

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	14/01/2021 16:45 (SGT)
Date of Accident	13/01/2021 17:35 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS JURONG TOWN HALL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2700H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HO MOTORS PTE LTD
Company Reg No	2XXXXX533H
Email Address	eyhciew0207@hotmail.com
Mobile Phone No	(Phone) +65-87818916
Alternative Phone No	+65-87818916

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116924483
Cover Note Number	-

DRIVER

Name of Driver	TAN WEI CHAI, OCTAVIUS
NRIC No	SXXXX962E
Date Of Birth	30/10/1990
Occupation	Indoor

Date Of Driving Pass	11/01/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-87499277
Alt. Phone Number	-
Email Address	eyhciew0207@hotmail.com
Address	BLK 408 YISHUN AVE 6
Address complement	#07-1274
Postcode	760408
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT:T/20210114/7017

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	SLH8999G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	UNKNOWN
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN WEI CHAI,OCTAVIUS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJN2700H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5) **Any false reporting may be referred to the Police as investigation.**
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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

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

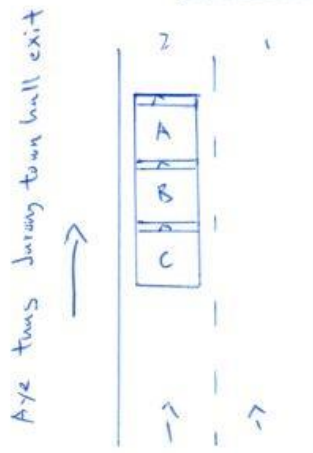
Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:



[Handwritten signature]

[Handwritten signature] 14/01/21

SKETCH PLAN



Veh A : SSU 2700H
 Veh B : SLH 8999GT
 Veh C : Did not manage to take picture

Refer to police report T/20210114/7017

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

12
 Policyholder's Signature
 Date & Time:



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

14/01/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ FIN No:



**SINGAPORE
POLICE FORCE**



T/20210114/7017

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

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Report No. T/20210114/7017

CONTINUATION OF REPORT

Driver			
Name	TAN WEI CHAI, OCTAVIUS	ID No.	S9041962E
Related Vehicle	SJN2700H (Car)	Contact No.	87499277
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	14/01/2021	Date	14/01/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date , i was driving my vehicle SJN2700H on exiting aye tuas jurong town hall road on lane 2 of 2 lanes. Traffic was quite heavy and traffic light was red i came to a stop before yellow box after 2 to 3 min i felt an huge impact from my rear i alighted my vehicle and i realised i involve in a 3 cars chain collision i was the 1st car from the front . morning i wake up i felt uncomfortable at my neck and back area i went to see a doctor and received 3 days MC .




















**SINGAPORE
POLICE FORCE**


T/20210114/7017

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

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Report No. T/20210114/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 13:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN WEI CHAI, OCTAVIUS			Address: 408 YISHUN AVENUE 6 #07-1274 SINGAPORE 760408		
ID Type / ID No.: NRIC NO / S9041962E			Contact No.: Home/Office: Mobile: 87499277		
Nationality: SINGAPORE CITIZEN			Email: EYHCIEW0207@HOTMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 30/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: student			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2021 17:35	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
SJN2700H	Car					0
SLH8999G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210114/7017

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

2 of 3

Report No. T/20210114/7017

CONTINUATION OF REPORT

Driver			
Name	TAN WEI CHAI, OCTAVIUS	ID No.	S9041962E
Related Vehicle	SJN2700H (Car)	Contact No.	87499277
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	14/01/2021	Date	14/01/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date , i was driving my vehicle SJN2700H on exiting aye tuas jurong town hall road on lane 2 of 2 lanes. Traffic was quite heavy and traffic light was red i came to a stop before yellow box after 2 to 3 min i felt an huge impact from my rear i alighted my vehicle and i realised i involve in a 3 cars chain collision i was the 1st car from the front . morning i wake up i felt uncomfortable at my neck and back area i went to see a doctor and received 3 days MC .



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T/20210114/7017

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20210114/7017

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

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:
14/01/2021 13:57

Classification Of Case:

