

## 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 Authorised 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 ability.
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 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 Report	27/11/2017 16:27
Date Of Accident	25/11/2017 10:10
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5302K
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### Insured/Policyholder

Name Of Registered Owner	ONG KAY CHONG
NRIC No	S6879345I
Email Address	KCONG7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97511635
Alternative Phone No	OFFICE-97511635

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-002776
Cover Note Number	

### Driver

Name of Driver	TAN MAY YEN
NRIC No	S7772495H
Date Of Birth	03/09/1977
Occupation	INDOOR
Date Of Driving Pass	17/08/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98303185
Fax Number	
Contact Number	
Email Address	MAYYEN_007@YAHOO.COM

Address	93 CASHEW ROAD #13-03
Postcode	679664
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDZ9969L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEW YEN PING
NRIC/Passport Number	S7118258D
Contact Number	91512878
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE913X  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver MIOW SEONG YAO  
NRIC/Passport Number S8572316B  
Contact Number 96661734  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN2378G  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver MUHAMMAD FAISAL BIN A. RAHMAN  
NRIC/Passport Number S8437307I  
Contact Number 93692921  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLN2378G  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PASSENGER 1  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SDZ9969L  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? YES

Address

Postcode

### DETAILS OF INJURED PERSON 3

Name PASSENGER 2

Approximate Age

Injuries Sustain

Injured person in which vehicle? SDZ9969L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

**SKETCH PLAN**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A: SKT 5302K  
B: SDZ 9969L  
C: STE 913X  
D: SLN 2378G

CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to police report -

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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20171125/2046

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

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Report No. T/20171125/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/11/2017 13:10		Vide Report No.: E/20171125/0090		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN MAY YEN			Address: 93 CASHEW RD #13-03 CASHEW HEIGHTS CONDOMINIUM SINGAPORE 679664		
ID Type / ID No.: NRIC NO / S7772495H			Contact No.: Home/Office: Mobile: 98303185		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 40	Date of Birth: 03/09/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOUSEWIFE			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: 25/11/2017 10:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  BEFORE BRADDEL EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION 4 CARS - HEAD TO REAR				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDZ9969L	Car	MITSUBISHI	ASX 2.0 CVT ABS D/AIRBAG 2WD	Grey		0
SJE913X	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Blue		0



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T/20171125/2046

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

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Report No. T/20171125/2046

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT5302K	Car	TOYOTA	ESTIMA AERAS PREMIUM 2.4 CVT ABS AIRBAGS	White	Slightly Damaged	2
SLN2378G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW YEN PING	ID No.	S7118258D
Related Vehicle	SDZ9969L (Car)	Contact No.	9152878
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	NIL	Degree of Injury	NIL
Driver			
Name	MIOW SEONG YAO	ID No.	S8572316B
Related Vehicle	SJE913X (Car)	Contact No.	96661734
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	NIL	Degree of Injury	NIL





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T/20171125/2046

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Traffic Police Division HQ  
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Tel No: 65470000

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Report No. T/20171125/2046

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN MAY YEN		ID No. S7772495H
Related Vehicle	SKT5302K (Car)		Contact No. 98303185
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD FAISAL BIN A. RAHMAN		ID No. S8437307I
Related Vehicle	SLN2378G (Car)		Contact No. 93692921
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	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND PLACE,

I WAS HEADING TO QIAN XI RESTAURANT, CIVIL SERVICE CLUB AT TESSENSOHN FOR A GRADUATION CEREMONY IN MY CAR(SKT5302K), DRIVING ON THE 2ND LANE FROM THE RIGHT. I WAS DRIVING BEHIND SDZ9969L AND SDZ9969L SLOWED DOWN IN FRONT OF ME SUDDENLY. SINCE I COULD NOT STOP IN TIME, THE FRONT OF MY VEHICLE HIT THE REAR OF SDZ9969L, WHICH ALSO CAUSED A CHAIN OF COLLISIONS BETWEEN(SDZ9969L, SJE913X, SLN2378G).

AFTER THE COLLISION, I GOT OUT OF MY VEHICLE AND EXCHANGED PARTICULARS WITH THE OTHER DRIVERS. 2 AMBULANCES CAME AND CONVEYED 1 PASSENGER OF SLN2378G AND 2 PASSENGERS OF SDZ9969L TO THE HOSPITAL. TRAFFIC POLICE ATTENDED TO THE ACCIDENT.

I WISH TO STATE THAT I HAVE A CAMERA IN MY VEHICLE.



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Report No. T/20171125/2046

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
ZENG ZI CONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/11/2017 13:10

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_