

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 18/12/2020 09:38 (SGT)
Date of Accident 17/12/2020 13:09 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information Towards Town
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9017E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MS CARZ LEASING PTE LTD
Company Reg No 201401066R
Email Address kelly.yap@msgroup.com.sg
Mobile Phone No (Phone) +65-93854718
Alternative Phone No +65-97666288

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V10948/VPZ/R00
Cover Note Number -

DRIVER

Name of Driver Charlie Yuan Yi Kui
NRIC No S8201975H
Date Of Birth 09/01/1982
Occupation Outdoor

Date Of Driving Pass	29/01/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90918423
Alt. Phone Number	-
Email Address	charlie.yuan.09@gmail.com
Address	Blk 802C Keat Hong Close #05-63
Address complement	-
Postcode	683802
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	4
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	Khoo Mei Shan
Gender	Female

PASSENGER 2

Name	Chloe Yuan Xin Hui
Gender	Female

PASSENGER 3

Name	Candy Cheong Zhi Min
Gender	Female

PASSENGER 4

Name	Mandy Cheong Zhi Ling
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report: T/20201217/2140.

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 SHC2759X
 Vehicle Manufacturer Hyundai
 Vehicle Model I30
 Vehicle Variant -
 Vehicle Colour Blue
 Vehicle Category Taxi
 Name of Driver Mohd Sinari Bin Abdul Rahman
 NRIC No S1722419J
 Contact Number (Phone) +65-90619593
 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 SMV2050Y
 Vehicle Manufacturer Peugeot
 Vehicle Model 3008
 Vehicle Variant -
 Vehicle Colour Black
 Vehicle Category Private car
 Name of Driver LIM KIM SAN
 NRIC No S7144312D
 Contact Number (Phone) +65-96610770
 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 SLP4231Y
 Vehicle Manufacturer Toyota
 Vehicle Model Vios
 Vehicle Variant -
 Vehicle Colour Gray
 Vehicle Category Private car
 Name of Driver NG NAM SENG
 NRIC No S1482476F
 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	Charlie Yuan Yi Kui
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	38
Injuries Sustained	-
Injured person in which vehicle?	SMP9017E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Khoo Mei Shan
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	32
Injuries Sustained	-
Injured person in which vehicle?	SMP9017E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Chloe Yuan Xin Hui
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP9017E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	Candy Cheong Zhi Min
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP9017E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	Mandy Cheong Zhi Ling
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP9017E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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:

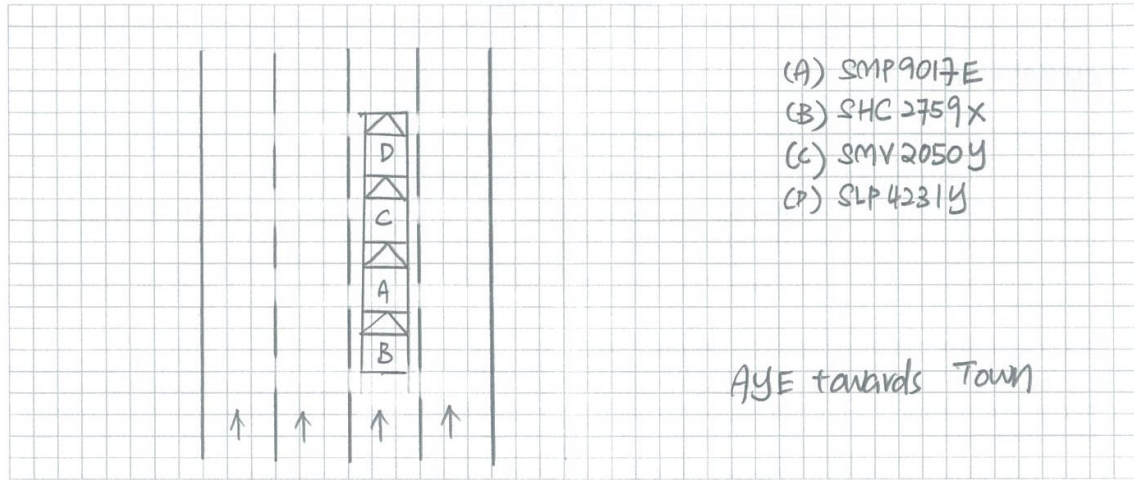
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: KATLYN
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20201217/2140.

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.:















**SINGAPORE
POLICE FORCE**



T/20201217/2140

1 of 5

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20201217/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 22:54	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: CHARLIE YUAN YI KUI			Address: APT BLK 802C KEAT HONG CLOSE #05-63 SINGAPORE 683802		
ID Type / ID No.: NRIC NO / S8201975H			Contact No.: Home/Office: Mobile: 90918423		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 09/01/1982	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/12/2020 13:10	Type of Location: EXPRESS WAY
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SHC2759X		HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	0
SLP4231Y	Car	TOYOTA	VIOS 1.5E CVT	Grey	Slightly Damaged	0
SMP9017E	Car	TOYOTA	NOAH HYBRID 1.8X CVT	White	Slightly Damaged	4


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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20201217/2140

Report No. T/20201217/2140

CONTINUATION OF REPORT

Details of Vehicle Involved						No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
SMV2050Y	Car	PEUGEOT	3008 1.6 E-HDI ETG ACTIVE SUV	Blue	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD SINARI BIN ABDUL RAHMAN	ID No.	S1722419J
Related Vehicle	SHC2759X	Contact No.	90619593
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	NG NAM SENG	ID No.	S1482476F
Related Vehicle	SLP4231Y (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
Passenger			
Name	CHLOE YUAN XIN HUI	ID No.	T1721050A
Related Vehicle	SMP9017E (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
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Driver
Name

Related

Home



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T/20201217/2140

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Rochor N.P.C
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208678
Tel No: 1800-2949999

3 of 5

Report No. T/20201217/2140

CONTINUATION OF REPORT

Driver			
Name	CHARLIE YUAN YI KUI	ID No.	S8201975H
Related Vehicle	SMP9017E (Car)	Contact No.	90918423
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CANDY CHEONG ZHI MIN	ID No.	T1302235B
Related Vehicle	SMP9017E (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
Passenger			
Name	MANDY CHEONG ZHI LING	ID No.	T1137458H
Related Vehicle	SMP9017E (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
Passenger			
Name	KHOO MEI SHAN	ID No.	S8842111F
Related Vehicle	SMP9017E (Car)	Contact No.	97982409
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/20201217/2140

4 of 5

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20201217/2140

CONTINUATION OF REPORT

Driver			
Name	LIM KIM SAN	ID No.	S7144312D
Related Vehicle	SMV2050Y (Car)	Contact No.	96610770
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

Brief Details.

On 17/12/2020 around 1310hrs, I was travelling on the AYE towards the city direction. I was travelling on the second lane from the right when suddenly the car in front of me jam break. I also jam break and immediately came to a stop. Not long after, I felt a large impact coming from behind. My wife who was seating behind with my three kids fell from her seat due to the impact however my 3 kids were held in place by the seatbelt. I came down from my vehicle to find out what had happen. I discovered that my vehicle was involve in a chain collision.

My car SMP9017E was sandwiched in between SHC2759X who had collided on the rear of my vehicle and SMV2050Y which my vehicle front had collided into. The car SMV2050Y front has also collided onto the rear of vehicle SLP4231Y. After checking that all parties are alright and damages to all vehicles are light. We exchange particulars among all the drivers after which we all drive off.

Damages to my car was that my front bonnet was dented in and rear bumper was also dented in. Scratches and paint chips is around the impact area.. I am lodging this report for insurance claim purposes.



**SINGAPORE
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T/20201217/2140

5 of 5

Report No. T/20201217/2140

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208678
Tel No: 1800-2949999

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:

A /

Sgt 2 ANG ZHEN HUI, NICHOLAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 22:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

