

## 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             | 18/04/2019 15:31      |
| Date Of Accident           | 17/04/2019 15:30      |
| Exact Location Of Accident | ALONG ECP TWDS CHANGI |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SGN8976A        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | TRUE DRIVE      |
| Co Reg No                   | -               |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-91099266 |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | WISH         |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL   |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             | 18-MJ000977-R00                      |
| Cover Note Number         | -                                    |

### Driver

|                      |   |
|----------------------|---|
| Name of Driver       | CHARLES LEE BOON KENG(CHARLES LI WENQING) |
| NRIC No              | S7233504Z                                 |
| Date Of Birth        | 11/09/1972                                |
| Occupation           | OUTDOOR                                   |
| Date Of Driving Pass | 16/03/1993                                |
| Driving Experience   | 26 YEARS AND 1 MONTH                      |
| Gender               | MALE                                      |
| Mobile Number        | (LOCAL) +65-91099266                      |
| Fax Number           |   |
| Contact Number       |   |
| EEmail Address       | NOEMAIL                                   |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 141 SERANGOON NORTH AVE 2 #10-02 |
| Postcode  | 550141                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                        |
| 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                         | 6                                   |
| 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: : MARIANA<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | SERANGOON NORTH NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , <b>POSTCODE:</b> 550108 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2849999 - <b>FAX NO:</b> 63431742   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 | SJX7803J    |
| 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 SMJ311X  
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 3

Vehicle Registration Number SHB5553H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 4

Vehicle Registration Number SJV6411Z  
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 5

Vehicle Registration Number SLP8144P  
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 INJURED PERSON 1

Name CHARLES LEE BOON KENG(CHARLES LI WENQING)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGN8976A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name MARIANA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGN8976A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### 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.:

## Accident Sketch Plan

### SKETCH PLAN

|  |  |  |   |            |
|--|--|--|---|------------|
|  |  |  | F | A-SGN8976A |
|  |  |  | A | B-SJX7803J |
|  |  |  | B | C-SMJ311X  |
|  |  |  | C | D-SHB5553H |
|  |  |  | D | E-SJV6411Z |
|  |  |  | E | F-SLP8144P |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20190417/2203

### 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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190417/2203

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 5  
Report No. T/20190417/2203

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |   |                          |                            |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>17/04/2019 21:33  |            | Vide Report No.:             |   | Station Diary No.:<br>24 |                            |
| <b>Informant's Particulars</b>              |            |                              |   |                          |                            |
| Name of Informant:<br>CHARLES LEE BOON KENG |            |                              | Address:<br>APT BLK 141 SERANGOON NORTH AVENUE 2 #10-02<br>SINGAPORE 550141 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S7233504Z    |            |                              | Contact No.:<br>Home/Office: Mobile: 91099266                               |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:  |                          |                            |
| Sex:<br>Male                                | Age:<br>46 | Date of Birth:<br>11/09/1972 | Type of Informant:<br>Driver  |                          |                            |
| Race:<br>Chinese                            |            |                              | Language:   |                          | Institution / School Name: |
| Occupation:<br>PRIVATE HIRE                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                    |                          |                            |

## General Information of the Accident

|  |                                  |                                    |  |                                 |
|--|----------------------------------|------------------------------------|--|---------------------------------|
| Type of Accident:  | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>17/04/2019 15:30 | Type of Location:<br>Expressway |
| Location:<br>Along Road 1<br>EAST COAST PARKWAY              |                                  |                                    |  |                                 |
| Along ECP under Marine Parade Flyover towards Changi Airport |                                  |                                    |  |                                 |
| Weather:<br>Sunny  |                                  | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h               |                                 |
| Traffic Flow:<br>One Way                                     |                                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                 |
| Type of Collision:<br>Chain Collision                        |                                  |                                    | Anyone conveyed by ambulance:<br>No        |                                 |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition         | No. of Passenger |
|-------------|------|------|-------|-------|-------------------|------------------|
| SGN8976A    | Car  |      |       |       | Seriously Damaged | 1                |
| SHB5553H    | Car  |      |       |       | Slightly Damaged  | 0                |
| SJV6411Z    | Car  |      |       |       | Seriously Damaged | 0                |
| SJX7803J    | Car  |      |       |       | Seriously Damaged | 0                |
| SLP8144P    | Car  |      |       |       | Slightly Damaged  | 0                |

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Tel No: 1800-2849999

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Report No. T/20190417/2203

CONTINUATION OF REPORT

| Details of Vehicle Involved |      |      |       |       |                   |
|-----------------------------|------|------|-------|-------|-------------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition         |
| SMJ311X                     | Car  |      |       |       | Seriously Damaged |
| No of Passenger: 0          |      |      |       |       |                   |

  

| Details of Person Involved        |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                         |  |                                   |
| Name                              | CHARLES LEE BOON KENG   | ID No.                                 | S7233504Z                         |
| Related Vehicle                   | SGN8976A (Car)          | Contact No.                            | 91099266                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                            |
| Driver                            |                         |  |                                   |
| Name                              | Swee Hin Kwang          | ID No.                                 | S1418503H                         |
| Related Vehicle                   | SHB5553H (Car)          | Contact No.                            | 90900998                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| Driver                            |                         |  |                                   |
| Name                              | Nuzrul Hakiem Bin Abbas | ID No.                                 | S7401451H                         |
| Related Vehicle                   | SJV6411Z (Car)          | Contact No.                            | 96756393                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>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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Report No. T/20190417/2203

## CONTINUATION OF REPORT

|                                   |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| <b>Driver</b>                     |                       |  |                                   |
| Name                              | Guo Jintao            | ID No.                                 | S8873814D                         |
| Related Vehicle                   | SJX7803J (Car)        | Contact No.                            | 81198254                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>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                              | Koh Sien Ming Michael | ID No.                                 | S6926088H                         |
| Related Vehicle                   | SLP8144P (Car)        | Contact No.                            | 96251296                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>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                              | Andrew Ann Huan Chen  | ID No.                                 | S9109958F                         |
| Related Vehicle                   | SMJ311X (Car)         | Contact No.                            | 97323880                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>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 17/04/2019 at about 1530hours along ECP under Marine Parade Flyover towards Changi Airport, I was driving my vehicle bearing car plate number SGN 8976A on the first lane, extreme right. There was a car in front of me bearing car plate number SLP8144P suddenly slow down, came to a stop and to avoid any collision, I applied my e-brake and came to a full stop. There was a distance between me and the first car and I didn't knock until the first car.

After which I felt an impact and there was a car behind me bearing car plate number SJX7809J hit against the rear of my car. The first impact resulted my car to shift forward and bump into the car in front of me. Subsequently I felt that another impact as there was another car also involved in this chain collision.

I then get down the vehicle and there were a total of 6 vehicles involved in this chain collision.

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Report No. T/20190417/2203

CONTINUATION OF REPORT

The following vehicles are in sequence for the chain collision:

- 1)SLP8144P
- 2)SGN8976A
- 3)SXX7803J
- 4)SMJ311X
- 5)SHB5553H
- 6)SJV6411Z

Traffic Police came down, took photos and all of our particulars. Ambulance came down to made a check on one of the driver and no one was conveyed to hospital. No one was injured during this accident. I wish to state that I was carrying a passenger during the point of time as I am private hire driver. I also wish to state that I am driving 90km/hour. I do have an in-car camera but only able to capture the front view of my car. The driver in front of me also verified with me that I didn't knock until his car.

That's all.

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

