

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	23/09/2024 12:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/09/2024 18:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE BEFORE BEDOK RESERVOIR EXIT SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4426D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHARLES LIOU MENG YI
NRIC No	S9501759B
Email Address	CHARLESLIOUW95@GMAIL.COM
Mobile Phone No	(Phone) +65-92211949
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	CLA180 (R18 BI SR)
Variant	MERCEDES BENZ CLA180 (R18 BI SR)
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	1595
Vehicle Fuel	Petrol
First Registration Date	09/02/2015
Chassis no	WDD1173422N153032
Effective Date/Time of Ownership	17/08/2023 04:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01641706

DRIVER

Name of Driver	CHARLES LIOW MENG YI
NRIC No	S9501759B
Date Of Birth	17/01/1995
Occupation	Indoor
Driving Pass Date	12/12/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92211949
Alt. Phone Number	-
Email Address	CHARLESLIOW95@GMAIL.COM
Address	BLK 106 BEDOK RESERVOIR ROAD 11-372 SINGAPORE 470106
Address complement	-
Postcode	470106
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	5
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	BRENDA
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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 SHD3035P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver CHEW LIAN SHENG
 NRIC No S1451332I
 Contact Number -
 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 SMD4415K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver SIM CHOH SHYAN
 NRIC No S1464839I
 Contact Number -
 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 3

Vehicle Registration Number SMY3674A
 Vehicle Manufacturer -
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMJ5841A
Vehicle Manufacturer	-
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	CHARLES LIOW MENG YI
Gender	Male
Phone No	(Phone) +65-92211949
Address	BLK 106 BEDOK RESERVOIR ROAD 11-372 SINGAPORE 470106
Address Complement	-
Post Code	470106
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR4426D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BRENDA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR4426D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

refer to police report

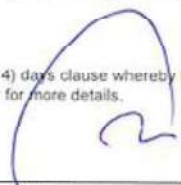
Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


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)

SKETCH PLAN

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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)

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20240923/7034

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

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Report No. T/20240923/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2024 12:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHARLES LIOW MENG YI			Address: 106 BEDOK RESERVOIR ROAD #11-372 SINGAPORE 470106		
ID Type / ID No.: NRIC NO / S9501759B			Contact No.: Home/Office: Mobile: 92211949		
Nationality: SINGAPORE CITIZEN			Email: CHARLESLIOW95@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 17/01/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: National security, civil defence & immigration managerial officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2024 18:40	Type of Location: Straight Road
Location: BEDOK NORTH STREET 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3035P	Motor car	HYUNDAI	SONATA	Blue	Slightly Damaged	0
SKR4426D	Motor car	MERCEDES BENZ	CLA180 (R18 BI SR)	Purple		0
SMD4415K	Motor car	HONDA	FIT	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20240923/7034

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

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Report No. T/20240923/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKR4426D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01641706	17/08/2024	16/08/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEW LIAN SHENG		ID No.	S1451332I
Related Vehicle	SHD3035P (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)		NIL	Degree of Injury	NIL
Driver				
Name	CHARLES LIOW MENG YI		ID No.	S9501759B
Related Vehicle	SKR4426D (Motor car)		Contact No.	92211949
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2024		Date Discharge	NIL
No. of Days granted Medical Leave (MC)		05	Degree of Injury	Slight
Driver				
Name	SIM CHOH SHYAN		ID No.	S1464839I
Related Vehicle	SMD4415K (Motor car)		Contact No.	93840461
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 (MC)		NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20240923/7034

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

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Report No. T/20240923/7034

CONTINUATION OF REPORT

Brief Details.

On 22 Sep 24 at around 1840hrs I was on PIE heading towards Joo Koon direction and I was involved in a road collision involving five vehicles, I was the third vehicle in the accident. It happened on PIE near to the bedok reservoir exit. On my car I had a passenger which is my girlfriend.

I noticed the vehicle in front of me braking and I immediately applied my brakes then I felt an impact from the rear and followed by my car hitting the car in front of mine. After the collision I alighted my cars and exchange particulars with the other drivers. At the moment my girlfriend and I felt fine just that we were in a shocked but upon waking up the next day we felt pain and sore on our neck, shoulder and back and we went to visit the doctor. After the consultation we were issued with 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240923/7034

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Report No. T/20240923/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
23/09/2024 12:09

Classification Of Case: