

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	06/12/2024 13:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pasir Ris Drive 3 Toward Pasir Ris Downtown East
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1999Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tee Poh Eng
NRIC No	SXXXX593J
Email Address	chuaJeremy@yahoo.com
Mobile Phone No	(Phone) +65-96676316
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	3
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT 011104071 02

DRIVER

Name of Driver	Chua Chin Chye
NRIC No	SXXXX838G
Date Of Birth	27/05/1960
Occupation	Indoor
Driving Pass Date	11/10/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90600986
Alt. Phone Number	-
Email Address	chuaJeremy@yahoo.com
Address	Blk 647 Pasir Ris Drive 10 #09-48
Address complement	-
Postcode	510647
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	Tee Poh Eng
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report refer police report

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 WD6001P
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SG1228S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Tee Poh Eng
Gender Female
Phone No -
Address Blk 647 Pasir Ris Drive 10 #09-48
Address Complement -
Post Code 510647
Approximate Age Years Old -
Injuries Sustained unknown
Injured person in which vehicle? SJW1999Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Chua Chin Chye
Gender Male
Phone No -
Address Blk 647 Pasir Ris Drive 10 #09-48
Address Complement -
Post Code 510647
Approximate Age Years Old -
Injuries Sustained unknown
Injured person in which vehicle? -

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

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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 envelopes); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

collectively the "Purposes")

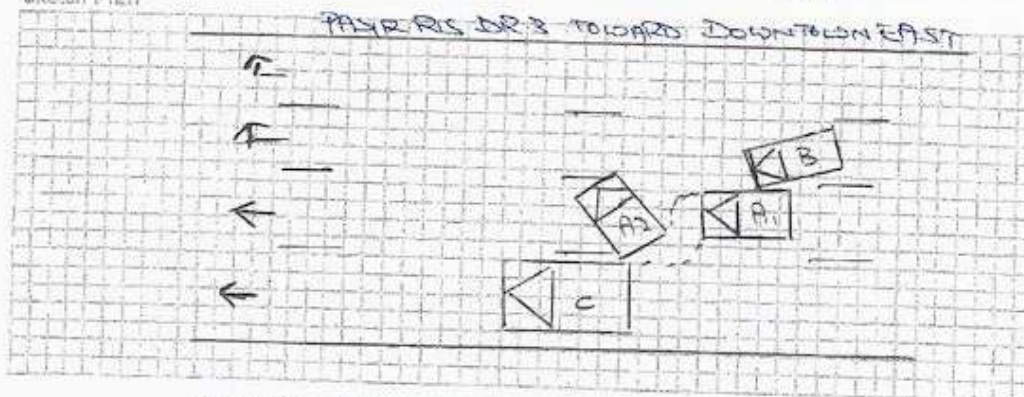
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/are 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
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Sketch Plan

PAYRIS DR 3 TOWARD DOWNTOWN EAST



Vehicle A - 5TW199945
Vehicle B - WD6001P
Vehicle C - 5G12585

Describe Circumstances of the Accident

As per police report .

Police report No : 6/2024/206/2045

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



G/20241206/7045

1 of 2

POLICE REPORT (NP299)

Report No. G/20241206/7045

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 06/12/2024 11:20		Vide Report No.		Station Diary No.	
Name Of Informant CHUA CHIN CHYE		Address 647 PASIR RIS DRIVE 10 #09-48 SINGAPORE 510647			
ID Type / ID No. NRIC NO / S1423838G		Contact No. Home/Office: Mobile: 90600986			
Nationality SINGAPORE CITIZEN		Email Address CHUAJEREMY@YAHOO.COM			
Occupation Retiree		Sex Male	Age 64	Date of Birth 27/05/1960	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 05/12/2024 16:40 - 05/12/2024 16:55		Location Of Incident NIL PASIR RIS DRIVE 3 NIL			

Brief details:

I was driving my vehicle (SJW1999Y) along to pasir ris dr 3 towards pasir ris downtown east on lane 3. WD6001P was on lane 2 suddenly cut into my lane and hit onto my vehicle door that cause my vehicle skid to lane 4 and my rear portion of my vehicle hit onto SBS bus (SG1228S).

During the accident my wife (Tee Poh Eng) was inside the vehicle .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2024 11:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



G/20241206/7045

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241206/7045

Subjects Involved			
Victim			
Person Name	CHUA CHIN CHYE		
ID Type	NRIC NO	ID No	S1423838G
Sex	Male	Age	64
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Retiree
Address	647 PASIR RIS DRIVE 10 #09-48 SINGAPORE 510647		Mobile No
			90600986
Email Address	CHUAJEREMY@YAHOO.COM	Is Informant A Victim?	Yes
Person Name	CHUA CHIN CHYE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2024 11:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	