

## 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 .....	16/10/2024 17:12 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/10/2024 09:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG CTE TOWARDS AYE AT THE FIRST LANE AFTER BUKIT TIMAH ROAD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNM8599C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUN WEN KONG
NRIC No .....	SXXXX533I
Email Address .....	bamforte@gmail.com
Mobile Phone No .....	(Phone) +65-83218865
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Skoda
Model .....	Superb
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 .....	1984
Vehicle Fuel .....	Petrol
First Registration Date .....	27/10/2023
Chassis no .....	TMBBM7NP2P7040173
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2008298773-01

#### DRIVER

Name of Driver .....	CHUN WEN KONG
NRIC No .....	SXXXXX533I
Date Of Birth .....	14/11/1969
Occupation .....	Indoor
Driving Pass Date .....	03/11/1998
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83218865
Alt. Phone Number .....	-
Email Address .....	bamforte@gmail.com
Address .....	26 WOODSVILLE CLOSE
Address complement .....	#15-02
Postcode .....	357774
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	JULIAN CHUN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN & POLICE REPORT

#### 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 .....	SD CARD WITH TP (REFER TO POLICE REPORT)

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC8113U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	PRAKASH
Contact Number .....	(Phone) +65-90526624
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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	IMRAN
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 .....	IMRAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	UNKNOWN
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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.

*[Signature]*

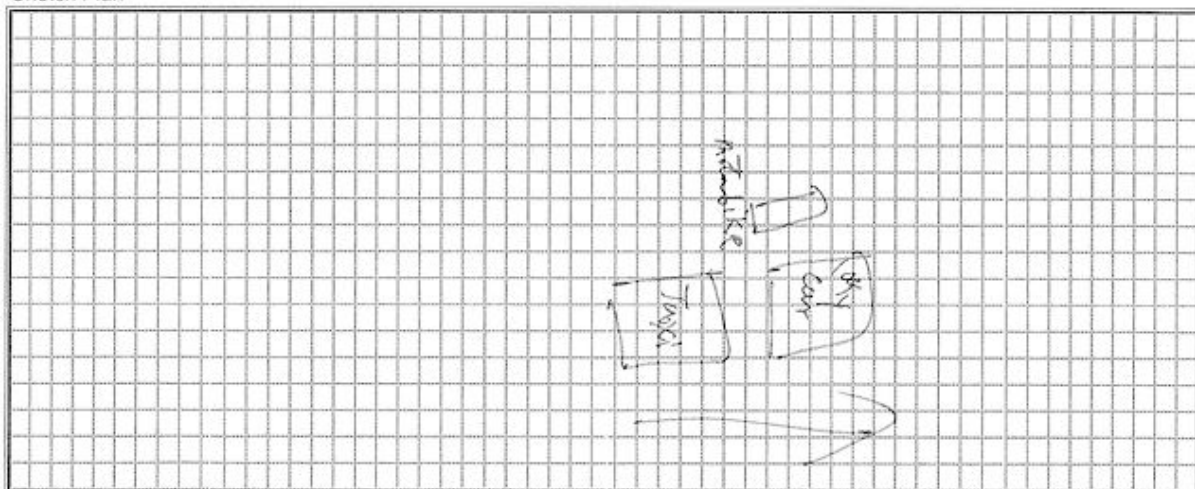
Policyholder's Signature / Date & Time

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

*[Signature]*

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

**Sketch Plan**



vJun2022

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Describe Circumstance of the Accident

Refer to Police Report: T/20241016/2056

## Declaration

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

Policyholder's Signature / Date &amp; Time

  
16/10/24  
2.25pmActual Driver's Signature (if driver is not the policyholder)  
/ Date & TimeWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20241016/2056

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20241016/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2024 13:46	Vide Report No.: A/20241016/0039	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: CHUN WEN KONG	Address: 26 WOODSVILLE CLOSE #15-02 SINGAPORE 357774
ID Type / ID No.: NRIC NO / S6940533I	Contact No.: Home/Office: Mobile: 83218865
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male    Age: 54    Date of Birth: 14/11/1969	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Unemployed	Driving Licence Information: Class: 3    Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2024 09:00	Type of Location: Bend
Location:  CENTRAL EXPRESSWAY				
Lamp Post Number: 505F				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8113U	Motor car				Slightly Damaged	2
SNM8599C	Motor car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20241016/2056

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20241016/2056

**CONTINUATION OF REPORT**

Driver			
Name	CHUN WEN KONG	ID No.	S6940533I
Related Vehicle	NIL	Contact No.	83218865
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

16 October at around 0900hrs, I was driving my car, VRN SNM8599C, along CTE towards AYE at the first lane after Bukit Timah Road exit. Near lamppost LP505F before the tunnel, the car in front of me, unknown VRN, stopped out of a sudden before moving off again. As such, I jammed break and avoided collision with the car. However, the taxi behind me, VRN SHC8113U, swerved towards lane 2 and hit a motorcycle, unknown VRN, before hitting the back of my car.

The motorcyclist suffered injuries and was later conveyed by by an ambulance. The Traffic Police Officer (SSS T130019 Zulhimi) then seized my SD card and I was issued with an NP323 form vide A/20241016/0039.

**Particulars of SHC8113U:**

Name: Prakash  
Contact number: 90526624

**Particulars of the injured motorcyclist:**

Name: Imran



**SINGAPORE  
POLICE FORCE**



T/20241016/2056

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Report No. T/20241016/2056

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

## CONTINUATION OF REPORT

Signature of Officer Recording The  
E /  
SCSGT(2) RADITYA  
SECONDATAMA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT CHEN WEIXIANG, BEN  
Contact No.: 83823828

Signature Of Informant:

Date/Time:  
16/10/2024 13:46

Classification Of Case:

NP168