

## 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	09/02/2019 08:26
Date Of Accident	05/02/2019 11:00
Exact Location Of Accident	CTE AFT AMK AVE 1 B4 BRADDELL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5612R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA YEN YEN
NRIC No	S0125906G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96175157
Alternative Phone No	OTHERS-96175157

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW005525-R02
Cover Note Number	

### Driver

Name of Driver	CHIA YEN YEN
NRIC No	S0125906G
Date Of Birth	03/01/1954
Occupation	INDOOR
Date Of Driving Pass	07/12/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96175157
Fax Number	
Contact Number	OTHERS-96175157
Email Address	NOEMAIL

Address	20 WOODLANDS CRESCENT #15-43
Postcode	738081
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?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : LIE WEE LAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190205/2037

#### 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	SJE5249Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW QIN YI
NRIC/Passport Number	S8501239H
Contact Number	92355095
Address	

No. Of Passenger (Including Driver)

## Details Of Properties

Contact Number 91123526

No. Of Passenger (Including Driver)

## Details Of Properties

Contact Number

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


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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. 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<sup>1</sup>, 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:

 09/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

# Accident Sketch Plan

CTE Towards AYE Before PIE Change Exit

## SKETCH PLAN



D-5JS 77234  
C-5JB 0807X  
A-5K75612R  
B-5JE 5249Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO THE POLICEREPORT: T/20190205/2037

## 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:

Report Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

QANUK Sketch Plan Form 3/3



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190205/2037

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 5

Report No. T/20190205/2037

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA YEN YEN		ID No. S0125906G
Related Vehicle	SKT5612R (Car)		Contact No. 96175157
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>Passenger</b>			
Name	LIE WEE LAN		ID No. S1123359G
Related Vehicle	SKT5612R (Car)		Contact No. 98295867
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.

I am the registered vehicle owner of a blue in colour Honda Jazz bearing vehicle plate number SKT5612R.

On the 05/02/2019 at about 1100hrs, I was driving my vehicle (SKT5612R) with my wife along CTE, after Ang Mo Kio Ave 1 exit, before 8a/8b exit (PIE Changi). I was driving in the extreme left lane which is the lane going into PIE (Changi). There was a vehicle SJB6807X in front of me which suddenly applied its emergency brakes to which I did as well however I could not recall the sequence on whether I felt an impact from my rear first then collided with the vehicle (SJB6807X) in front of me or I had collided into the vehicle (SJB6807X) in front of me first and then felt an impact from my rear.

I alighted and discovered my vehicle was involved in a chain collision between four vehicles. There were no injuries at the accident scene at that point of time. The accident took place just after a ERP gantry.

The following are the order of the vehicles involved in the chain collision accident, starting from the first vehicle;

(1) SJS7723H (2) SJB6807X (3) SKT5612R (4) SJE5249Y

My vehicle's (SKT5612R) airbag was not deployed. My vehicle (SKT5612R) was towed away due to its damages. I am unsure of how many occupants were there for each vehicle except the last vehicle (SJE5249Y); which is a female driver and one male passenger. I have exchanged particulars with driver of SJB6807X and SJE5249Y.

No attendance by traffic police or ambulance. There was a Malay LTA officer at scene and I was advised

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190205/2037

4 of 5

Police Station Of Origin:  
Joo Chiat NPP  
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Report No. T/20190205/2037

**CONTINUATION OF REPORT**

by him to lodge a traffic accident report.

I have taken photos of the accident. I do not have an in car camera in my vehicle (SKT5612R)

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo







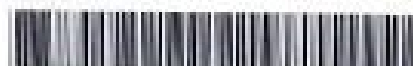
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190205/2037

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 5

Report No. T/20190205/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 14:54		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: CHIA YEN YEN			Address: 20 WOODLANDS CRESCENT #15-48 SINGAPORE 738081		
ID Type / ID No.: NRIC NO / S0125906G			Contact No.: Home/Office: 83103927      Mobile: 98175157		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/01/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR TECHNOLOGY			Driving Licence Information: Class: 3      Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/02/2019 11:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE (TOWARDS PIE CHANGI), AFTER ANG MO KIO AVE 1 EXIT. BEFORE 8A/8B EXIT (PIE CHANGI)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SCT 9012 R

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJB8807X	Car	TOYOTA	VIOS J AUTO	Black		0
SJE5249Y	Car	HONDA	FIT 1.3G A	White		1
SJS7723H	Car	TOYOTA	VIOS E AUTO	Silver		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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2 of 5

Report No. T/20180205/2037

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT5812R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT5812R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW005525	15/06/2015	14/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ZAKARIA BIN ABDUL LATIB		ID No.	S1483320D
Related Vehicle	SJB6807X (Car)		Contact No.	91123526
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	AW QIN YI		ID No.	S8501239H
Related Vehicle	SJE5249Y (Car)		Contact No.	92355095
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**Police Report**



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Report No. T/20190205/2037

**CONTINUATION OF REPORT**

by him to lodge a traffic accident report.

I have taken photos of the accident. I do not have an in car camera in my vehicle (SKT5812R)

Police Report



SINGAPORE  
POLICE FORCE



T/20190205/2037

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5 of 5

Report No: T/20190205/2037

CONTINUATION OF REPORT

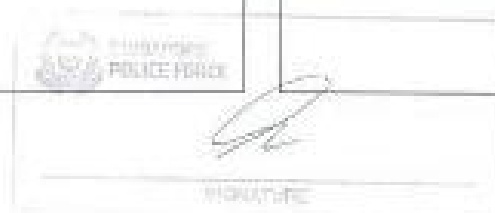
Sketch Plan

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: G / Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2019 14:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:.

Authentication Stamp  
NP108



# Identification Card





Driving License

