

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	04/03/2019 15:02
Date Of Accident	03/03/2019 10:10
Exact Location Of Accident	CTE(AYE)NEAR BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2072Y
Insured/Policyholder	
Name Of Registered Owner	CHEW KOK YONG
NRIC No	S6890005J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90300276
Alternative Phone No	OTHERS-90300276

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-003363
Cover Note Number	

Driver

Name of Driver	CHEW KOK YONG
NRIC No	S6890005J
Date Of Birth	30/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90300276
Fax Number	
Contact Number	OTHERS-90300276
EEmail Address	NOEMAIL

Address	BLK 19 BALAM ROAD #09-204
Postcode	370019
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	COLLISION - HEAD TO REAR
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	2
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: : PANG YIWEN GENDER: : FEMALE

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

PLS REFER TO THE POLICE REPORT: T/20190304/7004

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	SLL6057S
Vehicle Make/Model/Colour	MAZDA 3
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:

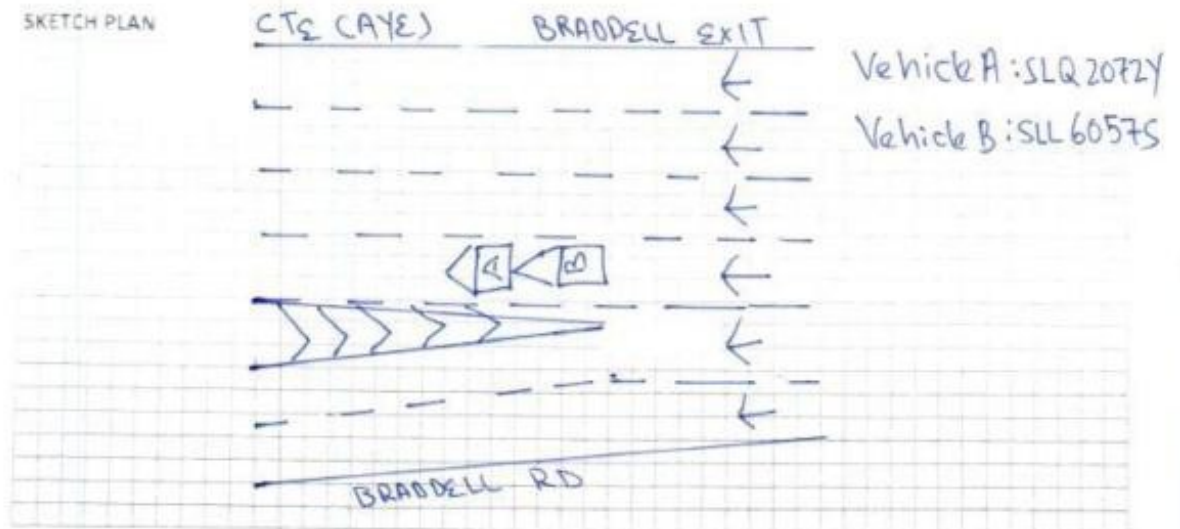
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time, location and date, I was travelling on the fourth lane. In front of my vehicle stopped and I follow suit. Suddenly I felt an impact from the rear and I came out from vehicle. Vehicle B (SLL 6057S) vehicle collided on my rear portion.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190304/7004

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

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Report No. T/20190304/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Pan Yiwen	ID No.	S8564443B
Related Vehicle	SLQ2072Y (Car)	Contact No.	96444060
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	CHEW KOK YONG	ID No.	S6890005J
Related Vehicle	SLQ2072Y (Car)	Contact No.	90300276
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was traveling on the fourth lane on the stated time. My front vehicle stopped and I follow suit. After a few seconds, I feel an impact from the rear and I came out from the vehicle and found out vehicle (SLL6057S) collided on my vehicle rear portion.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190304/7004

1 of 3

Report No. T/20190304/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 11:18	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEW KOK YONG			Address: APT BLK 19 BALAM ROAD #09-204 SINGAPORE 370019		
ID Type / ID No.: NRIC NO / S8880005J			Contact No.: Home/Office: Mobile: 90300276		
Nationality: SINGAPORE CITIZEN			Email: xpresser10@gmail.com		
Sex: Male	Age: 50	Date of Birth: 30/04/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 10:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL60578	Car	MAZDA		Blue	Slightly Damaged	0
SLQ2072Y	Car	HONDA	SHUTTLE 1.5G CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2072Y	EQ INSURANCE COMPANY LTD.	DMPPHQ18-003363	29/06/2018	28/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T201903047004

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

2 of 3

Report No. T201903047004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Pan Yiwen	ID No.	S8864443B
Related Vehicle	SLQ2072Y (Car)	Contact No.	96444060
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	CHEW KOK YONG	ID No.	S6890005J
Related Vehicle	SLQ2072Y (Car)	Contact No.	90300276
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was travelling on the fourth lane on the stated time. My front vehicle stopped and I follow suit. After a few seconds, I feel an impact from the rear and I came out from the vehicle and found out vehicle (SLL6057S) collided on my vehicle rear portion.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190304/7004

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

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Report No: T/20190304/7004

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:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65478438

Authentication Stamp
NP188

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

Date/Time:
04/03/2019 11:19

Classification Of Case:

Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S6890005J**
Name: **CHEW KOK YONG**

Birth Date: **30 Apr 1968**
Issue Date: **20 Jun 2011**



001974552K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6890005J**



Name
CHEW KOK YONG
周 国 荣

Race
CHINESE

Date of birth
30-04-1968

Sex
M

Country/Place of birth
MALAYSIA



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

EFFECTIVE DATE

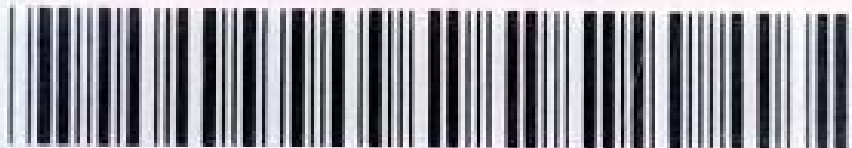
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 10 Oct 2001

NP 428A



Licence No: S6890005J

5679514



NRIC No. S6890005J



Date of issue

13-12-2016

Address

APT BLK 19 BALAM ROAD
#09-204
SINGAPORE 370019

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: S66550020G / 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 : MNA119029365 Vehicle Registration No : SLQ20734
Name (as shown in NRIC) : CHEW KOK YONG NRIC/FIN/Passport No : 56890005J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 19 BALAM RD #09-204 Singapore (370019)
Contact (Tel) : _____ Mobile No. : 90300276
Email Address : _____
Date of Accident : 03/03/19 Time of Accident : 10:10
Place of Accident : CTE (AYE) NEAR BRADDELL RD EXIT
Insurance Company : EQ

(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:

ADD IN POLICY NO

Policyholder / Driver's Signature
Date:

slm 05/03/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: