

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 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 Report	01/02/2019 12:02
Date Of Accident	31/01/2019 14:50
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2147K
Insured/Policyholder	
Name Of Registered Owner	MISS CHONG CHUI HAN NICOLE
NRIC No	S9437003E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91166689
Alternative Phone No	OFFICE-91166689

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3080711800
Cover Note Number	-

Driver

Name of Driver	MISS CHONG CHUI HAN NICOLE
NRIC No	S9437003E
Date Of Birth	13/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91166689
Fax Number	
Contact Number	OFFICE-91166689
Email Address	NOEMAIL

Address	BLK 257C COMPASSVALE RD #15-545
Postcode	543257
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Foreign Vehicle Registration Number	JPV5613 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPV5613
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJF8604E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.

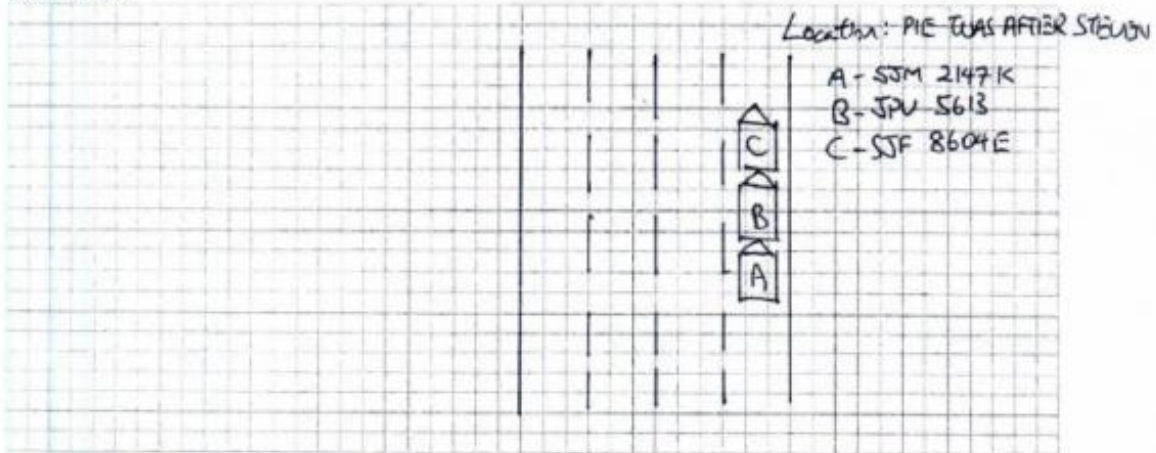
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. Upon entering the bend, vehicle 'B' suddenly slammed his brakes. I personally think that vehicle 'B' ^{had} collided onto vehicle 'C', while I couldn't brake on time, I bumped onto the rear of vehicle 'B'.

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.:

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Search Number: **S9437003E**

Name: **CHONG CHUI HAN, NICOLE**

Birth Date: **13 Sep 1994**
Issue Date: **11 Dec 2013**

002254868A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9437003E

Name: **CHONG CHUI HAN, NICOLE**

莊 翠 涵
Race: **CHINESE**
Date of birth: **13-09-1994** Sex: **F**
Country of birth: **SINGAPORE**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Car's <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg **11 Dec 2013**

NP 429A

Licence No: **S9437003E**



4434778

S9437003E

Date of issue: **21-07-2009**

Address: **APT BLK 257C COMPAASSVALE ROAD
#15-54B
SINGAPORE 543257**





police report



**SINGAPORE
POLICE FORCE**



T/20190201/7019

1 of 3

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

Report No. T/20190201/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 16:51	Vide Report No.: E/20190131/0103	Station Diary No.:
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Informant's Particulars

Name of Informant: CHONG CHUI HAN, NICOLE			Address: APT BLK 257C COMPASSVALE ROAD #15-545 SINGAPORE 543257		
ID Type / ID No.: NRIC NO / S9437003E			Contact No.: Home/Office: Mobile: 91166689		
Nationality: SINGAPORE CITIZEN			Email: nicolechong94@gmail.com		
Sex: Female	Age: 24	Date of Birth: 13/09/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Embalmer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2019 14:50	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPV5613	Car	HONDA	City	White	Slightly Damaged	0
SJF8604E	Car	TOYOTA	Wish	Black	Slightly Damaged	0
SJM2147K	Car	HONDA	HONDA+CIV IC+1.8L+5A T	Silver		0

police report



**SINGAPORE
POLICE FORCE**



T/20190201/7019

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

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Report No. T/20190201/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM2147K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3080711800	26/12/2018	25/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG CHUI HAN, NICOLE	ID No.	S9437003E
Related Vehicle	SJM2147K (Car)	Contact No.	91166689
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 31/01/2019, around 1451HRS, I was traveling at PIE(Tuas) when a foreign vehicle, Honda City, carplate no: JPV5613, in front of me suddenly slammed his brakes and in order for me to not hit his vehicle, I too slammed my brakes but it couldn't stop on time, hence I bumped into the foreign vehicle. I personally think that the foreign vehicle had collided with the vehicle in front, Toyota Wish, SJF8604E, before I collided onto the foreign vehicle.

police report



**SINGAPORE
POLICE FORCE**



T/20190201/7019

3 of 3

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

Report No. T/20190201/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report;
Not applicable

Signature Of Interpreter;
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

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

Date/Time:
01/02/2019 16:51

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S65500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119015283 Vehicle Registration No: SJM 2147K.
Name(as shown in NRIC) : Chong Chui Han Nicole. NRIC/FIN/Passport No : S9437003E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 257 Compassvale Road #15-545. Singapore(545257)
Contact (Tel) : 9166689. Mobile No. : _____
Email Address : _____
Date of Accident : 31/11/19 Time of Accident : _____
Place of Accident : PIE Towards Tuas.
Insurance Company: China Taipei.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 12/2/19.