

# 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	14/06/2024 13:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/06/2024 17:45 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	(CITY EXIT 6)TOWARDS AIRPORT ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR7177K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHIN KWOK
NRIC No	SXXXX968I
Email Address	abel_chan@singnet.com.sg
Mobile Phone No	(Phone) +65-96668910
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1796

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI24V03374/VPE/R04

### DRIVER

Name of Driver	CHAN CHIN KWOK
NRIC No	SXXXX968I
Date Of Birth	23/07/1968
Occupation	Outdoor

Driving Pass Date .....	13/12/1994
Driving experience .....	29 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96668910
Alt. Phone Number .....	-
Email Address .....	abel_chan@singnet.com.sg
Address .....	BLK 122B SENGKANG EASTWAY #17-17
Address complement .....	-
Postcode .....	542122
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 POLICE REPORT T/20240614/7018

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP7241L
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MARK
Contact Number .....	(Phone) +65-86971118
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNA524J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AHMAD
Contact Number .....	(Phone) +65-90688778
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

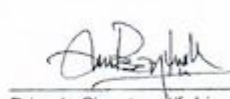
Name of injured person .....	CHAN CHIN KWOK
Gender .....	Male
Phone No .....	(Phone) +65-96668910
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SDR7177K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

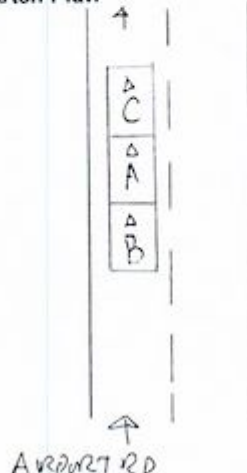
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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' 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.

 11:55am  
14/06/2024  
Policyholder's Signature / Date & Time

 14/06/2024 11:55am  
Driver's Signature (if driver is not the policyholder) / Date & Time

 14/06/2024  
Witnessed by Reporting Centre Personnel

## Sketch Plan



KPE (City-Exit 6)  
towards  
Airport Road

A: SDR 7177K  
B: SMP 7241L  
C: SNA 524J

**Describe Circumstances of the Accident**


Please refer to the police report :


T/2024 06 14 / 7018.



**Declaration**

We declare the foregoing particulars are true in every respect.

 11:55am  
14/06/2024  
Policyholder's Signature / Date & Time

 14/06/2024 11:55am  
Driver's Signature (If driver is not the policyholder) / Date & Time

 14/06/2024  
Witnessed by Reporting Centre Personnel



































# SINGAPORE POLICE FORCE



T/20240614/7018

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

1 of 3

Report No. T/20240614/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2024 11:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHAN CHIN KWOK			Address: BLK 122B SENGKANG EAST WAY #17-17 SINGAPORE 542122		
ID Type / ID No.: NRIC NO / S6830968I			Contact No.: Home/Office: Mobile: 96668910		
Nationality: SINGAPORE CITIZEN			Email: abel_chan@singnet.com.sg		
Sex: Male	Age: 55	Date of Birth: 23/07/1968	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Sales manager			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: 13/06/2024 17:45	Type of Location: Straight Road
Location:  AIRPORT ROAD			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDR7177K	Motor car	MERCEDES BENZ	C200 CGI	Silver	Seriously Damaged	0
SMP7241L	Motor car					1
SNA524J	Motor car					0

## Details of Vehicle Insurance





**SINGAPORE  
POLICE FORCE**



T/20240614/7018

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

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Report No. T/20240614/7018

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	CHAN CHIN KWOK	ID No.	S6830968I
Related Vehicle	SDR7177K (Motor car)	Contact No.	96668910
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2024	Date Discharge	13/06/2024
No. of Days granted Medical Leave (MC)	01	Degree of Injury	Serious

**Brief Details.**

On 13.06.2024 at about 5:45PM. I was travelling along KPE (CITY - EXIT 6) towards AIRPORT ROAD. The front vehicle slowed down and stopped due to traffic light in front. I stopped my vehicle at a safety distance away from the front vehicle. Suddenly, I felt an impact from my rear. Vehicle B (SMP 7241L) hit my rear portion of my vehicle (SDR 7177K) and pushed my vehicle to hit the front vehicle (SNA 524J). I was involved in a 3 vehicles chain-collision. During the accident no passenger was in my vehicle.

I felt pain on my neck and shoulder area and visited RAFFLES MEDICAL CLINIC after the accident. The doctor gave me 1 day MC with referral letter to Accident and Emergency.

I had a video from my in-car camera.

**SINGAPORE  
POLICE FORCE**

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



T/20240614/7018

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Report No. T/20240614/7018

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476030

NP168

Signature Of Informant:

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

Date/Time:  
14/06/2024 11:46

Classification Of Case: