

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	06/12/2019 09:53
Date Of Accident	06/12/2019 08:15
Exact Location Of Accident	TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8136J
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Insured/Policyholder

Name Of Registered Owner	YUEN PEILING, ADELINE
NRIC No	S8920752E
Email Address	ADELINE.YPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98779358
Alternative Phone No	OTHERS-98779358

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6AT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00632313
Cover Note Number	

Driver

Name of Driver	YUEN PEILING, ADELINE
NRIC No	S8920752E
Date Of Birth	22/06/1989
Occupation	INDOOR
Date Of Driving Pass	13/05/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98779358
Fax Number	
Contact Number	OTHERS-98779358
Email Address	ADELINE.YPL@GMAIL.COM

Address	BLK 275 TAMPINES STREET 22 #05-74 SINGAPORE
Postcode	520275
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	5
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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHA1666Y
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 2

Vehicle Registration Number SJB6128S

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 SDL139Z

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 4

Vehicle Registration Number SJN825U

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 YUEN PEILING, ADELINE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLL8136J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

9:45am
6/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

penan

Sketch Plan #2

SKETCH PLAN

Vehicle	Motorcycle
A - SLL 8136J	
B - SHH 1666Y	
C - STB 6178S	
D - SDL 139Z	
E - SJN 825U	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was travelling along TPE - SLE when SJB 6128S braked and I followed to brake. However, as I managed to come to a stop, vehicle SHA 1666Y crashed on to my car followed by the next impact by the last car SDL 139Z which pushes the car forward too.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

6/12/19
9:45am

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Identification Card & DL




**SINGAPORE
POLICE FORCE**


T/20191206/2086

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Report No. T/20191206/2086

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No. 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 14:06	Vide Report No.:	Station Diary No. : 21
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Informant's Particulars

Name of Informant: YUEN PEILING, ADELINE			Address: APT BLK 275 TAMPINES STREET 22 #05-74 SINGAPORE 520275		
ID Type / ID No.:			Contact No.:		
NRIC NO / S8920752E			Home/Office:		Mobile: 98779358
Nationality:			Email:		
SINGAPORE CITIZEN					
Sex:	Age:	Date of Birth:	Type of Informant:		
Female	30	22/06/1989	Driver:		
Race:			Language:		Institution / School Name:
Chinese					
Occupation:			Driving Licence Information:		Date of Expiry:
Civil Servant			Class: 2B,2A,3		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2019 08:15	Type of Location: Expressway
Location: Along Road 1 TAMPINES EXPRESSWAY				
Towards SLE, near Jln Kayu Exit				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL139Z						0
SHA1668Y						0
SJB6128S						0
SJN825U						0



**SINGAPORE
POLICE FORCE**



T/20191206/2086

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Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20191206/2086

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL8136J		MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP 6EAT	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL8136J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00632313	29/05/2019	28/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Andy	ID No.	NIL
Related Vehicle	SDL139Z	Contact No.	96684263
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	Teng	ID No.	NIL
Related Vehicle	SHA1666Y	Contact No.	90609178
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



**SINGAPORE
POLICE FORCE**



T/20191206/2086

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No: T/20191206/2086

CONTINUATION OF REPORT

Driver			
Name	Trina	ID No.	NIL
Related Vehicle	SJB6128S	Contact No.	9286960
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	Mahmood	ID No.	NIL
Related Vehicle	SJN825U	Contact No.	98573147
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	YUEN PEILING, ADELINE	ID No.	S8920752E
Related Vehicle	SLL8136J	Contact No.	98779358
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 6/12/2019, at about 8.15am, I was driving in my car (SLL8136J) along TPE towards SLE near Jin Kayu exit on the 1st lane. The car in front of me (SJB6128S) made a sudden brake. I managed to stop my car in time.

After my car had came to a stop, a taxi (SHA1666Y) collided with me from the rear. After the taxi had collided with my car, my car jerked forward and collided with SJB6128S. Another car (SDL139Z) collided with the taxi and caused it to jerk forward. This caused a 2nd impact onto my car. A car (SJN825U) in front of SJB6128S was also involved in the chain collision.

At the time, no one needed immediate medical assistance. We exchanged particulars and carried on with our journeys.



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Report No. T/20191206/2086

CONTINUATION OF REPORT

I then went to Changi General Hospital due to contusion in my right knee. I was given 3 days medical leave for my injuries.



**SINGAPORE
POLICE FORCE**



T/20191206/2086

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20191206/2086

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 3 MUHAMMAD HARIZ SIM JIA JUN BIN
MUHAMMAD HAFIZ SIM

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

06/12/2019 14:06

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI
Contact No.: 65476151



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S665500206 / 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 : MPA219160793 Vehicle Registration No: SLL8136J
Name (as shown in NRIC) : Yuen Peiling, Adeline NRIC/FIN/Passport No : S8920752E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98779358
Email Address : _____
Date of Accident : 6/12/19 Time of Accident : 0815
Place of Accident : TPE (SLE)
Insurance Company : DIRECT ASIA

(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:

Attach police report

[Signature]

Policyholder / Driver's Signature
Date:

6/12/19

[Signature]
Name:
NRIC/FIN No.:
Date: