

## 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	30/07/2020 12:15
Date Of Accident	29/07/2020 09:30
Exact Location Of Accident	AYE AFTER CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1186Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN PHECK LUI
NRIC No	SXXXX760G
Email Address	CHEWTEEKEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92748591
Alternative Phone No	OTHERS-92748591

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 EX (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900094071-01
Cover Note Number	

### Driver

Name of Driver	CHEW TEE KEE
NRIC No	SXXXX814C
Date Of Birth	30/08/1951
Occupation	INDOOR
Date Of Driving Pass	28/09/1976
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92748591
Fax Number	
Contact Number	OTHERS-92748591
Email Address	CHEWTEEKEE@GMAIL.COM

Address	BLK 158 HAIG ROAD #04-01
Postcode	438974
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200729/2129

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4402L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAIFUL-FADLY BIN M HEALLMY
NRIC/Passport Number	SXXXX284J
Contact Number	94552402
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJZ4243J

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 SJV3358P

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 CHEW TEE KEE

Approximate Age

Injuries Sustain CHEST PAIN

Injured person in which vehicle? SML1186Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 INVESTIGATION FORM

## Accident Sketch Plan

### SKETCH PLAN

V.A) SML1186Z  
 V.B) GIB674402L  
 V.C) SJZ4243J  
 V.D) SJV3358P

X  
 X  
 X

AGE AFTER CLEMENT,  
 unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report No. T/20200729/2129.

I also wish to add that there were at least 3 more vehicles behind 3IV3358P, however I'm unable to take down the car plate number as it was raining heavily and the vehicle left the scene.

## 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/20200729/2129

Police Station Of Origin:  
Joo Chiat NPP  
257 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20200729/2129

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2020 19:48		Vide Report No.:		Station Diary No.: 29	
<b>Informant's Particulars</b>					
Name of Informant: CHEW TEE KEE			Address: APT BLK 158 HAIG ROAD #04-01 SINGAPORE 438794		
ID Type / ID No.: NRIC NO / S0015814C			Contact No.: Home/Office: Mobile: 92748591		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 30/08/1951	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: TECHNICIAN			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: 29/07/2020 09:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  ALONG AYE EXPRESSWAY  AFTER CLEMENTI				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBG4402L	Van				Slightly Damaged	0
SJV3358P	Car				Slightly Damaged	0
SJZ4243J	Car				Slightly Damaged	0
SML1186Z	Car				Slightly Damaged	0



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200729/2129

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20200729/2129

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SAIFUL-FADLY BIN M HEALLMY	ID No.	S8002284J
Related Vehicle	GBG4402L (Van)	Contact No.	94552402
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	CHEW TEE KEE	ID No.	S0015814C
Related Vehicle	SML1186Z (Car)	Contact No.	92748591
Hospital/Clinic	MEDILINE WEI MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	29/07/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On 29/07/2020 at around 0930hrs, I was driving my car (SML1186Z) along AYE from Tuas towards ECP on the 1st lane. Shortly after I drove past Clementi, I saw from my rear mirror that a van was driving very fast towards my vehicle, and I was unable to change lane or speed up to avoid the van and as a result, the front of the van collided with the rear of my vehicle. I would like to inform that the collision then escalated into a chain collision involving a total of around 6 vehicles with my vehicle being the very front of the collision.

I would like to inform that it was raining during the accident as such I was only able to exchange particulars with the van driver and obtain a few vehicle's license plate that was involved in the accident. I would like to inform that I had sustain chest pain from the accident and sought medical assistance on 29/07/2020 and was given 2 days of MC. I also have in-car camera installed in my vehicle and it was recording during the time of accident. I have reported the incident to my insurance company, but have yet to send my car for servicing/surveying as such I do not know the repair cost.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200729/2129

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 3

Report No. T/20200729/2129

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 JEREMY GOH ZEN KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2020 19:48

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP158



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

