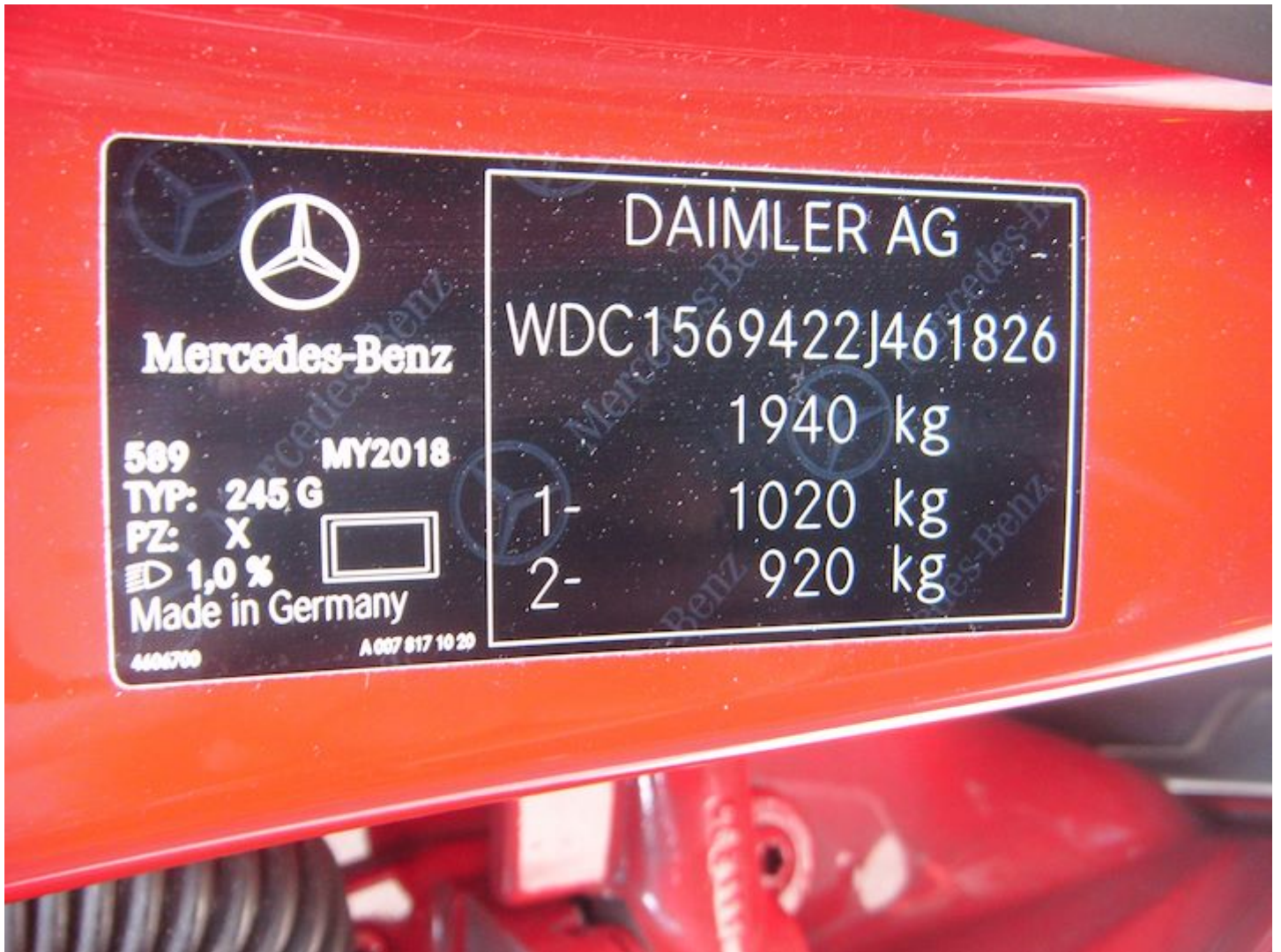
















**SINGAPORE
POLICE FORCE**



T/20230727/7019

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

Report No. T/20230727/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2023 13:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN HUAPING			Address: 369 SEMBAWANG ROAD #03-10 SINGAPORE 758382		
ID Type / ID No.: NRIC NO / S7582987F			Contact No.: Home/Office: Mobile: 94575009		
Nationality: SINGAPORE CITIZEN			Email: JOYCECHEN3663@GMAIL.COM		
Sex: Female	Age: 48	Date of Birth: 20/07/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Marketing manager			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2023 18:25	Type of Location: Straight Road
Location: CTE ANG MO KIO TOWARDS YISHUN (NEAR PEI CHUN)				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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	Conditio	No of
SLJ3657R	Car	MITSUBISHI	LANCER	Black		0
SND499H	Car		MERCEDES	Red		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230727/7019

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

2 of 3
Report No. T/20230727/7019

CONTINUATION OF REPORT

Driver			
Name	CHEN HUAPING	ID No.	S7582987F
Related Vehicle	SND499H (Car)	Contact No.	94575009
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	27/07/2023	Date	27/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 25th July 2023 at around 6:25pm. I was driving along CTE Ang Mo Kio towards Yishun. Traffic was slow moving and jam. Suddenly, vehicle SLJ3657R cut in from my left encroaching into my lane. I was driving straight and inside my lane. The impact caused damage on my front left side of my car. I wish to state that the driver is driving wrecklessly and didn't notice clearance before switching lane. The impact has caused some discomfort on my lower back, hand and right thigh. I went to seek medical attention and was given 5 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20230727/7019

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

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Report No. T/20230727/7019

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
27/07/2023 13:13

Classification Of Case:

NP168