

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	26/11/2024 14:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/11/2024 07:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TWD TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR3749D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LYE CHYE
NRIC No	SXXXX259B
Email Address	CHUALYECHYE@GMAIL.COM
Mobile Phone No	(Phone) +65-93900301
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600
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	5119968503-03

DRIVER

Name of Driver	CHUA LYE CHYE
NRIC No	SXXXX259B
Date Of Birth	09/09/1959
Occupation	Outdoor
Driving Pass Date	21/11/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-93900301
Alt. Phone Number	-
Email Address	CHUALYECHYE@GMAIL.COM
Address	19 JOO SENG ROAD #02-116
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	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	6
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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND 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 SLG4517X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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 SMN8474K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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 3

Vehicle Registration Number SMV5289G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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 4

Vehicle Registration Number PC6680S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Bus
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 5

Vehicle Registration Number	SMJ8792M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR3749D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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3. 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.

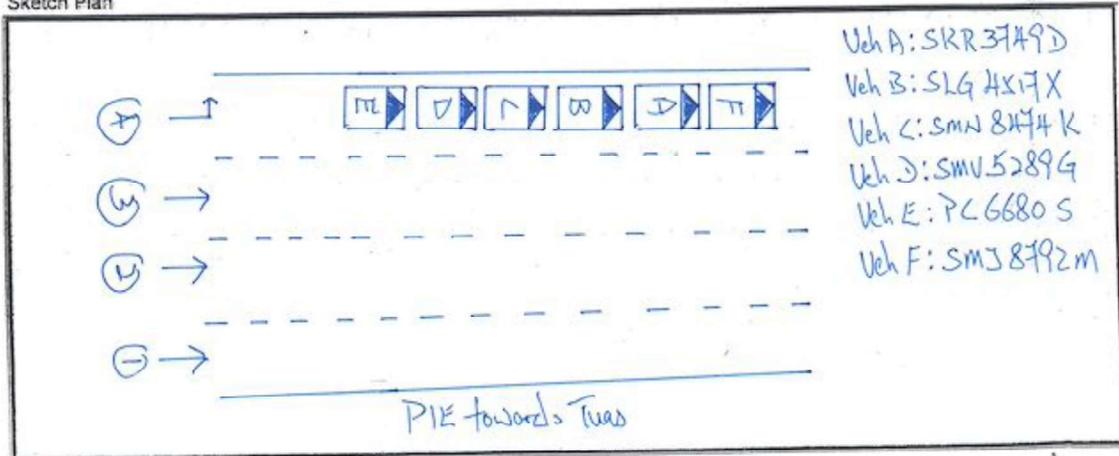
Policyholder's Signature / Date & Time

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



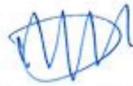
vJun2022

Describe Circumstance of the Accident

Pls refer to Police Report : T/2024/1126/2023

Declaration

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



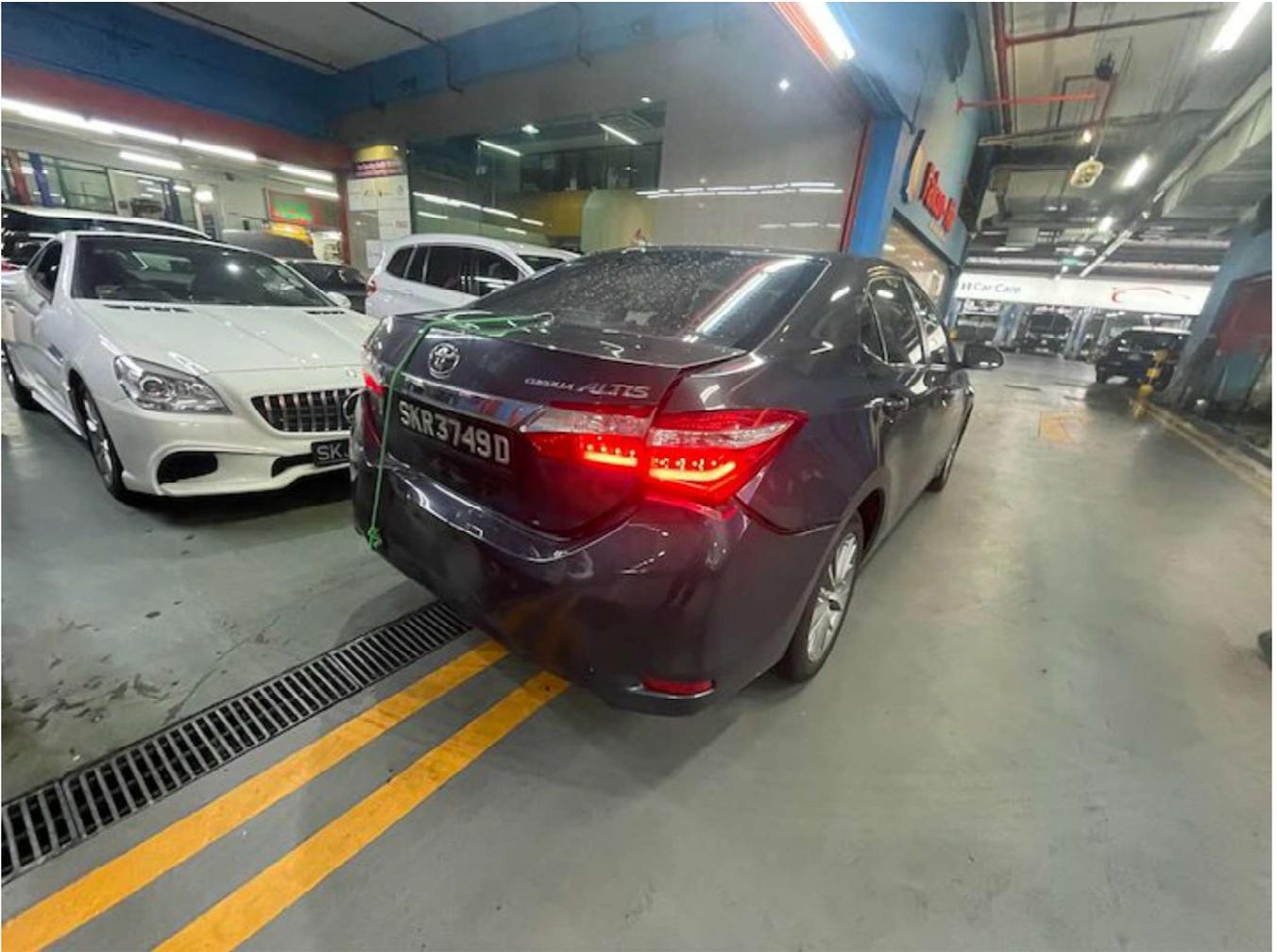
Policyholder's Signature / Date & Time



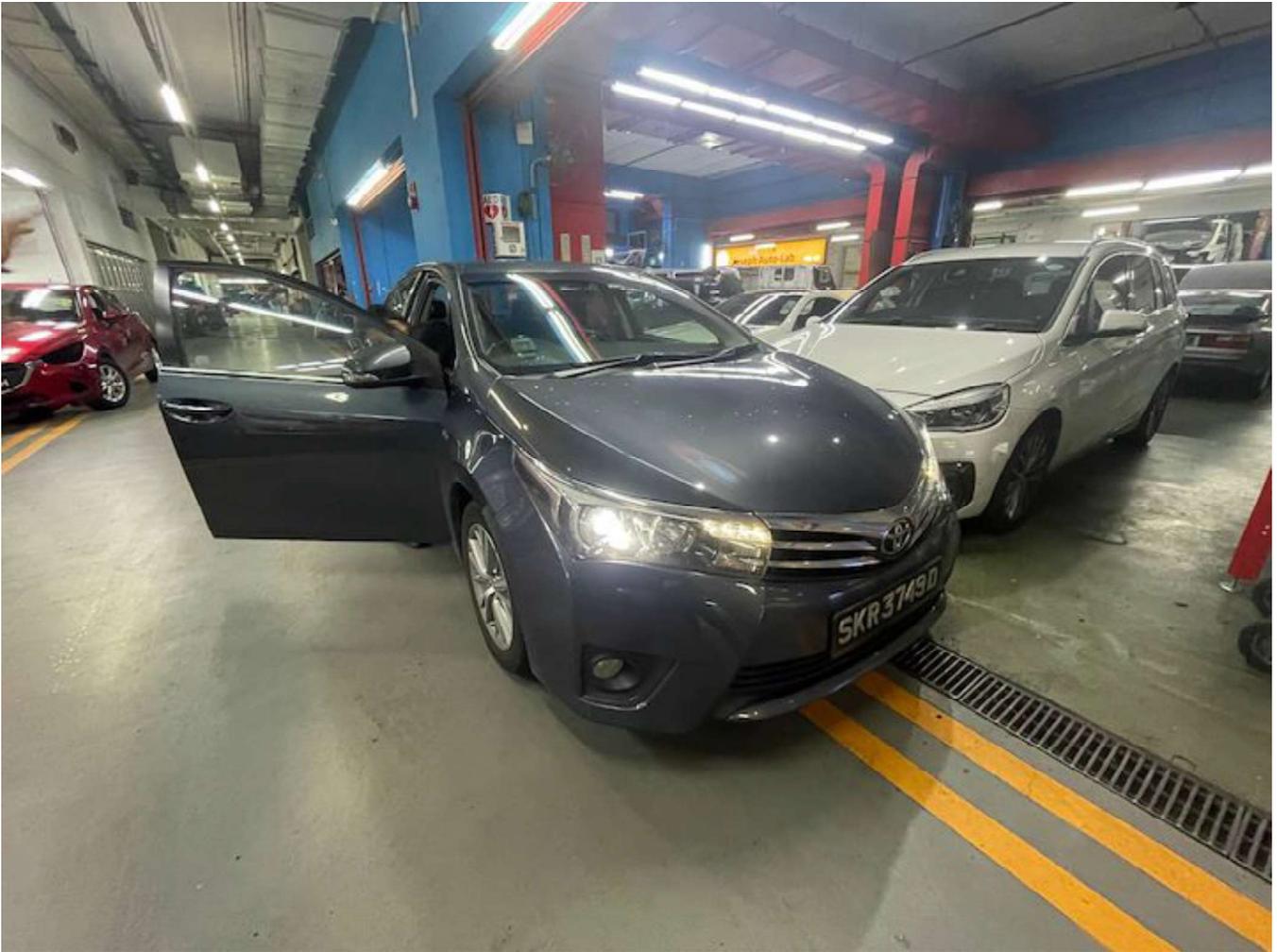
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

