

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	02/12/2024 17:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/11/2024 12:35 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	BEFORE ORCHARD TURN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA1001A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW I-TSIN (ZHOU YIXIN)
NRIC No	SXXXX516C
Email Address	ITSIN.CHEW@GMAIL.COM
Mobile Phone No	(Phone) +65-83831001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	300SL
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2960
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142648070

DRIVER

Name of Driver	CHEW I-TSIN (ZHOU YIXIN)
NRIC No	SXXXX516C
Date Of Birth	15/11/1974
Occupation	Indoor
Driving Pass Date	12/06/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83831001
Alt. Phone Number	-
Email Address	ITSIN.CHEW@GMAIL.COM
Address	6 PANDAN VALLEY
Address complement	#15-602
Postcode	597630
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	ROYSTON WONG
Gender	Male

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 ATTACH

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 YQ2445B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

Describe Circumstance of the Accident

Refer to police report.

T/2024/129/7099

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
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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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 based outside of Singapore, for one or more of the above Purposes.

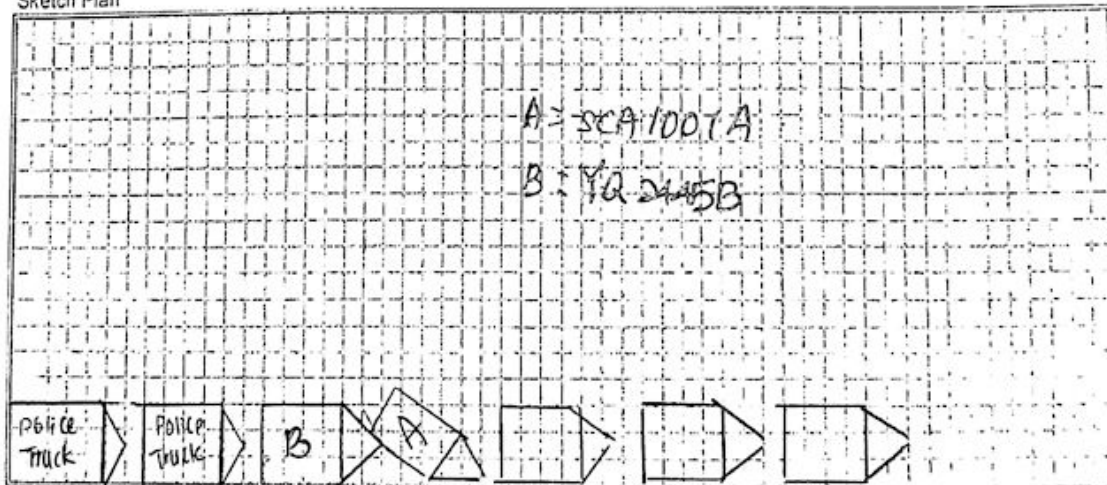
Policyholder's Signature / Date & Time

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

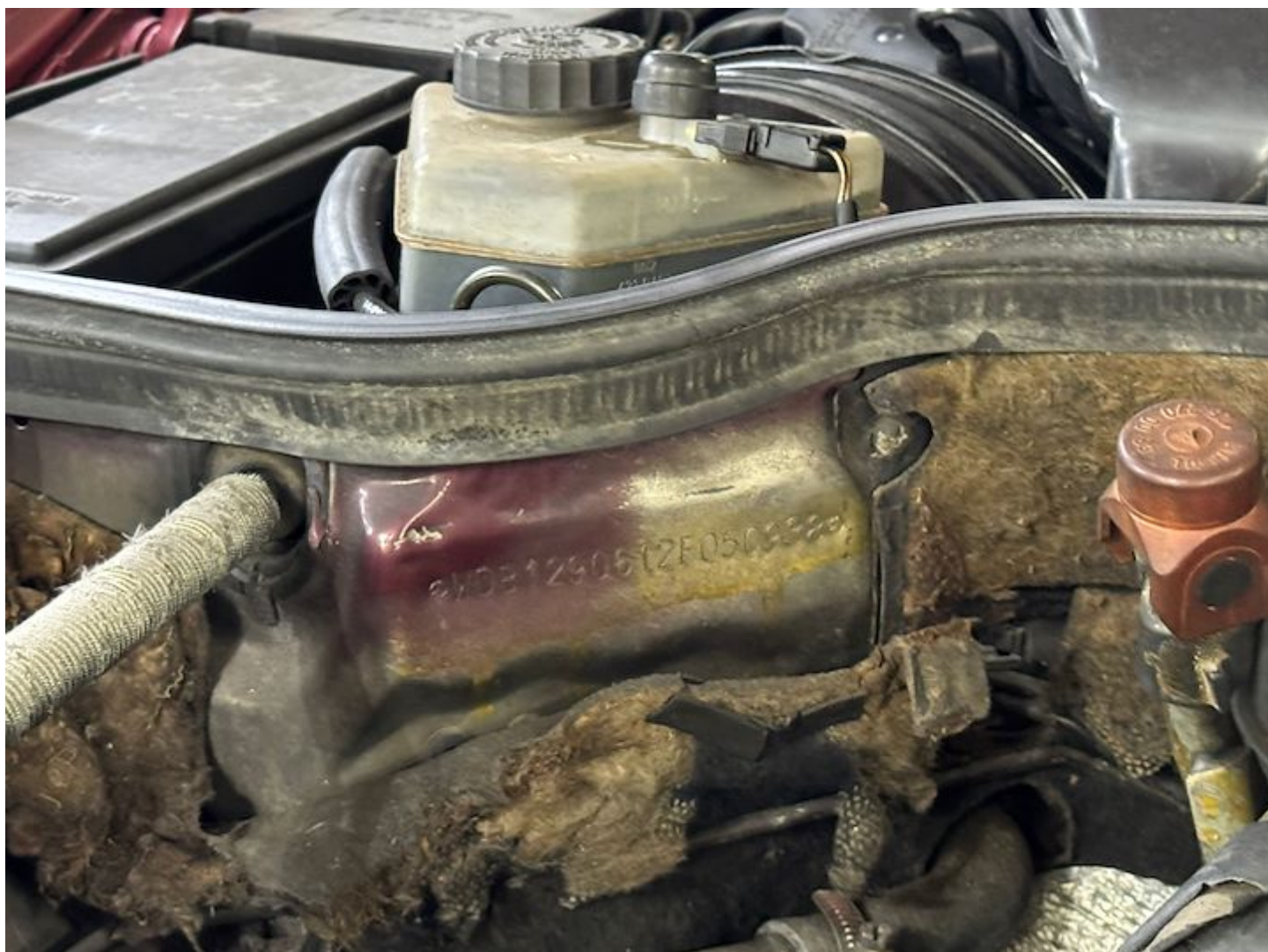
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



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Report No T/20241129/7099

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476204

NP168

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

Date/Time:
29/11/2024 17:51

Classification Of Case:

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**SINGAPORE
POLICE FORCE**

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



T/20241129/7099

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Report No. T/20241129/7099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW I-TSIN	ID No.	S7439516C
Related Vehicle	SCA1001A (Motor car)	Contact No.	83831001
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 29/11/2024 at around 1235pm I was driving along Orchard Boulevard towards Orchard Turn. There were 3 or 4 Police SOC trucks parked along the right side of the road on the double yellow line. The trucks were stationary and blocked the traffic on the extreme right lane. The trucks did not signal or indicate they were moving off. I was going to Wisma Atria and had to turn right at Orchard Turn. Hence I signaled right and followed the cars in front of me to move to the outer most right lane. I stopped in front of the SOC truck (YQ2445B, Mohamad Ilyas Bin Mohamad Zaidi, S9827136H) as there was a jam in front. My car was stationary, after a while when the vehicles in front started moving i notice the SOC truck moving towards me from behind. I horned continuously but he did not stop. He crashed into my rear, and continued to drag/push me along the road. I tried to drive off but somehow his bumper was stuck to my car. I tried helplessly to drive away but was unable to. He push/dragged me for several meters despite my hornning. He push me left and I was in the next lane on the left. Eventually he realised he has been dragging/pushing me and stopped. Only then I was able to moved to the 3rd lane.

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**SINGAPORE
POLICE FORCE**



T/20241129/0099

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

1 of 3

Report No. T/20241129/0099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2024 17:51		Vide Report No.: E/20241129/0093		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW I-TSIN			Address: 6 PANDAN VALLEY #15-602 SINGAPORE 597630		
ID Type / ID No.: NRIC NO / S7439516C			Contact No.: Home/Office: Mobile: 83831001		
Nationality: SINGAPORE CITIZEN			Email: itsin.chew@gmail.com		
Sex: Male	Age: 50	Date of Birth: 15/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Financial services manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 29/11/2024 12:35	Type of Location: Straight Road
Location: ORCHARD BOULEVARD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCA1001A	Motor car	MERCEDES BENZ	300SL-24 AT	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SCA1001A	NTUC Income Insurance Co-Operative Limited	5142648070	12/01/2024	17/01/2025

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