

MSME20102677 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 19/11/2020 13:11
 SUBMITTED BY: Chia Pei Ying

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	19/11/2020 13:11
Date Of Accident	18/11/2020 16:40
Exact Location Of Accident	PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3220P
Insured/Policyholder	
Name Of Registered Owner	CHUA LI-GYN JEAN
NRIC No	SXXXX526G
Email Address	CHUALGJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98538625
Alternative Phone No	OFFICE-98538625

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01002041
Cover Note Number	

Driver

Name of Driver	CHUA LI-GYN JEAN
NRIC No	SXXXX526G
Date Of Birth	21/10/1980
Occupation	INDOOR
Date Of Driving Pass	06/05/2003
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98538625
Fax Number	
Contact Number	OFFICE-98538625
Email Address	CHUALGJ@GMAIL.COM

Address BLK 575 PASIR RIS ST 53 #06-10
 Postcode 510575
 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 2
 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) 3
 Passenger 1
 NAME: : CHUA CHEE WAH
 GENDER: : MALE
 Passenger 2
 NAME: : SALLY CHEONG GEK CHOO
 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

REFER TO POLICE REPORT: T/202011188/7029.

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 GBJ3212J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 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 CHUA LI-GYN JEAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLA3220P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHUA CHEE WAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLA3220P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode


Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

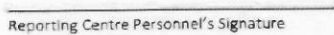
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

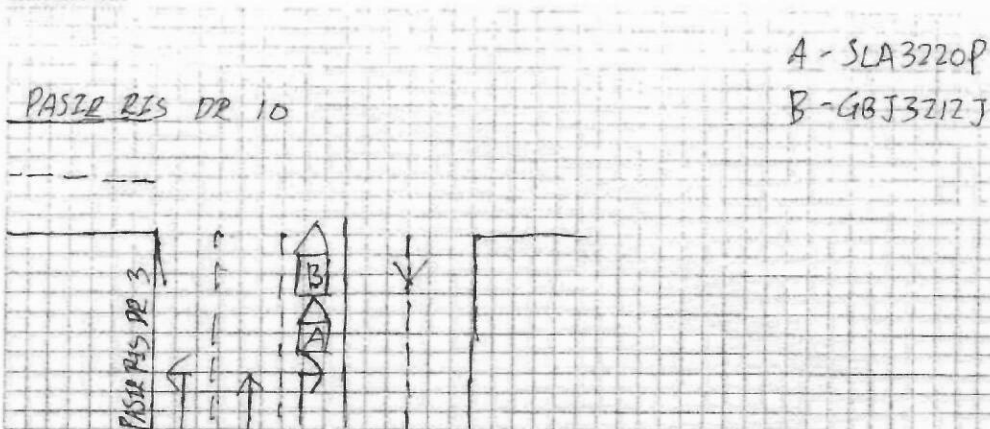

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

Rico Go

Sketch Plan #2 Pg. 1

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 18 NOVEMBER 2020, AT AROUND 1640H I WAS STATIONARY AT A X-JUNCTION OF PASIR RIS DRIVE 3 AND PASIR RIS DRIVE 10 AT THE MOST RIGHT LANE. VEHICLE B WAS STATIONARY INFRONT OF MY VEHICLE. SUDDENLY I FELT AN IMPACT CAME FROM THE FRONT. VEHICLE B REVERSED AND COLLIDED INTO VEHICLE A.

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.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201118/7029

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

1 of 3

Report No. T/20201118/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2020 19:22		Vide Report No.: G/20201118/0119		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA LI-GYN JEAN			Address: 575 PASIR RIS STREET 53 #06-10 SINGAPORE 510575		
ID Type / ID No.: NRIC NO / S8034526G			Contact No.: Home/Office: Mobile: 98538625		
Nationality: SINGAPORE CITIZEN			Email: CHUALGJ@GMAIL.COM		
Sex: Female	Age: 40	Date of Birth: 21/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: engineer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/11/2020 16 40	Type of Location: X-Junction
Location: PASIR RIS DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: stationary reverse accident				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3212J	Van				Slightly Damaged	1
SLA3220P	Car	HONDA	VEZEL 1.5S CVT	Silver	Seriously Damaged	3

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201118/7029

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

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Report No. T/20201118/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA3220P	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0100204 1	26/02/2020	25/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA LI-GYN JEAN	ID No.	S8034526G
Related Vehicle	SLA3220P (Car)	Contact No.	98538625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 18 November 2020, at around 1640H i was stationary at a X-junction of pasir ris drive 3 and pasir ris drive 10 at the most right lane. A van(GBJ3212J) was stationary in front me. Suddenly i felt an impact came from the front. The Van reversed and collided into my vehicle(SLA3220P). i called the traffic police. Due to my dad feeling unwell, the traffic police activated an ambulance to the accident scene. My dad was conveyed to Seng Kang hospital.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20201118/7029

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

3 of 3

Report No. T/20201118/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476395

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/11/2020 19:22

Classification Of Case: