

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	05/08/2020 16:03
Date Of Accident	05/08/2020 07:00
Exact Location Of Accident	KJE(PIE)8KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9825D
Insured/Policyholder	
Name Of Registered Owner	CHIN CHIAP FATT
NRIC No	SXXXX645Z
Email Address	WILLIAM.CHIN@HLAG.COM
Mobile Phone No	(LOCAL) +65-98386490
Alternative Phone No	OTHERS-98386490

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308
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	DMPCSNW00079722000
Cover Note Number	

Driver

Name of Driver	CHIN CHIAP FATT
NRIC No	SXXXX645Z
Date Of Birth	02/11/1965
Occupation	INDOOR
Date Of Driving Pass	16/07/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98386490
Fax Number	
Contact Number	OTHERS-98386490
Email Address	WILLIAM.CHIN@HLAG.COM

Address	BLK 273 BANGKIT ROAD #07-160
Postcode	670273
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	COLLISION - HEAD TO REAR
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?	YES
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)	4
Passenger 1	NAME: : BRYAN CHIN LI KUAN GENDER: : MALE
Passenger 2	NAME: : ENDAH DWI WINIATIE GENDER: : FEMALE
Passenger 3	NAME: : JUDITH CHIN LI XIANG GENDER: : FEMALE

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
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

PLS REFER TO THE POLICE REPORT: T/20200805/2026

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 Witness 1

Name	MR RAJAMANICKAM S/O RAJANGAM
Phone Number	94560924

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF756S
Vehicle Make/Model/Colour TOYOTA NOAH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOO TIAN HUN
NRIC/Passport Number SXXXX449D
Contact Number 98893263
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBM4033L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 CHIN CHIAP FATT
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLF9825D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ENDAH DWI WINIATIE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLF9825D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JUDITH CHIN LI XIANG
Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLF9825D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

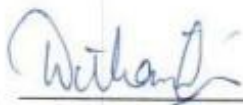
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

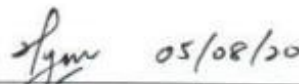
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

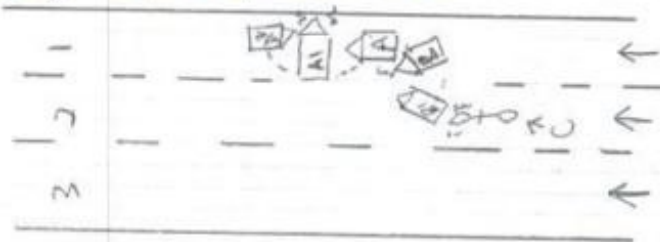
 05/08/20

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

Accident Sketch Plan

SKETCH PLAN

Kranji Expressway (PIE) 8KM



Vehicle A: SLF 9825D

Vehicle B: SMF 756S

Vehicle C: FBM 4033L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report: T/20200805/2026

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Witnan

Policyholder's Signature
Date & Time:

Witnan

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

Sym 05/08/20

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

Individual Statement



SINGAPORE
POLICE FORCE



T/20200805/2026

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

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Report No. T/20200805/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF9825D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000797 22000	04/07/2020	03/07/2021

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS TRAVELING ALONG KJE (PIE) ON THE EXTREME RIGHT OF 3 LANES ROAD WHEN THE CAR INFONT OF ME SUDDENLY JAMMED BRAKES TO AVOID COLLISION I APPLIED MY BRAKES AND MANAGED TO STOP IN TIME, I THEN SAW THE VEHICLE BEHIND ME SWERVE INTO THE CENTER AND I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTERWHICH MY CAR SPUN AROUND AND COLLIDED ONTO THE DIVIDER AND COME INTO A STOP
SUBSEQUENTLY THE RIDER WAS CONVEYED BY AMBULANCE TO THE HOSPITAL AND I WAS ATTENDED BY TRAFFIC POLICE THAT'S ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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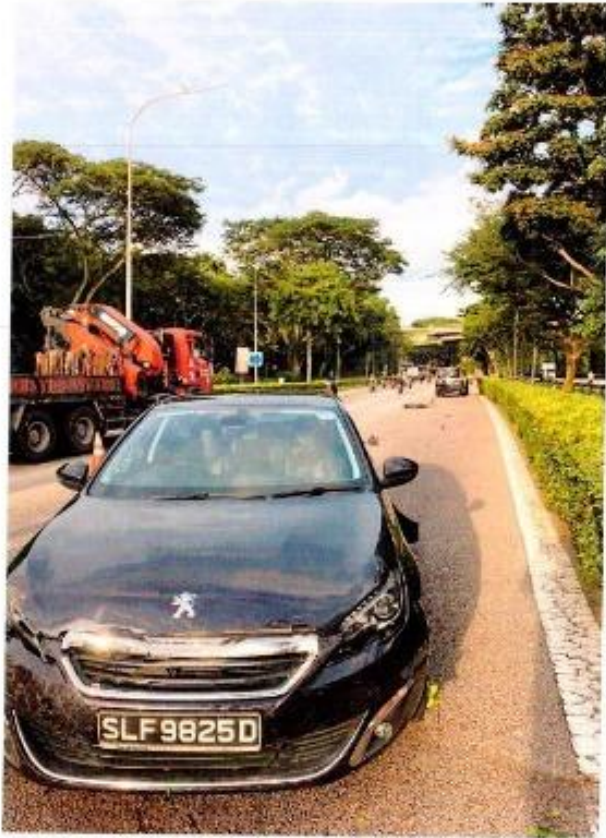
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Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200805/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 85470000

1 of 3

Report No: T/20200805/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 11:28		Vide Report No.: Jr/20200805/0048		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIN CHIAP FATT			Address: APT BLK 273 BANGKIT ROAD #07-150 SINGAPORE 670273		
ID Type / ID No.: NRIC NO / S1705645Z			Contact No.: Home/Office: Mobile: 98386490		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 02/11/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2020 07:00	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY (PIE) 8KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4033L	Motorcycle					0
SLF9825D	Car	PEUGEOT	308 5DR ALLURE PURETECH 1.2 A/T 2WD S/R	Blue		3
SMF756S	Car					1

Police Report



SINGAPORE
POLICE FORCE

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



T/20200905/2026

2 of 3

Report No. T/20200905/2026

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T/20200805/2026

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

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Report No. T/20200805/2026

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:
TP /
SC BERNARD KOH REN JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/08/2020 11:28

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65478213

Classification Of Case:

Authentication Stamp
NP103