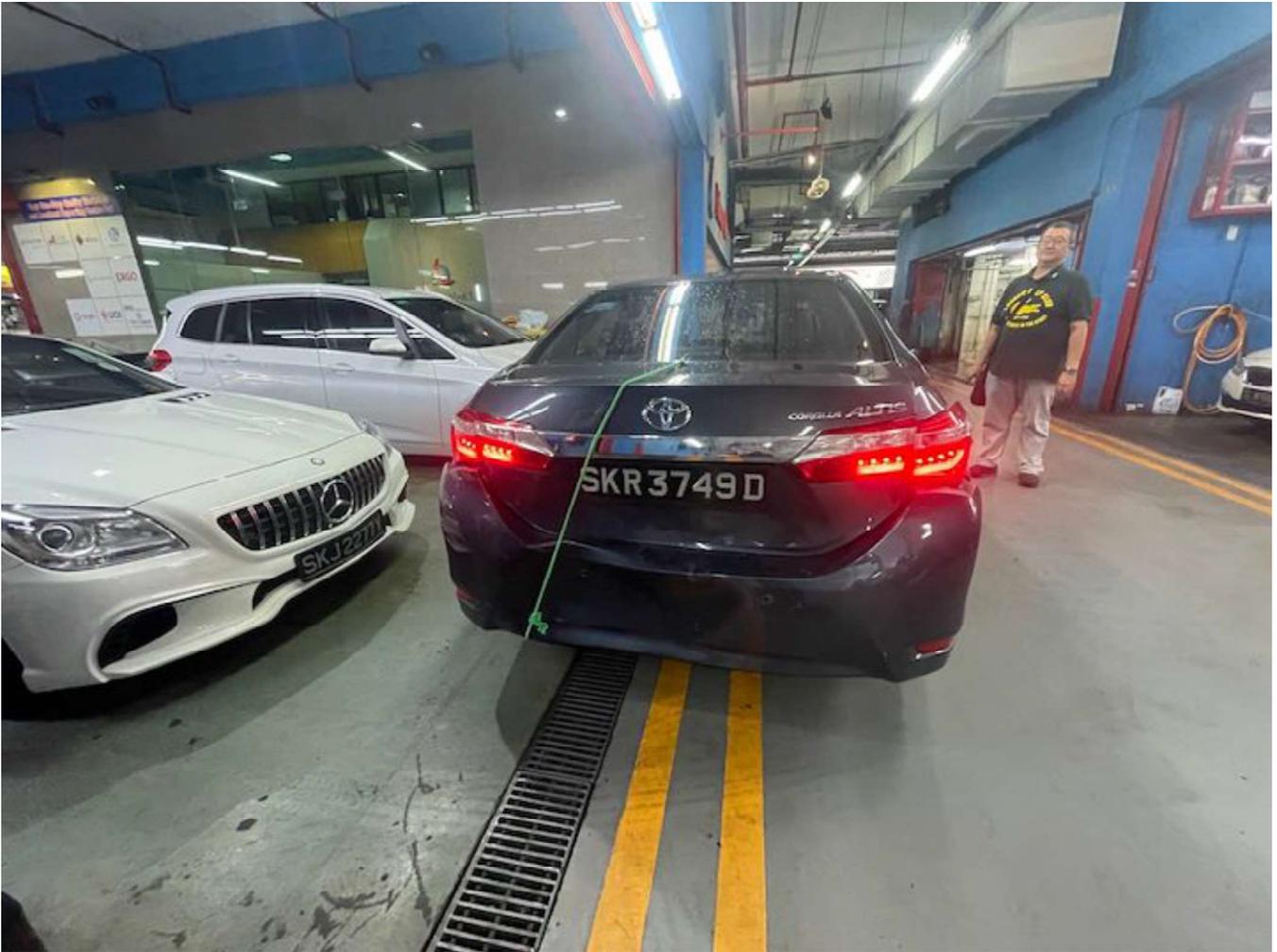


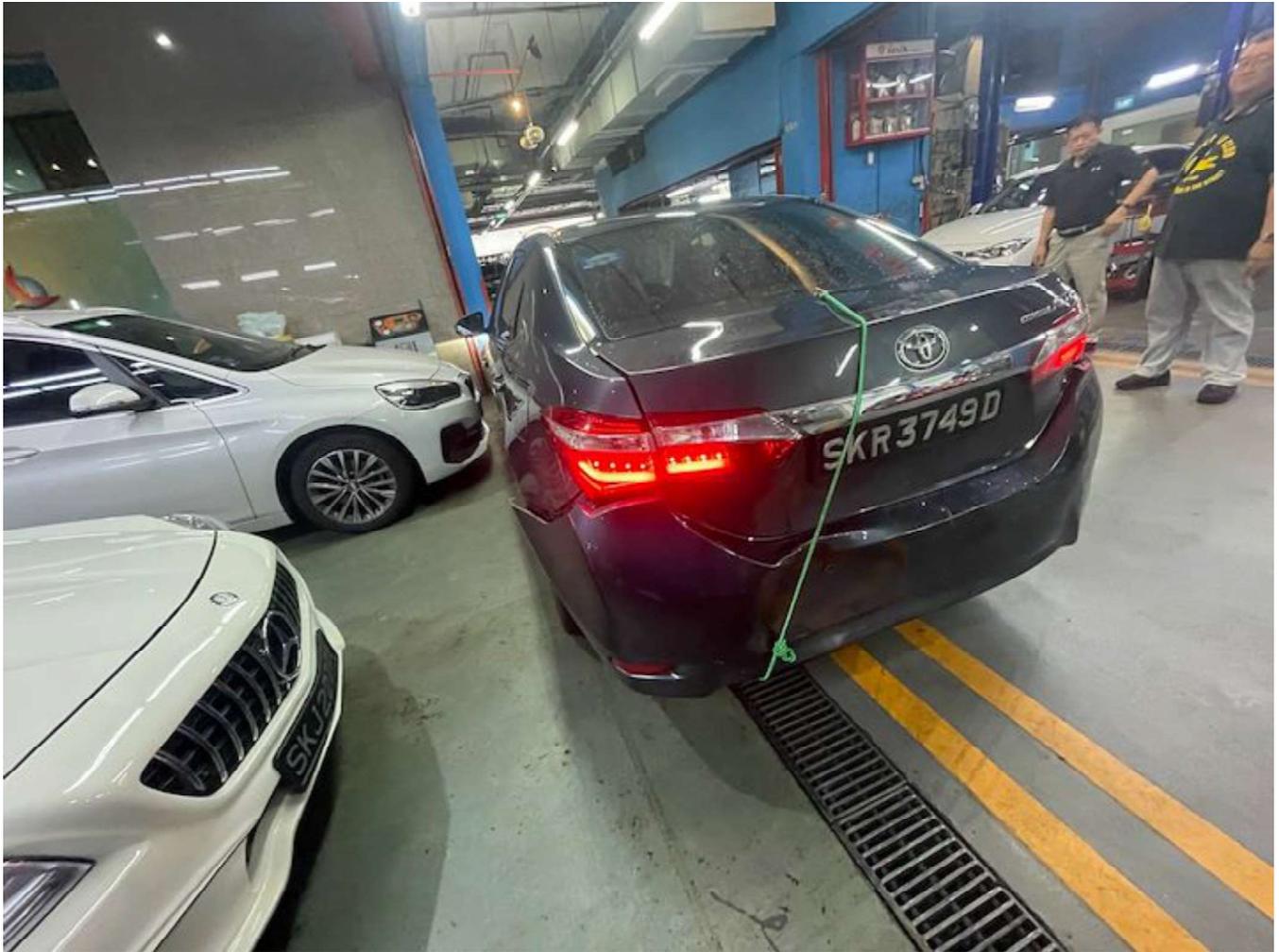
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





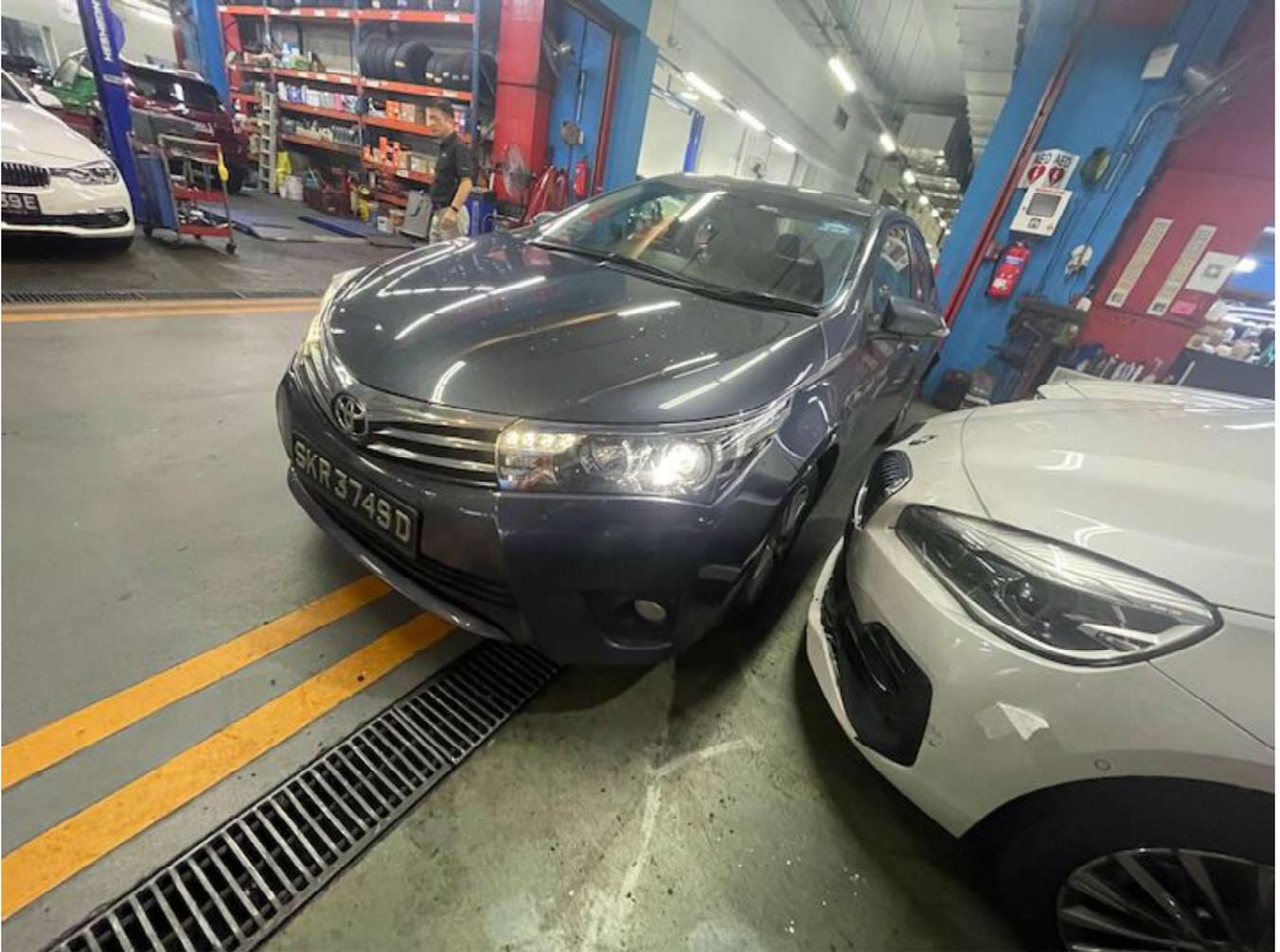














**SINGAPORE
POLICE FORCE**



T/20241126/2023

1 of 4

Report No. T/20241126/2023

Police Station of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2024 12:17	Vide Report No.: J/20241126/0028	Station Diary No.: 54
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Informant's Particulars

Name of Informant: CHUA LYE CHYE		Address: 19 JOO SENG ROAD #02-116 SINGAPORE 360019	
ID Type / ID No.: NRIC NO / S1388259B		Contact No.:	Mobile: 93900301
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 09/09/1959	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: GRAB DRIVER		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: 26/11/2024 07:20	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1795				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
PC6680S	Motor van				Slightly Damaged	0
SKR3749D	Motor car	TOYOTA	Altis	Grey	Slightly Damaged	1
SLG4517X	Motor car				Slightly Damaged	0
SMJ8792M	Motor car				Slightly Damaged	0
SMN8474K	Motor car				Slightly Damaged	0



**SINGAPORE
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T/20241126/2023

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Tel No: 1800-2519999

Report No. T/20241126/2023

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SMV5289G	Motor car				Slightly Damaged	0

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	MUHAMMAD IZZDIN SHAFIQ BIN YACOB			ID No.	S9048546F	
Related Vehicle	PC6680S (Motor van)			Contact No.	96329135	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL		
No. of Days granted Medical Leave	NIL		Degree of	NIL		
Driver						
Name	CHUA LYE CHYE			ID No.	S1388259B	
Related Vehicle	SKR3749D (Motor car)			Contact No.	93900301	
Hospital/Clinic	LIM CLINIC & SURGERY			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date Treatment	26/11/2024		Date Discharge	26/11/2024		
No. of Days granted Medical Leave	05		Degree of	Slight		
Driver						
Name	RACHITA			ID No.	S7663283I	
Related Vehicle	SLG4517X (Motor car)			Contact No.	93378590	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL		
No. of Days granted Medical Leave	NIL		Degree of	NIL		



**SINGAPORE
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Report No. T/20241126/2023

CONTINUATION OF REPORT

Driver			
Name	ONG KIN LEE	ID No.	S1447338F
Related Vehicle	SMJ8792M (Motor car)	Contact No.	94317659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SHIA LISONG	ID No.	S8930441E
Related Vehicle	SMN8474K (Motor car)	Contact No.	91396535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LOW TIEN HWEE SIMON	ID No.	S7140833G
Related Vehicle	SMV5289G (Motor car)	Contact No.	97543475
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 26/11/2024 at about 0720hrs, I was driving my car, SKR3749D along PIE towards Tuas, 36.1km mark, near lamppost 1795. I was travelling on the 5th lane. The traffic volume was heavy at the point of time. I came to a stationary stop while waiting for the car in front to move. Afterwhich, I felt an impact from the rear of my car. The impact caused my car to jerk forward and hit onto the car, SMJ8792M which was in front of me. I alighted my car to check and discovered that I was involved in a 6 car chain collision. The car which had collided onto the rear of car is SLG4517X. My passenger informed that he was fine and walked off.

I felt pain on my neck and upper back. I went to the clinic and was given 5 days of MC. I have provided the in-car camera footage to the Traffic Police.



**SINGAPORE
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T/20241126/2023

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CONTINUATION OF REPORT

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Report No. T/20241126/2023

Signature of Officer Recording The E / SR STAFF SGT MUHAMMAD AFIQ BIN SAIFUL BAHRY 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367

NP168

Signature Of Informant: 
Date/Time: 26/11/2024 12:17
Classification Of Case:

