

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 19/12/2020 16:41 (SGT)
Date of Accident 18/12/2020 19:03 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3854P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW CHEE KEONG
NRIC No SXXXX379J
Email Address normancck@gmail.com
Mobile Phone No (Phone) +65-92364988
Alternative Phone No +65-92364988

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113889772-01
Cover Note Number -

DRIVER

Name of Driver CHEW CHEE KEONG
NRIC No SXXXX379J
Date Of Birth 19/09/1971
Occupation Outdoor

Date Of Driving Pass	30/01/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92364988
Alt. Phone Number	+65-92364988
Email Address	normancck@gmail.com
Address	BLK 455A ANG MO KIO STREET 44
Address complement	#08-03
Postcode	561455
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201219/2005

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	SMG803J
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	SHC2458P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIM HOCK SOON
NRIC No	SXXXXX065J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW CHEE KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ3854P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE TOWARDS SKE


A) SMQ 3854P	A				
B) SMG 803J	B				
C) SHC 2458J	C				

Describe Circumstances of the Accident

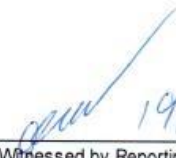
REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.


1600
19/12/20
Policyholder's Signature / Date & Time

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


19/12/2020
Witnessed by Reporting Centre Personnel













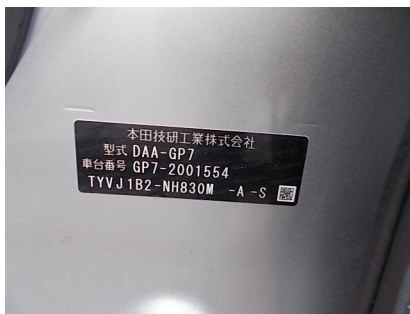

















**SINGAPORE
POLICE FORCE**


T/20201219/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20201219/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 01:28	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: CHEW CHEE KEONG			Address: APT BLK 455A ANG MO KIO STREET 44 #08-03 SINGAPORE 561455		
ID Type / ID No.: NRIC NO / S7134379J			Contact No.: Home/Office: Mobile: 92364989		
Nationality: SINGAPORE CITIZEN			Email: normancck@gmail.com		
Sex: Male	Age: 49	Date of Birth: 19/09/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/12/2020 19:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SHC2458P						0
SMG803J						0
SMQ3854P		HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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2 of 4

Report No. T/20201219/2005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ3854P	NTUC Income Insurance Co-Operative Limited	5113889772-01	13/11/2020	12/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM HOCK SOON	ID No.	S0023065J
Related Vehicle	SHC2458P	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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMG803J	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
Driver			
Name	CHEW CHEE KEONG	ID No.	S7134379J
Related Vehicle	SMQ3854P	Contact No.	92364989
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/12/2020	Date Discharge	18/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL



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T/20201219/2005

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3 of 4

Report No. T/20201219/2005

CONTINUATION OF REPORT**Brief Details.**

On 18/12/2020 at about 1902hours, I was driving my grab vehicle(SMQ3854P) along CTE tunnel and my vehicle stopped at the furthest left lane of CTE tunnel before the exit towards Clemenceau Road due to vehicle congestion. At that point of time there was a passenger inside my vehicle. Suddenly I felt a impact on my vehicle and I came down of my vehicle and discovered a BMW(SMG803J) collided onto my vehicle. I make a checked and came to notice that a taxi(SHC2458P) was behind the BMW(SMG803J) and the taxi collided on to the BMW vehicle and due to that collision, the BMW vehicle surged forward and collided on to mine.

No one was injured at that point of time. All drivers came out of the vehicles but I only managed to take the particulars of the taxi driver. I also take photos of both BMW vehicle and Taxi.

After the accident, all of us left the scene. Half an hour later, I felt uncomfortable on my neck, shoulder and right wrist area as well as feeling abit of dizziness and decided to consult a doctor at Mount Alvernia Hospital. I was then given 5 days MC.

I wish to state that I have informed my passenger to see doctor and make a report if she fell unwell.

I also wish to state that I tried calling Grab company starting from 1907hrs several times to inform them about this accident however no one pick up. I only managed to contact them at 2037hrs which is one an a half hours later to inform them about this matter.



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T/20201219/2005

4 of 4

Report No. T/20201219/2005

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:
F /
Sgt 3 ELAINE ONG EE LING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/12/2020 01:28

Classification Of Case:

