

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 Submission 24/05/2019 14:21 (SGT)
Date of Accident 24/05/2019 08:15 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information JUNC OF KAMPUNG BAHRU RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5063A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW YEOW HONG
NRIC No SXXXX918E
Email Address chewyeowhong61@gmail.com
Mobile Phone No (Phone) +65-91088380
Alternative Phone No +65-91088380

VEHICLE PARTICULARS

Manufacturer Hyundai
Model ELANTRA AD 1.6 GLS AT (AMS)
Variant undefined
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MS000485
Cover Note Number -

DRIVER

Name of Driver CHEW YEOW HONG
NRIC No SXXXX918E

Date Of Birth	06/08/1961
Occupation	Outdoor
Date Of Driving Pass	04/09/1980
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91088380
Alt. Phone Number	+65-91088380
Email Address	chewyeowhong61@gmail.com
Address	BLK 206 JURONG EAST ST 21
Address complement	#08-223
Postcode	200206
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHOY JUNYU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20190524/2077

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REVERT
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3779T
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KOK SIEW PEH
NRIC No	SXXXX473D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW YEOW HONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHOY JUNYU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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:

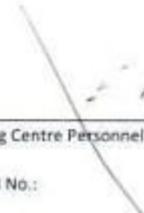
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

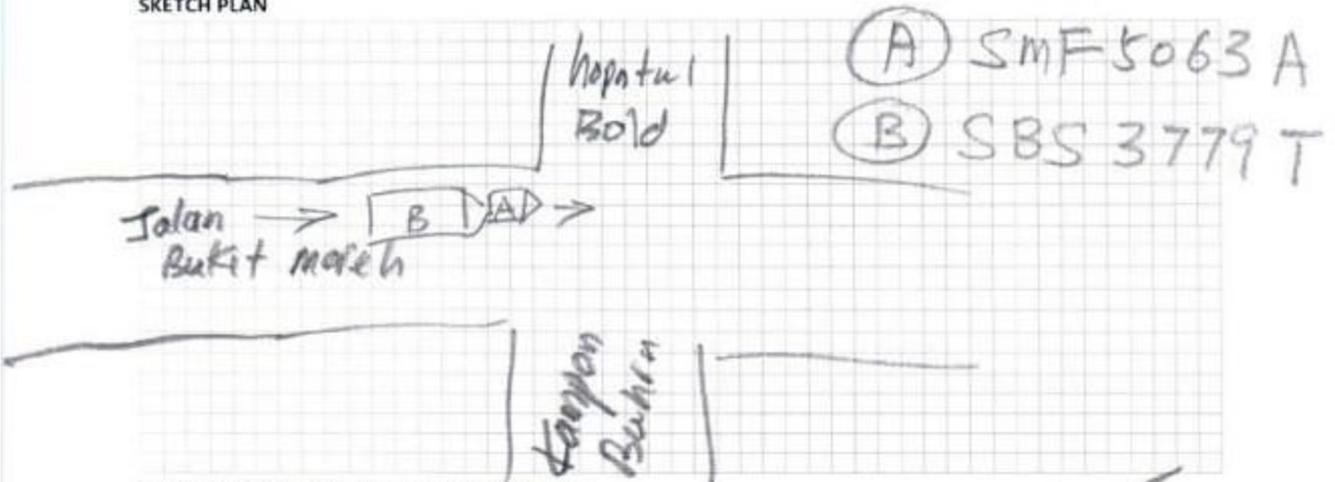


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 24/5/2019

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

SKETCH PLAN



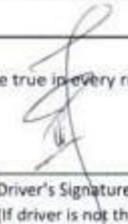
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

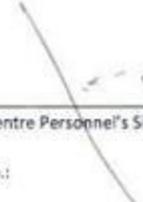
— PLS Refer to the Police Report —
T/20190524/2077

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.: 24/5/2019



**SINGAPORE
POLICE FORCE**



T/20190524/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 4

Report No. T/20190524/2077

CONTINUATION OF REPORT

Brief Details.

On 24/05/2019 at around 0815hrs, I was driving my vehicle along Jalan bukit merah. I then made a stop at the junction of jalan bukit merah and kampong bahru as the traffic light was red in colour. Suddenly, my vehicle was hit in the rear by a bus. I have in car camera in the front and back of the car.









































**SINGAPORE
POLICE FORCE**



T/20190524/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 4

Report No. T/20190524/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2019 13:21	Vide Report No.:	Station Diary No.: 42
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: CHEW YEOW HONG		Address: 321 CHOA CHU KANG AVENUE 3 #16-24 SINGAPORE 689864	
ID Type / ID No.: NRIC NO / S1470918E		Contact No.: Home/Office: Mobile: 91080308	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 07/08/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: Grab
Occupation: Private driver		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2019 08:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JALAN BUKIT MERAH KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SBS3779T	Bus/Coach/Minibus				Slightly Damaged	15
SMF5063A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190524/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 4

Report No. T/20190524/2077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF5063A	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS000485	09/01/2019	08/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOK SIEW PEH		ID No.	S7479473D
Related Vehicle	SBS3779T (Bus/Coach/Minibus)		Contact No.	NIL
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	CHEW YEOW HONG		ID No.	S1470918E
Related Vehicle	SMF5063A (Car)		Contact No.	91080308
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	05		Degree of Injury	Serious
Passenger				
Name	CHOY JUNYU		ID No.	S8304323G
Related Vehicle	SMF5063A (Car)		Contact No.	92384058
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	01		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190524/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 4

Report No. T/20190524/2077

CONTINUATION OF REPORT

Brief Details.

On 24/05/2019 at around 0815hrs, I was driving my vehicle along Jalan bukit merah. I then made a stop at the junction of jalan bukit merah and kampong bahru as the traffic light was red in colour. Suddenly, my vehicle was hit in the rear by a bus. I have in car camera in the front and back of the car.



**SINGAPORE
POLICE FORCE**



T/20190524/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

4 of 4

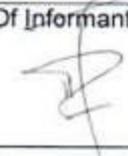
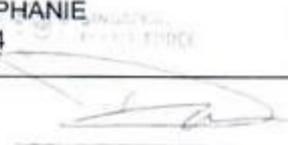
Report No. T/20190524/2077

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 2 LING JUNXIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2019 13:21
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 	Classification Of Case:
Authentication Stamp NP168 	





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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119067237 Vehicle Registration No: SMF5063A
 Name (as shown in NRIC): CHEW YEOW HONG NRIC/FIN/Passport No: SXXXX918E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 321 CHUN CHU KANG AVE 3 #16-24 Singapore (689864)
 Contact (Tel): _____ Mobile No.: 91080308 91088380
 Email Address: _____
 Date of Accident: 24/05/2019 Time of Accident: 08:15
 Place of Accident: JUNC OF JLN BUKIT MERAH RD / KAMPUNG BAHURA
 Insurance Company: TOKIO MARINE

(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 EMAIL ADDRESS: chewyeowhong61@gmail.com
CHANGE OF ADDRESS: BLK 206 JURONG EAST ST 21
#08-223
SPORE: 200206

10-09-21 
 Policyholder / Driver's Signature
 Date:

 10/09/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: