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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	29/10/2020 16:59
Date Of Accident	29/10/2020 09:40
Exact Location Of Accident	KPE TWDS MCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2623H
Insured/Policyholder	
Name Of Registered Owner	DEZIMON CHEN
NRIC No	SXXXX812C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93846666
Alternative Phone No	OFFICE-93846666
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT LED EU6
Exact Purpose for which vehicle was being used a 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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008724-02
Cover Note Number	

Driver

Name of Driver DEZIMON CHEN LONGGE

NRIC No SXXXX812C

Date Of Birth 17/08/1982

Occupation INDOOR

Date Of Driving Pass 23/05/2007

Driving Experience 13 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93846666

Fax Number

Contact Number OFFICE-93846666

EMail Address NOEMAIL

Address BLK 673A EDGEFIELD PLAINS

#10-607

Postcode 821673

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 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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : CAYLOB CHEN YUZHE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2519999 - **FAX NO**: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201029/2056.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJM3018T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 27

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SME2051J

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 SMS244J

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 SKN5840E

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 DEZIMON CHEN LONGGE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ2623H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

YES

Address Postcode

DETAILS OF INJURED PERSON 2

CAYLOB CHEN YUZHE Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLQ2623H

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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- 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.
- 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:
 - 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

NRIC/FIN No.:

GARAC SANDPARENT VI

Accident Sketch Plan

		D D O	A: SC Q 2623H A: SC Q 2623H C: SOME 2517 D: SMS 2447 G: SK ASS 840E
		B	kpe twas mce
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
refer to plice	report. 1/2201079)	2056.	
	- 150		
ECLARATION			
We declare the foregoing par	ticulars are true in every respect.		That
-			

Date & Time:

GENNAC State Offices (inn. 52)

NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Report No. T/20201029/2056

1 of 5

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 15:09			Vide Report No.:	Station Diary No 95		
Informa	nt's Partic	ulars	CONTRACTOR OF THE PERSON	THE SALL PROPERTY.		
Name of Informant: DEZIMON CHEN LONGGE			Address: APT BLK 673A EDGEFIELD PLAINS #10-607 SINGAPORE 821673			
ID Type / ID No.: NRIC NO / S8223812C			Contact No.: Home/Office:	Mobile: 93846666		
National SINGAP	lity: PORE CITIZ	EN.	Email:			
Sex: Male	Age: 38	Date of Birth: 17/08/1982	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: UN-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2020 09:40	Type of Location Straight Road
Location: KALLANG PA	YA LEBAR EXPRE	SSWAY Road Surface:	F	Road Speed Limit:
		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Clear Traffic Flow: One Way Type of Collis			H	Fraffic Volume: Heavy Anyone conveyed by

Details of V	ehicle Invo	lved		AVE STATE		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJM3018T	Car					0
SKN5840E	Car					0
SLQ2623H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	White	Seriously Damaged	1
SME2051J	Car					0





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 5 Report No. T/20201029/2056

Details of Vehicle Involved							
Туре	Make	Model	Color	Condition	No of Passenger		
Car					0		
i	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLQ2623H	FWD Singapore Pte. Ltd	PNPV2018- 00008724-02	30/06/2020	29/06/2021			

Details of Perso	n Involved	OR HOSPIGERS OF THE	HIGHER	SWITTERS	NAME OF TAXABLE PARTY.
Any Pedestrian II	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pede	strian (Cross	sing: NA
Driver			100	1160	SANGE OF SANGES
Name	LAI HAN-WEI	1	D No.		S8411873G
Related Vehicle	SJM3018T (Car)	(Contac	t No.	94778944
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	16
No. of Days gran	ted Medical Leave NIL	Degree of In		NIL	
Driver					PASSING INC.
Name	WEE SAN HIN, ALVIN	1	D No.		S8139040A
Related Vehicle	SKN5840E (Car)		Contact No.		NIL
Hospital/Clinic	NIL	Ĺ	Class o Driving Licence Expiry [. &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	rge I	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In	njury	NIL	





Police Station Of Origin: Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 5 Report No. T/20201029/2056

Driver	TOTAL STREET	The second	all to the	MENN'S	STATE OF STREET
Name	DEZIMON CHEN LONGGE				S8223812C
Related Vehicle	SLQ2623H (Car)			ct No.	93846666
Hospital/Clinic				of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2020 Date Disch				0/2020
No. of Days gran	ted Medical Leave 05	Degree o		-	CONTRACTOR OF THE CONTRACTOR O
Passenger	THE RESERVE OF THE PARTY OF THE	man and marin		17.00	Residence in the same of
Name	CAYLEB CHEN YUZHE		ID No		T1607314D
Related Vehicle	SLQ2623H (Car)		Conta	ct No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2020	Date Disc		and the second second	0/2020
No. of Days gran	ted Medical Leave 03	fInjury	Slight	t	
Driver	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			Torse of	2015C4500143745
Name	NG SOON HOW				S8364934H
Related Vehicle	SME2051J (Car)			ct No.	85188314
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	
Driver		No. of the last of	Noted by	0.500	NAME OF STREET
Name	MOHAMED ISHAK BIN MOHA ABDUL LATIFF	MED	ID No		S7525217Z
Related Vehicle	SMS244J (Car)		Conta	ct No.	98252775
Hospital/Clinic	NIL			of g e & Date	Class: NIL Date of Expiry: NIL
	NII Data Dias			-	
Date Treatment	NIL	Date Disc	harge	NIL	





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

4 of 5 Report No. T/20201029/2056

Brief Details.

On 29/10/2020, at about 0940hrs, I was driving my vehicle(V3) bearing reg no SLQ2623H along KPE towards ECP together with my son seated on the rear left passenger seat with the baby seat. At that point of time. I was driving at the extreme right lane and the traffic was heavy. After I have entered the KPE highway tunnel, there was a vehicle(V2) bearing reg no SME2051J ahead of me.

The vehicle(V2) ahead of me had applied a sudden brake and I managed to brake my vehicle in time. When my vehicle had come to a complete stop, I felt a huge impact from the rear and my vehicle inch forward and collided on the vehicle(V2) in front of me. After the impact, I came out of my vehicle to make a check on my son and the accident scene. I noticed that it was a chain collision involving 5 vehicles.

I managed to speak to the driver (V2) and he informed me that earlier on, there was a vehicle (V1) bearing reg no SMS244J ahead of him and had applied a sudden brake. Therefore, he had to apply a sudden brake too. I did not manage to speak to other drivers however, we did exchanged particulars and took photos of the accident scene.

I also noticed that the vehicle bearing reg no SJM3018T (V4) behind me had caused my rear bumper to be lifted and the rear of my vehicle was on top of his vehicle. My vehicle rear bumper was badly damaged, and my vehicle front bonnet was dented. I managed to drive my vehicle to the workshop for

After the accident, I felt pain on my lower back as I do have old injury and son felt pain on chest and lower body. Both of us went to Mount Alvernia Hospital and I was given 05 day of MC and my son was given 03 of MC.I do have a in-build front and rear vehicle camera installed in my vehicle. Vehicle details as follow:

V1 - SMS244J

V2-SME2051J

V3 - SLQ2623H

V4 - SJM3018T

V5 - SKN5840E





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

5 of 5 Report No. T/20201029/2056

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 Reco E / Sgt 2 DARREN TAN YUA		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time; 29/10/2020 15:09	
Officer In Charge Of Case TP / AEIT / Sr Staff Sgt SYED ZAYID		Classification Of Case:	
SYED ABDUL WAHID AL Contact No.: 65476404	HINDUAN SINGAPORE POLICE FORCE	SN 168	
Authentication Stamp NP168	SIGNAT	TURE	































