

## 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	29/08/2019 21:24
Date Of Accident	28/08/2019 19:40
Exact Location Of Accident	ALEXANDRA RD OUTSIDE DELTA SPORT COMPLEX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5505X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN JIA YANG KENNETH
NRIC No	S8609554H
Email Address	KENNETHCHIN11@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94577411
Alternative Phone No	OFFICE-94577411

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVG (R17 LED)
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 CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003385
Cover Note Number	

### Driver

Name of Driver	CHIN JIA YANG KENNETH
NRIC No	S8609554H
Date Of Birth	11/04/1986
Occupation	INDOOR
Date Of Driving Pass	12/01/2005
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94577411
Fax Number	
Contact Number	OFFICE-94577411
EEmail Address	KENNETHCHIN11@GMAIL.COM

Address	NA
Postcode	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to police report no: T/20190829/7015

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3661G
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG SIEW HOCK
NRIC/Passport Number	S1307049J
Contact Number	93510806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH4800R
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI XIANG
NRIC/Passport Number	S7465100C
Contact Number	94501376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHIN JIA YANG KENNETH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKE5505X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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 application by interested parties.
7. By the submission 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)
  - (a) I understand, acknowledge, agree and consent that
    - (i) 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.
    - (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.

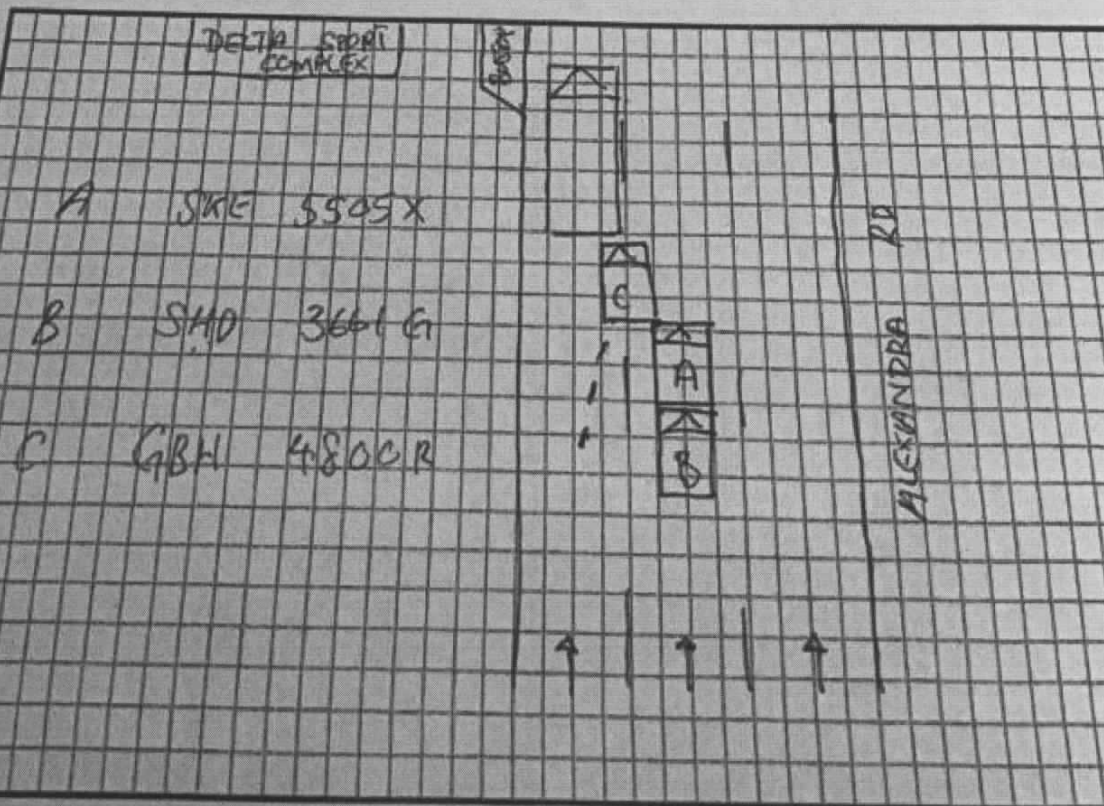
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



## Sketch Plan #2



**SINGAPORE  
POLICE FORCE**



T/20190829/7015

1 of 4

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

Report No. T/20190829/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2019 13:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIN JIAYANG, KENNETH			Address: 42 PASIR PANJANG HILL #02-04 SINGAPORE 118894		
ID Type / ID No.: NRIC NO / S8609554H			Contact No.: Home/Office:		Mobile: 94577411
Nationality: SINGAPORE CITIZEN			Email: kennethchin11@gmail.com		
Sex: Male	Age: 33	Date of Birth: 11/04/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2019 19:40	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBH4800R	Van		Toyota	White	Slightly Damaged	0
SHD3661G	Car		Hyundai	Blue	Seriously Damaged	0
SKE5505X	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190829/7015

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

Report No. T/20190829/7015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE5505X	FWD Singapore Pte. Ltd	PNPV2019-00003385	13/02/2019	12/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	LI XIANG		ID No.	S7465100C
Related Vehicle	GBH4800R (Van)		Contact No.	94501376
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>Driver</b>				
Name	CHENG SIEW HOCK		ID No.	S1307049J
Related Vehicle	SHD3661G (Car)		Contact No.	93510806
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>Driver</b>				
Name	CHIN JIAYANG, KENNETH		ID No.	S8609554H
Related Vehicle	SKE5505X (Car)		Contact No.	94577411
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2019		Date Discharge	28/08/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20190829/7015

3 of 4

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

Report No. T/20190829/7015

**CONTINUATION OF REPORT**

Brief Details.

On 28 August 2019 at about 1940hrs, I was driving my car SKE5505X in the middle lane of a 3-lane road along Alexandra Road. Along the road near Delta Sports Complex, there was a van GBH4800R travelling on the left-most lane in front of me. The van was signalling left. The van then signaled right and proceeded to do a lane change to the middle lane (my lane). Half way through the lane change, the van signaled left. The van then suddenly stopped in the middle of the left-most lane and the middle lane. Seeing this, I applied brakes on my vehicle and managed to stop in time behind the van to avoid a collision.

Suddenly, my car was hit from the back by a taxi SHD3661G with a big impact. My car surged forward and hit the van in front of me. There is property damage to all three vehicles. The driver of the van is Li Xiang (S7465100C) and the driver of the taxi is Cheng Siew Hock (NRIC S1307049J). There were no passengers in all three vehicles.

I felt pain in my neck and lower back after the collision and proceeded to see a doctor at the Alexandra Hospital and was given 3 days of MC.

I have front and rear in-car camera footage of the accident and photos taken of the scene after the accident.

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**

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



T/20190829/7015

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Report No. T/20190829/7015

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

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

Date/Time:  
29/08/2019 13:24

Classification Of Case: