

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 Submission 02/12/2020 16:05 (SGT)
Date of Accident 02/12/2020 11:50 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information ALONG AYE TWDS LOWER DELTA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1826G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEE WEE TIONG(XUE WEIZHONG)
NRIC No S7639253F
Email Address damienseewt@gmail.com
Mobile Phone No (Phone) +65-97332529
Alternative Phone No +65-97332529

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I45
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00076142000
Cover Note Number -

DRIVER

Name of Driver SEE WEE TIONG(XUE WEIZHONG)
NRIC No S7639253F
Date Of Birth 25/11/1976
Occupation Outdoor

Date Of Driving Pass	04/02/1998
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97332529
Alt. Phone Number	+65-97332529
Email Address	damienseewt@gmail.com
Address	BLK 490A CHOA CHU KANG AVE 5 #12-259
Address complement	-
Postcode	681490
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

FOREIGN VEHICLE 1

Vehicle Registration Number	VBK5018
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK9089Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGT212S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGY1333T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SML3333C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	VBK5018
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.:

GIA/IMC SketchPlanForm_V3

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AGE

SKETCH PLAN

F	A = SKC182GG
E	B = SMK90892
D	C = SGT2125
C	D = CGY 333T
B	E = SML 3333C
A	F = VBK 5018

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
T/2020/202/2071.

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:
NR/C/FIN No.:

GIARNC SketchPlanForm_V3

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 中国太平 CHINA TAIPING	中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Motor Private Car		MX1F
	CERTIFICATE OF INSURANCE	N SN
	<small>Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1908 (Malaysia)</small>	ANQ144A
		Gov. Type G

CERTIFICATE No. DMP/PCSNW0076142000	Engine No.: G4KEAU204835 Chassis No.: JNMHEC41CMB20167	
1. Index Mark and Registration Number of Vehicle SKC1826G	AUTOSAFE =====	
2. Name of Policyholder SEE WEE TIONG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 28/07/2020	Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:	\$S1,000.00 Ex Sect. I - Age <= 25 \$S3,000.00 Ex Sect. I - Age >= 26 \$S600.00 * Age as at date of accident EX ON WINDSCREEN \$S100.00
4. Date of Expiry of Insurance 27/07/2021		
5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use* Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse  Issued By: LIAN HONG PTE. LTD. Authorised Officer	For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  Authorised Signatory
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China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909	☎ 6389 6111 ☎ 6222 1033 🌐 www.sg.cntaiping.com	
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**SINGAPORE
POLICE FORCE**



T/20201202/2071

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 5
Report No. T/20201202/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2020 14:26		Vide Report No.: D/20201202/0047	Station Diary No.: 63
Informant's Particulars			
Name of Informant: SEE WEE TIONG		Address: APT BLK 490A CHOA CHU KANG AVENUE 5 #12-259 SINGAPORE 681490	
ID Type / ID No.: NRIC NO / S7639253F		Contact No.: Home/Office: Mobile: 97332529	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 25/11/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES AND MARKETING		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: 02/12/2020 11:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGT212S	Car					0
SGY1333T	Car					0
SKC1826G	Car	HYUNDAI	I45 2.4 AT ABS AIRBAG 2WD 4DR GAS/D	White	Slightly Damaged	0



**SINGAPORE
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T/20201202/2071

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659840
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Report No. T/20201202/2071

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK9089Z	Car					0
SML3333C	Car					0
VBK5018	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC1826G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000761 42000	28/07/2020	27/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH YEW KNG		ID No.	S1364331H
Related Vehicle	SGT212S (Car)		Contact No.	92710380
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	CHAI TING CHING		ID No.	S1837804G
Related Vehicle	SGY1333T (Car)		Contact No.	91081898
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



**SINGAPORE
POLICE FORCE**



T/20201202/2071

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20201202/2071

CONTINUATION OF REPORT

Driver			
Name	SEE WEE TIONG	ID No.	S7639253F
Related Vehicle	SKC1826G (Car)	Contact No.	97332529
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEOH KOIE HIANG	ID No.	S6978678B
Related Vehicle	SMK9089Z (Car)	Contact No.	98930983
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	TEO WEIMIN	ID No.	S8108137I
Related Vehicle	SML3333C (Car)	Contact No.	82333325
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	BEH KIM BOON	ID No.	G2500874Q
Related Vehicle	VBK5018 (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



SINGAPORE
POLICE FORCE



T/20201202/2071

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Report No. T/20201202/2071

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Brief Details.

On 02/12/2020 at about 1150hrs, I was driving my vehicle bearing the registration plate SKC1826G along AYE towards Lower Delta Road at the extreme right lane, near to Alexandra exit. At the point of time, I was driving behind the vehicle bearing the registration plate SMK9089Z. Out of a sudden, the said vehicle stopped abruptly and I could not managed to stop in time and collided into the rear of the said vehicle in front of me even though I had applied brake. I then noticed that it was a chain collision and there was a total of 6 cars involved, mine being the last car. The first car was VBK5018, followed by SML3333C, SGY1333T, SGT212S, SMK9089Z and lastly SKC1826G.

Nobody was injured and subsequently, ambulance and Traffic Police arrived at scene (ref to incident D/20201202/0047). I would like to add that before Traffic Police arrived, the driver of the first car had already drove off. There was also a group of people who came from nowhere asking us if we want to tow our vehicles. Traffic Police seized my in car camera SD card and advised me to lodge a Traffic Accident report.



SINGAPORE
POLICE FORCE



T/20201202/2071

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Report No. T/20201202/2071

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659840
Tel No: 1800-6659999

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:

J /

Sgt 2 YEO YULIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2020 14:26

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66850206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1A20C 20003 Vehicle Registration No: SKC1826G
 Name (as shown in NRIC): SEE WEI TIANG NRIC/FIN/Passport No: S 7639253F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 490A CHOA CHU KANG #05 #12-259 Singapore 681490
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 02 DEC 2020 Time of Accident: 1150
 Place of Accident: ALONG KYE TUNGS LANE DELTA
CHUA TAIKING INSURANCE
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND OTHER INFORMATION
• BEEN APPROACHED BY UNKNOWN PERSON FOR
ACCIDENT CLAIM.

 Policyholder / Driver's Signature
 Date: _____

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

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