

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	24/01/2020 11:07
Date Of Accident	23/01/2020 15:50
Exact Location Of Accident	AYE TOWARDS MCE BEFORE ALEXANDRA ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2117M
Insured/Policyholder	
Name Of Registered Owner	SEE KOK KEONG
NRIC No	SXXXX587D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91134876
Alternative Phone No	OTHERS-91134876

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 ABS D/AB 2WD 4DR (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3009661900
Cover Note Number	

Driver

Name of Driver	SEE KOK KEONG
NRIC No	SXXXX587D
Date Of Birth	17/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91134876
Fax Number	
Contact Number	OTHERS-91134876
Email Address	NOEMAIL

Address	BLK 305D ANCHORVALE LINK #07-17
Postcode	544305
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200124/7027

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	SLX7421D
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 SKW6088G

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 SEE KOK KEONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SMH2117M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:



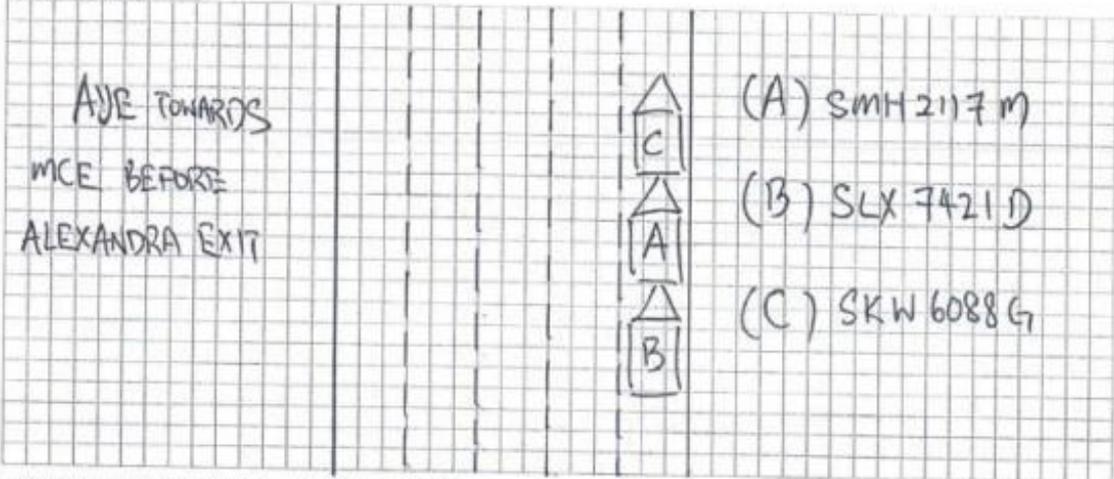
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE on lane 1 of 5 lanes.
 Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. I followed suit and came to a halt. After a few seconds, I felt an great impact from the rear, the impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised it was a chain collision involving 3 vehicle and I was the second vehicle from the front

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/20200124/7027

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

1 of 3

Report No. T/20200124/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2020 18:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEE KOK KEONG			Address: APT BLK 305D ANCHORVALE LINK #07-17 SINGAPORE 544305		
ID Type / ID No.:			Contact No.:		
NRIC NO / S7524587D			Home/Office:		Mobile: 91134876
Nationality: SINGAPORE CITIZEN			Email: alvinos_sg@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 17/08/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LOGISTICS OPERATION			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2020 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW6088G	Car					0
SLX7421D	Car					0
SMH2117M	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200124/7027

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

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Report No. T/20200124/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH2117M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30096619 00	31/01/2019	13/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE KOK KEONG	ID No.	S7524587D
Related Vehicle	SMH2117M (Car)	Contact No.	91134876
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2020	Date Discharge	24/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details

On 23rd January 2020, at about 15:50hrs, I was travelling along AYE towards MCE before Alexandra Road Exit on lane 1 of 5 lanes. The vehicle in front of me slowed down and stopped. I followed suit and came to a halt. After a few seconds, I felt a great impact from the rear, the impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised vehicle SLX7421D had collided onto my vehicle and it was a chain collision involving total 3 vehicles and I was the second vehicle in the chain.

After the accident, I went to SengKang General Hospital to seek treatment and was given 7 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200124/7027

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

3 of 3
Report No. T/20200124/7027

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 / TPHQ / WONG SIEU LUI Contact No.: 65476151

Authentication Stamp
NP158

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 24/01/2020 18:55
Classification Of Case:

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: S66550206 / 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 : MNA420011510 Vehicle Registration No: SMH 2117M
Name(as shown in NRIC) : See Kok Keong NRIC/FIN/Passport No : S75245876
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 305D Anchorvale Link #07-17 Singapore 544305
Contact (Tel) : _____ Mobile No. : 9134976
Email Address : _____
Date of Accident : 23.01.2020 Time of Accident : 15:50hrs
Place of Accident : A/E
Insurance Company: China Taiping

(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:

① Attached Police Report No: 7/20200124/027

~~_____

_____~~

G
Policyholder / Driver's Signature
Date: 28.1.2020

[Signature]
Reporting Centre Personnel's Signature
Name: 2021. WATYAB
NRIC/FIN No.: _____
Date: 27/01/2020