

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	22/10/2024 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 18:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI (KEPPEL VIADUCT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP5814K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RSC LIMOUSINE PTE. LTD.
Company Reg No	201631813W
Email Address	vanceliow12@gmail.com
Mobile Phone No	(Phone) +65-86867886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 hire
Transmission	Auto
CC	2487
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00012112400

DRIVER

Name of Driver	CHRISTOPHER MARTIN RODRIGUES
NRIC No	S7108792A
Date Of Birth	05/03/1971
Occupation	Outdoor
Driving Pass Date	21/02/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98599152
Alt. Phone Number	-
Email Address	vanceliow12@gmail.com
Address	BLK 148 RIVERVALE CRESCENT #10-32
Address complement	-
Postcode	540148
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	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/20241022/7059

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	SNU1303T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIU YOON KIEW
NRIC No	S1488732F
Contact Number	(Phone) +65-97581000
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	SNN1197U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GALEN LOH ENG HOCK
NRIC No	S7423804A
Contact Number	(Phone) +65-97986278
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	CHRISTOPHER MARTIN RODRIGUES
Gender	Male
Phone No	(Phone) +65-98599152
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURED
Injured person in which vehicle?	SNP5814K
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.

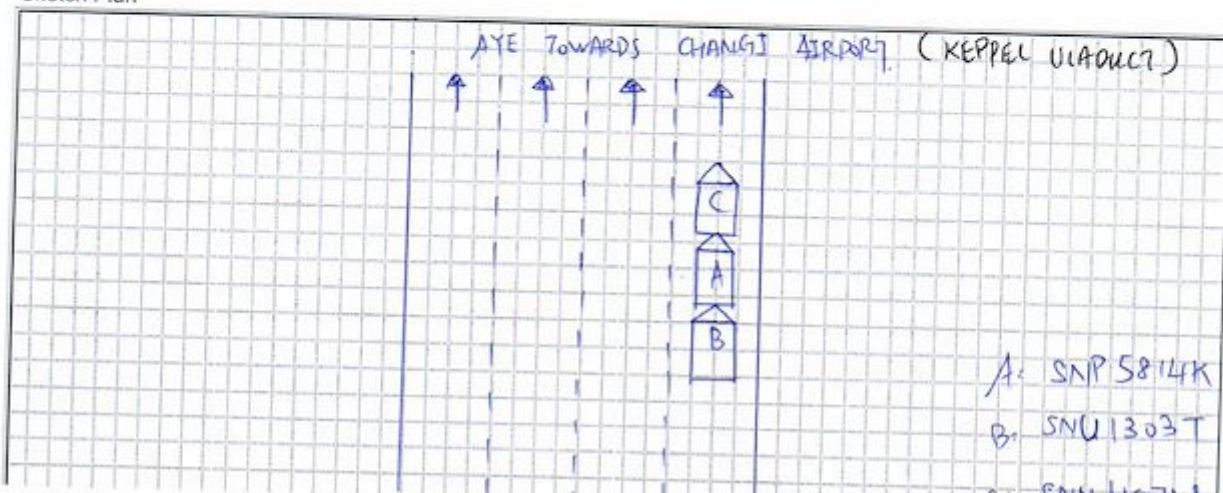


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident


Refer to police report


7/2024 1022 / 1059

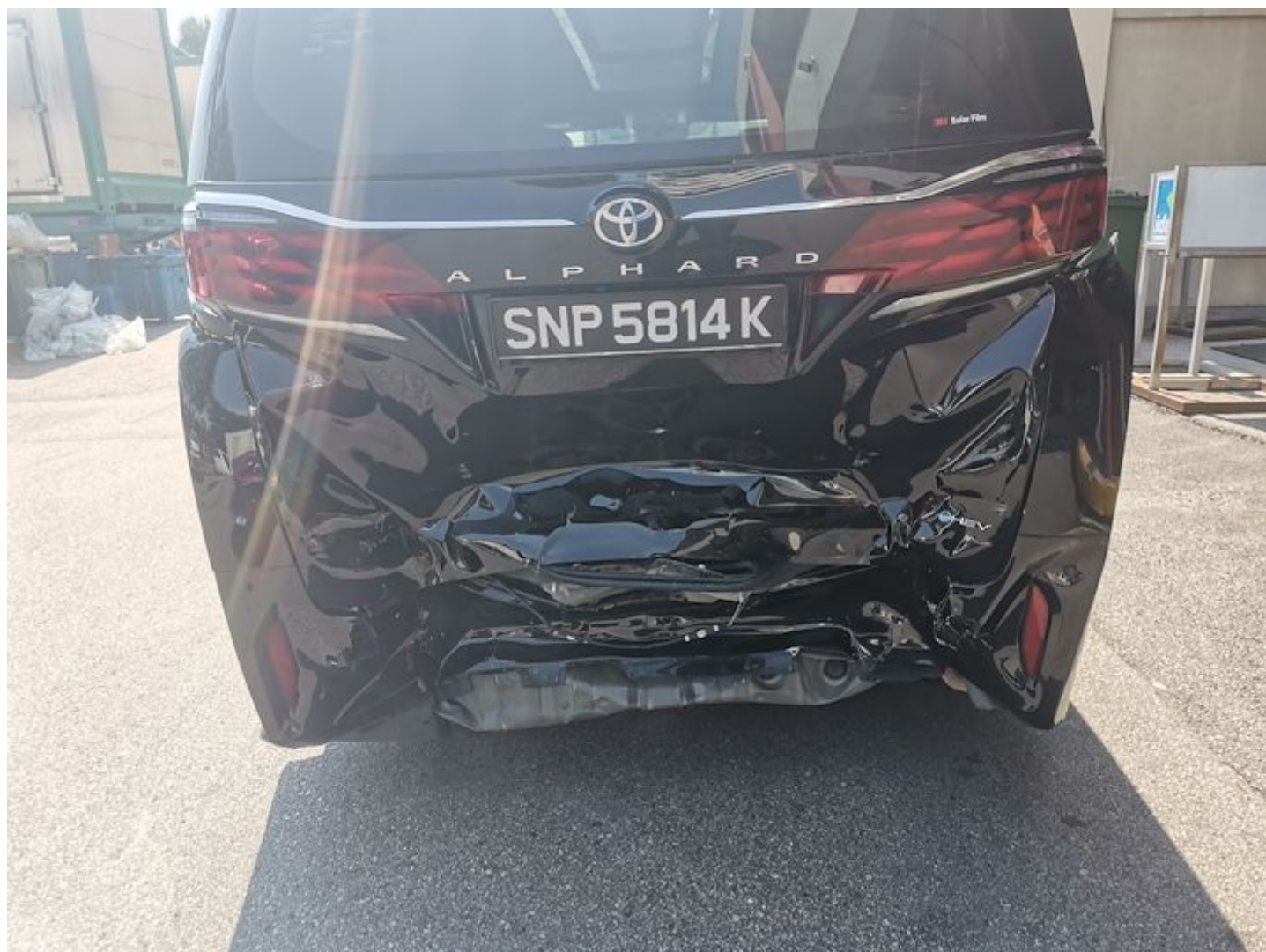
Declaration

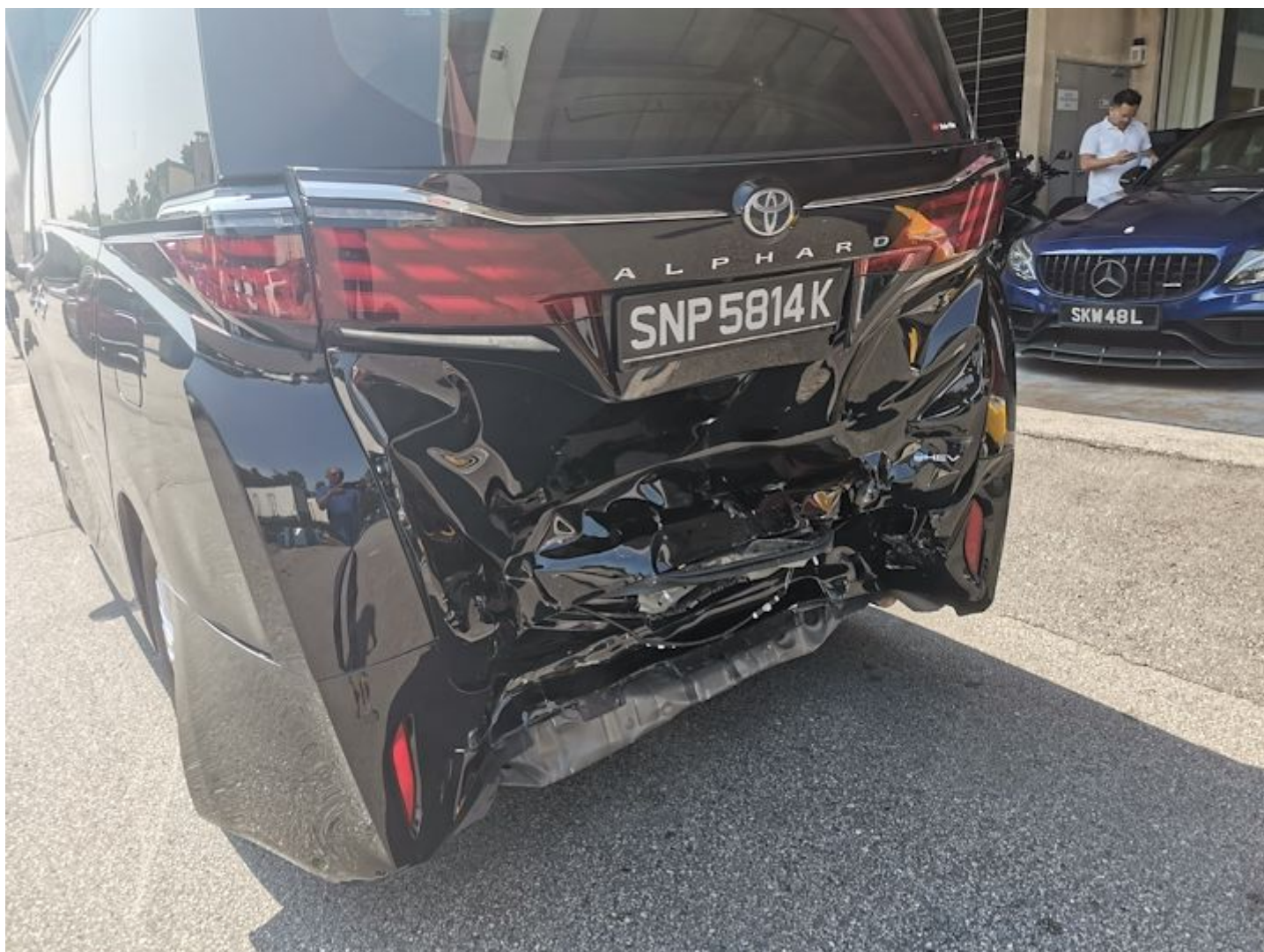
I/We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature / Date & Time


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


22/10/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











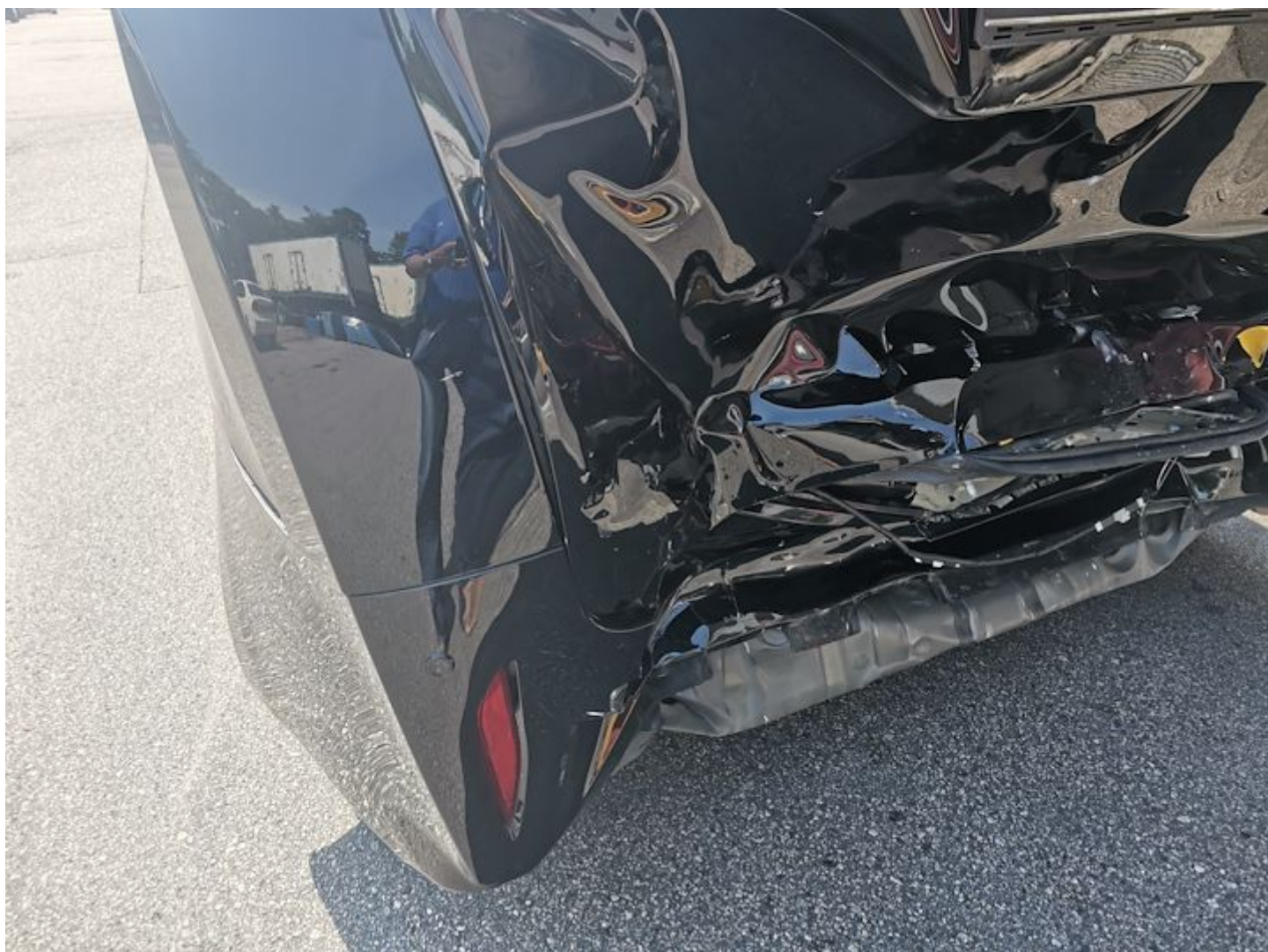






























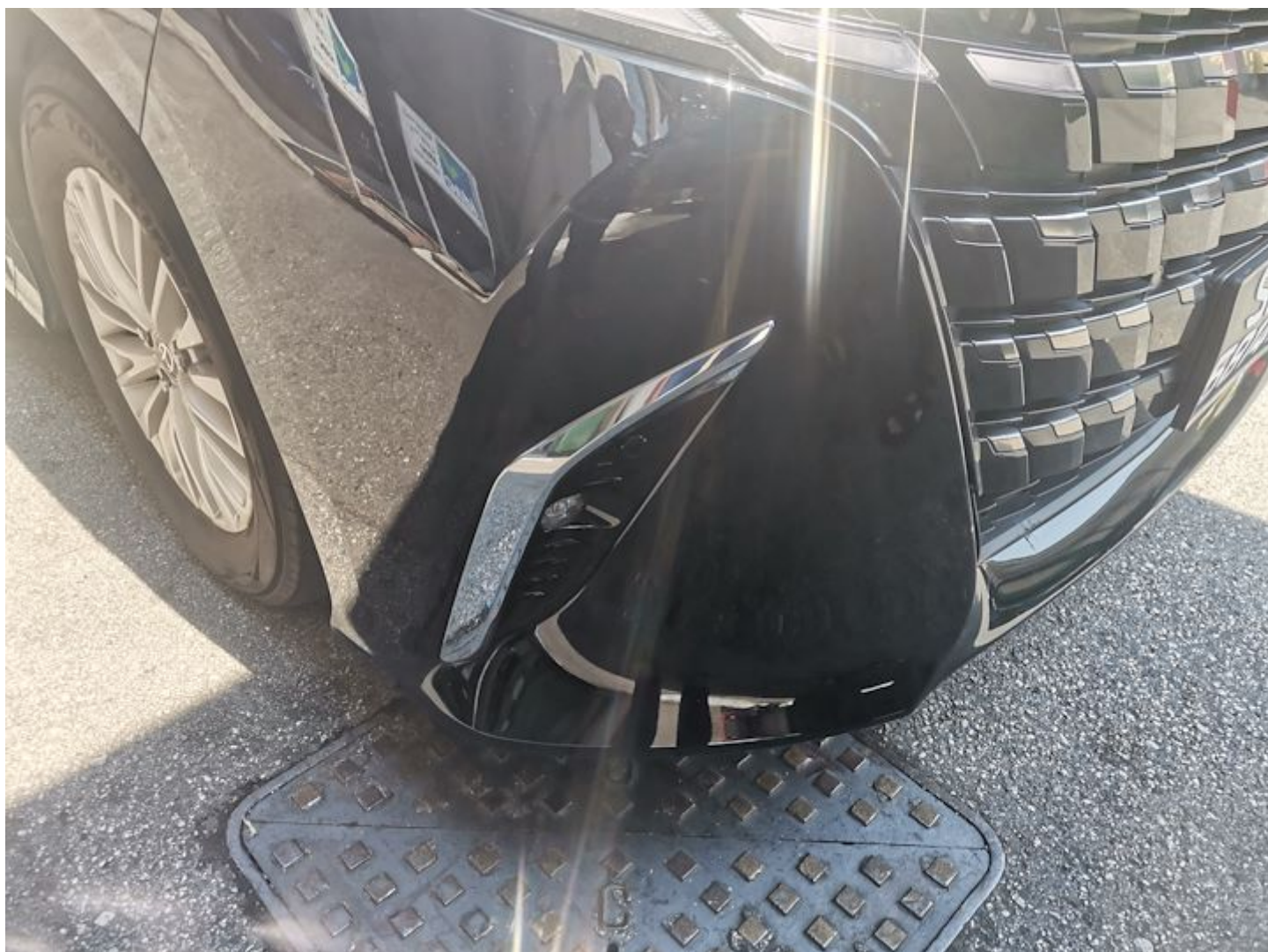






















**SINGAPORE
POLICE FORCE**



T/20241022/7059

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

1 of 3

Report No. T/20241022/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2024 14:28		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: CHRISTOPHER MARTIN RODRIGUES		Address: 148 RIVERVALE CRESCENT #10-32 SINGAPORE 540148		
ID Type / ID No.: NRIC NO / S7108792A		Contact No.: Home/Office: Mobile: 98599152		
Nationality: SINGAPORE CITIZEN		Email: CHRISTOPHER050371@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 05/03/1971	Type of Informant: Driver	
Race: Eurasian		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2024 18:00	Type of Location: Straight Road
Location: SHENTON WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNN1197U	Motor car					0
SNP5814K	Motor car					0
SNU1303T	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20241022/7059

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

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Report No. T/20241022/7059

CONTINUATION OF REPORT

Driver			
Name	GALEN LOH ENG HOCK	ID No.	S7423804A
Related Vehicle	SNN1197U (Motor car)	Contact No.	97986278
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	CHRISTOPHER MARTIN RODRIGUES	ID No.	S7108792A
Related Vehicle	SNP5814K (Motor car)	Contact No.	98599152
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2024	Date Discharge	21/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	LIU YOON KIEW	ID No.	S1488732F
Related Vehicle	SNU1303T (Motor car)	Contact No.	97581000
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.

On the stated time and date, I am driving the vehicle SNP5814K at along AYE /MCE towards Changi Airport near Keppel Viaduct on my lane. The vehicle in front has slowed down so I have followed without having any impact with vehicle in front. Suddenly, I have felt a huge impact from rear side. Upon the impact, my vehicle has been forced forward then knocked rear of vehicle SNN1197U. I got down and realized that the vehicle SNU1303T has collided to rear of my vehicle. I am involved with three vehicles chain collision. We have exchanged the particulars before we arrange to leave the scene. Upon the impact, I am felt uncomfortable and seek for medical advice. I have been given 3 days MC for this matter. The purpose of lodging the report is to compile the documentation then proceed with other party insurance claim.



**SINGAPORE
POLICE FORCE**



T/20241022/7059

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

3 of 3

Report No. T/20241022/7059

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
22/10/2024 14:28

Classification Of Case:

