

## 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	15/04/2019 11:44
Date Of Accident	13/04/2019 15:25
Exact Location Of Accident	PIE TWDS TUAS B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1113Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KWANG HOCK(CAI GUANGFU)
NRIC No	S7140057C
Email Address	I_IBELIEVE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97272288
Alternative Phone No	OTHERS-97272288

### Vehicle Particulars

Manufacturer	AUDI
Model	Q2
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800039427-01
Cover Note Number	

### Driver

Name of Driver	CHUA KWANG HOCK(CAI GUANGFU)
NRIC No	S7140057C
Date Of Birth	17/11/1971
Occupation	INDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272288
Fax Number	
Contact Number	OTHERS-97272288
EEmail Address	I_IBELIEVE@YAHOO.COM.SG

Address	BLK 87 YISHUN AVE 1 #12-06
Postcode	769133
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	3
Was any body injured in the Accident?	YES
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: : YANG JUAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190414/2030

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7972M
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YE JIANPING
NRIC/Passport Number	G6868129X

Contact Number	94389040
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE8514G
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOON ZEE KANG
NRIC/Passport Number	970308016429
Contact Number	90374566
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHUA KWANG HOCK(CAI GUANGFU)
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SLZ1113Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	YANG JUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLZ1113Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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, 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

PIE TWOS TUNAS BY PAYA LEBAR

A - SL211134

B - GBG7972m

C - GBE8514G

EXIT

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190414/2030

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]* 15/4/19

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

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

*[Signature]* 15/04/19

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No: T/20190414/2030

## CONTINUATION OF REPORT

Driver			
Name	CHUA KWANG HOCK	ID No.	S7140057C
Related Vehicle	SLZ1113Y (Car)	Contact No.	97272288
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/04/2019	Date Discharge	13/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

### Brief Details.

*P1E TWAS THAS BU PAYA LEBAR EXIT*

On 13/04/2019 at about 1525hrs, I was travelling along ~~Sengkang Expressway~~ on the 3rd lane from the left on a 4 lane road in my vehicle(SLZ1113Y). Suddenly, I felt 2 consecutive collisions to the rear of my vehicle, and I thus proceeded to stop my vehicle and exit to make a check. I thus discovered that another vehicle(GBG7972M), having been hit on the rear by a van(GBE8514G), had been caused to collide into the rear of my vehicle twice. Police was subsequently at scene, and all parties exchanged particulars. Feeling pain on my neck, shoulders, back and waist, I thus proceeded to Sengkang General Hospital for medical attention, and there received 7 days of MC from 13/04/2019 to 19/04/2019. My passenger at that time(Yang Juan) also felt pain on her neck and back, and also sought medical attention at the same hospital, and received 4 days of MC from 13/04/2019 to 16/04/2019. I do have in-car camera directed towards the front and back of my vehicle, and both were recording during the incident. I am lodging this report insurance and record purposes.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529899

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Report No: T/20190414/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 12:01		Vide Report No.:		Station Diary No.: 28
<b>Informant's Particulars</b>				
Name of Informant: CHUA KWANG HOCK		Address: APT BLK 87 YISHUN AVENUE 1 #12-08 SINGAPORE 769133		
ID Type / ID No. NRIC NO / S7140057C		Contact No.: Home/Office: Mobile: 97272285		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 17/11/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: STRATEGIC PLANNING DIRECTOR		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: 13/04/2019 15:25	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY <i>PIE TWO IS TURN BY PAYA LEBAR EXIT</i> Occurred along Paya Lebar Expressway on 3rd lane from the left on a 4 lane road.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
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	Condition	No of Passenger
GBE8514G	Van	TOYOTA	HIACE DX 3.0 M	Silver	Seriously Damaged	2
GBG7872M	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	White	Slightly Damaged	0
SLZ1113Y	Car	AUDI	Q2 1.0 TFSI S TRONIC	Red	Slightly Damaged	1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1900-5529599

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Report No: T/20180414/2030

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLZ1113Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800039427	27/04/2018	26/04/2019

  

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	SOON ZEE KANG		ID No.	970308018429
Related Vehicle	GBE8514G (Van)		Contact No.	90374586
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	YE JIANPING		ID No.	G6868129X
Related Vehicle	GBG7972M (Lorry)		Contact No.	94389040
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
Passenger				
Name	YANG JUAN		ID No.	S8278362H
Related Vehicle	SLZ1113Y (Car)		Contact No.	86089650
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/04/2019		Date Discharge	13/04/2019
No. of Days granted Medical Leave	04		Degree of Injury	Slight

# Police Report



**SINGAPORE  
POLICE FORCE**



T00190414/2000

Police Station Of Origin:  
Bishan N.P.C.  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529989

Report No. T00190414/2000

## CONTINUATION OF REPORT

Driver			
Name	CHUA KWANG HOCK	ID No.	S7140057C
Related Vehicle	SLZ1113Y (Car)	Contact No.	97272288
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/04/2019	Date Discharge	13/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

### Brief Details.

*PIC TWICE THAT BY PAPA LILAR CHIT*

On 13/04/2019 at about 1525hrs, I was travelling along ~~Sengkang Expressway~~ on the 3rd lane from the left on a 4 lane road in my vehicle(SLZ1113Y). Suddenly, I felt 2 consecutive collisions to the rear of my vehicle, and I thus proceeded to stop my vehicle and exit to make a check. I thus discovered that another vehicle(GBG7972M), having been hit on the rear by a van(GBE9514G), had been caused to collide into the rear of my vehicle twice. Police was subsequently at scene, and all parties exchanged particulars. Feeling pain on my neck, shoulders, back and waist, I thus proceeded to Sengkang General Hospital for medical attention, and there received 7 days of MC from 13/04/2019 to 19/04/2019. My passenger at that time(Yang Juan) also felt pain on her neck and back, and also sought medical attention at the same hospital, and received 4 days of MC from 13/04/2019 to 16/04/2019. I do have in-car camera directed towards the front and back of my vehicle, and both were recording during the incident. I am lodging this report insurance and record purposes.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190414/0030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529699

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Report No. T/20190414/0030

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: E / Sgt 2 LEE QI, THEODORE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 12:01
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF	Classification Of Case:
Contact No.: 65476358	
Authentication Stamp NP100	SN 061



# Identification Card

