

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	28/09/2024 10:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/09/2024 14:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE BEFORE MOULMEIN ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ177T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VISTA CHIA AIK KEY
NRIC No	SXXXX734E
Email Address	VCAK1306@GMAIL.COM
Mobile Phone No	(Phone) +65-97922129
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS IS250 AUTO LUX FL
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	2500
Vehicle Fuel	Petrol
First Registration Date	18/06/2010
Chassis no	JTHBK262705124033
Effective Date/Time of Ownership	16/06/2020 10:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01007920

DRIVER

Name of Driver	VISTA CHIA AIK KEY
NRIC No	SXXXX734E
Date Of Birth	13/06/1977
Occupation	Indoor
Driving Pass Date	16/04/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97922129
Alt. Phone Number	-
Email Address	VCAK1306@GMAIL.COM
Address	BLK 315C YISHUN AVENUE 9 15-180 SINGAPORE 763315
Address complement	-
Postcode	-
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	Collision - Head to Rear
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	SDF8877E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GARETH WU YIU CHUNG
NRIC No	SXXXX988E
Contact Number	(Phone) +65-83325368
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	VISTA CHIA AIK KEY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH ON NECK
Injured person in which vehicle?	SJZ177T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

Date of Accident: 29/09/2024 Time: 2:44 pm Location: CTE towards SLE before the main road exit.

My Vehicle A: 8JZ 177T Vehicle B: SDF 8877 E Vehicle C: _____

I was travelling home in my car at CTE towards SLE in the first lane, the front car stopped and I stopped behind. SDF 8877 E, Ganeth Ha Yiu Chung, NRIC ID: S8268988E hit my car from behind.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

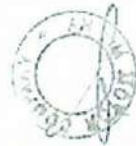
Remarks: Please forward a copy of my efile accident Report to
 My Workshop: _____
 Workshop Email Address: _____

Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

(We declare the foregoing particulars are true in every respect)

[Handwritten Signature]



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)

SKETCH PLAN

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 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.
6. **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

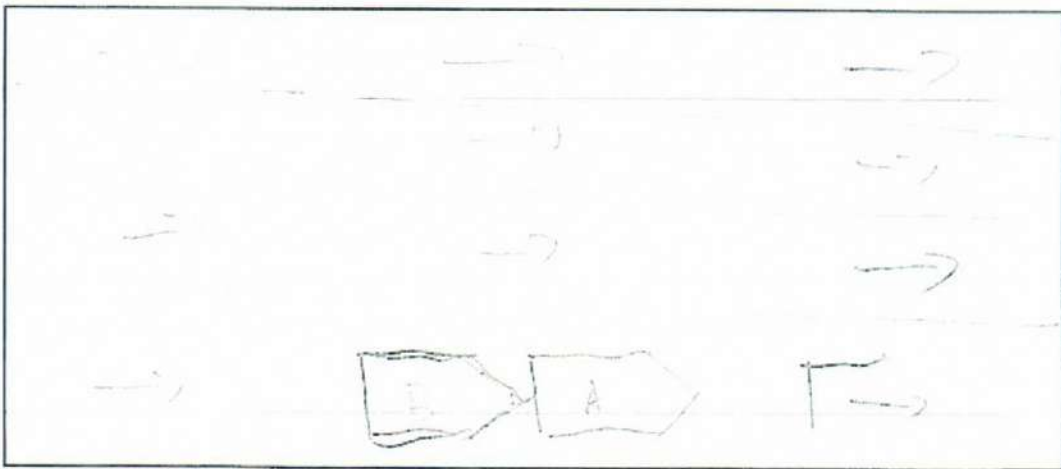
_____ 

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



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

Sketch Plan





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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2024 20:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: VISTA CHIA AIK KEY		Address: 315C YISHUN AVENUE 9 #15-180 SINGAPORE 763315	
ID Type / ID No.: NRIC NO / S7717734E		Contact No.: Home/Office: Mobile: 97922129	
Nationality: SINGAPORE CITIZEN		Email: VCAK1306@GMAIL.COM	
Sex: Male	Age: 47	Date of Birth: 13/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Horticulturist/Arborist		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2024 14:45	Type of Location: CTE towards SLE
Location: CAMBRIDGE ROAD				
Weather: Sunny		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
SDF8877E	Motor car	LEXUS	RX	Black	Slightly Damaged	1
SJZ177T	Motor car	TOYOTA	LEXUS IS250 AUTO LUX FL	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SDF8877E	NTUC Income Insurance Co-Operative Limited	0		
SJZ177T	SOMPO INSURANCE SINGAPORE PTE. LTD.	D24MTPV01007920	18/06/2024	17/06/2025



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GARETH WU YIU CHUNG	ID No.	S8268988E
Related Vehicle	SDF8877E (Motor car)	Contact No.	83325368
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
Driver			
Name	VISTA CHIA AIK KEY	ID No.	S7717734E
Related Vehicle	SJZ177T (Motor car)	Contact No.	97922129
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

Brief Details.

As I was traveling back home along CTE towards SLE on the first lane, I braked to a stop when the front vehicle stopped. Just moment after I stopped, a rear vehicle, SDF8877E, driven by Gareth Wu Yiu Chung License Number: S8268988E rammed into my rear at the above indicated location on CTE towards SLE before Moulmein Road Exit around 2.44pm today lane 1. There were no serious injuries hence we have exchange particulars. I have suffered whiplash around my neck area and went to seek medical consultation near my home. I was given 3 days Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20240927/7110

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

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Report No. T/20240927/7110

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

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

Date/Time:

27/09/2024 20:41

Classification Of Case:

NP168