

## 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	12/08/2020 14:32
Date Of Accident	07/08/2020 11:35
Exact Location Of Accident	PIE(TUAS) B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5831E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91998131

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001942000
Cover Note Number	

### Driver

Name of Driver	JAMES CHIA KIM LEONG
NRIC No	SXXXX872C
Date Of Birth	03/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90032615
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 10A BOON TIONG ROAD #16-523
Postcode	160010
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200807/2143

#### 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	SLZ9Y
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 SLS1198P  
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 SJR6165E  
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 PASSENGER  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SME5831E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JAMES CHIA KIM LEONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SME5831E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address

Postcode

# Accident Sketch Plan


## SKETCH PLAN

### 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**.
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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. 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: 07/08/20

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 07/08/20

  
Reporting Centre Personnel's Signature

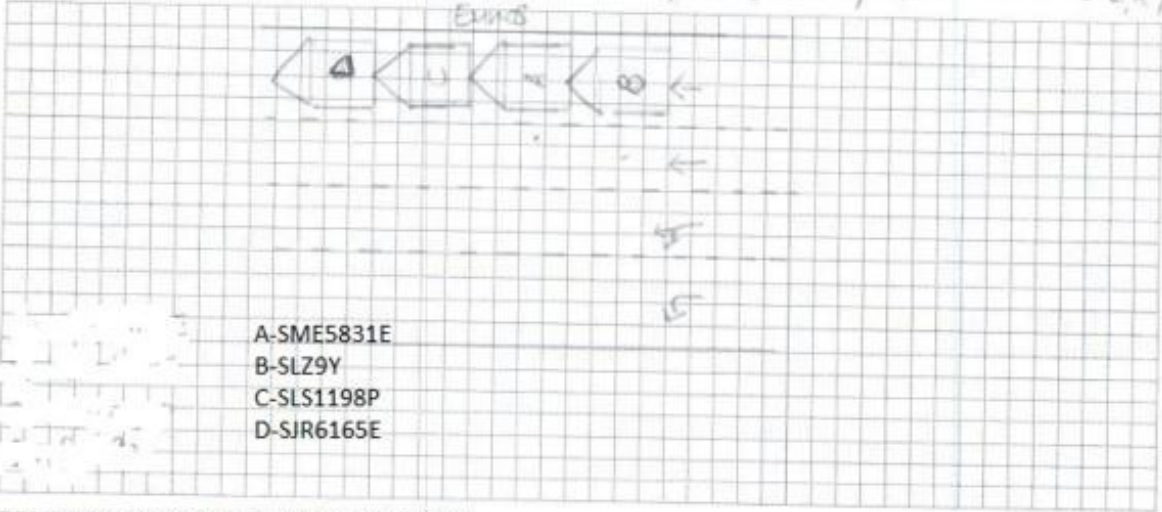
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PIE (TUAS) BY EQUINOX EX 7



- A-SME5831E
- B-SLZ9Y
- C-SLS1198P
- D-SJR6165E


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


*Pls refer to the police report: 5/20200807/2143*

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 07/08/20

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/08/20

 01/08/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Individual Statement**



**SINGAPORE  
POLICE FORCE**



T/20200807/2143

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 5  
Report No: T/20200807/2143

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JAMES CHIA KIM LEONG		ID No. S7277872C
Related Vehicle	SME5831E (Car)		Contact No. 90032615
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/08/2020	Date Discharge	07/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	EDWIN		ID No. NIL
Related Vehicle	SME5831E (Car)		Contact No. 98323319
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

**Brief Details.**

I am working as a part-time Grab driver since February and has been driving vehicle number SME5831E. On 07/08/2020 at about 10.56am, I picked up a passenger from 107 Bedok North as he had made a Grab booking and I was supposed to send him to 5 Ubi Close. While I was driving along lane 1 at PIE(Tuas) before Eunus, at about 11.33am, I saw the car the car in front of me had suddenly jam break. Thus I stepped on my break and my car managed to stop. Shortly after, another car then banged into the back of my vehicle causing my vehicle to move forward and it banged into the front vehicle. I wish to inform that the chain accident consist of a total of 4 numbers of cars.

Subsequently, the Traffic Police arrived and attended to the incident. I also wish to add that my passenger had been conveyed by the ambulance to an unknown hospital and the driver of vehicle registration SLS1198P was also conveyed by the ambulance to an unknown hospital.

The order of the chain accident is as follow:

- 1st Car Registration number, SJR6165E,
- 2nd Car Registration number, SLS1198P,
- 3rd Car Registration number, SME5831E,
- 4th Car Registration number, SLZ9Y.

The Police officer then advised us to lodge a police report pertaining the accident. I wish to add that I had gone to SGH to seek for medical attention as I had suffered abbrasians on my left leg and I felt pain on my left hand. I was then given 5 days MC.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200807/2143

1 of 5

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159882  
Tel No: 1800-3778999

Report No: T/20200807/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2020 22:52	Video Report No.: G/20200807/0077	Station Diary No.: 65
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Informant's Particulars			
Name of Informant: JAMES CHIA KIM LEONG		Address: APT BLK 10A BOON TIONG ROAD #16-523 SINGAPORE 180010	
ID Type / ID No.: NRIC NO / S7277872C		Contact No.: Home/Office:                      Mobile: 90032615	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 03/01/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PART TIME GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 07/08/2020 11:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (TUAS) before Eunus				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR6165E	Car	HONDA	I-VTEC	Gold	Slightly Damaged	0
SLS1198F	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
SLZ9Y	Car	MERCEDES BENZ		Black	Seriously Damaged	0
SME5831E	Car	HONDA	VEZEL	Silver	Seriously Damaged	1

**Police Report**



**SINGAPORE  
POLICE FORCE**



T1202008072143

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159882  
Tel No: 1800-3779999

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Report No: T1202008072143

**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	LOW KWANG KHENG	ID No.	S69042808
Related Vehicle	SJR8165E (Car)	Contact No.	84981683
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
<b>Driver</b>			
Name	OOI LAI MING	ID No.	S7235833J
Related Vehicle	SLS1198P (Car)	Contact No.	93859860
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
<b>Driver</b>			
Name	CHEN XIANJUN	ID No.	S2634040C
Related Vehicle	SLZ8Y (Car)	Contact No.	97889520
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



**Police Report**



**SINGAPORE  
POLICE FORCE**



T2020080702143

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159052  
Tel No: 1800-3779999

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Report No: T2020080702143

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JAMES CHIA KIM LEONG	ID No.	S7277872C
Related Vehicle	SME5831E (Car)	Contact No.	90032615
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/08/2020	Date Discharge	07/08/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	EDWIN	ID No.	NIL
Related Vehicle	SME5831E (Car)	Contact No.	98323319
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

**Brief Details.**

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**Police Report**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20200807/2143

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Report No: T/20200807/2143

CONTINUATION OF REPORT

Police Report



SINGAPORE  
POLICE FORCE



T00000807/2143

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3778989

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Report No: T00000807/2143

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: D / Sr Staff Sgt SURAJDAH BINTE SALIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 22:52
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FERQZ BIN HUSSEIN Contact No: 65476206	Classification Of Case:

Authentication Stamp  
NF100

