

## 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	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
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DEZIMON CHEN
NRIC No	S8223812C
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 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	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	S8223812C
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	- - -
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
Number of Passengers (Including Driver)	2
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	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 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?	NO

#### 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	

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?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CAYLOB CHEN YUZHE
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

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#### **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 Sketch Plan

### SKETCH PLAN

A
D
A
C
A
A
B
A
E

A: SLQ2623H  
 B: JTM3018T  
 C: JME2051J  
 D: SMS244J  
 E: SKN5840E

KPE funds MCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/202029/2056.

## 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/20201029/2056

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

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Report No. T/20201029/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 15:09		Vide Report No.:		Station Diary No.: 95	
<b>Informant's Particulars</b>					
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		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 17/08/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UN-EMPLOYED			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: 29/10/2020 09:40	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		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
SJM3018T	Car					0
SKN5840E	Car					0
SLQ2623H	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	White	Seriously Damaged	1
SME2051J	Car					0

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Community Building SINGAPORE 319194  
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Report No. T/20201029/2056

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS244J	Car					0

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 Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAI HAN-WEI		ID No.	S8411873G
Related Vehicle	SJM3018T (Car)		Contact No.	94778944
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
Driver				
Name	WEE SAN HIN, ALVIN		ID No.	S8139040A
Related Vehicle	SKN5840E (Car)		Contact No.	NIL
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



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Report No. T/20201029/2056

CONTINUATION OF REPORT

<b>Driver</b>			
Name	DEZIMON CHEN LONGGE		ID No. S8223812C
Related Vehicle	SLQ2623H (Car)		Contact No. 93846666
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	CAYLEB CHEN YUZHE		ID No. T1607314D
Related Vehicle	SLQ2623H (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2020	Date Discharge	29/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	NG SOON HOW		ID No. S8364934H
Related Vehicle	SME2051J (Car)		Contact No. 85188314
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	MOHAMED ISHAK BIN MOHAMED ABDUL LATIFF		ID No. S7525217Z
Related Vehicle	SMS244J (Car)		Contact No. 98252775
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**



T/20201029/2056

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Report No. T/20201029/2056

CONTINUATION OF REPORT

### **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 repair.

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 Report



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Report No. T/20201029/2056

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:

E /

Sgt 2 DARREN TAN YUANJIE

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 MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

SN 168

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE  
Authentication Stamp

SIGNATURE



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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Accident Photo

