

# 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 .....	21/01/2021 17:20 (SGT)
Date of Accident .....	20/01/2021 12:20 (SGT)
Exact Location of Accident .....	Simei Ave, Singapore
Additional Location Information .....	TWDS UPP CHANGI ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBD2808D
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RUTH MARIE CHEW
NRIC No .....	SXXXX738B
Email Address .....	fcgarage.claims@gmail.com
Mobile Phone No .....	(Phone) +65-96804087
Alternative Phone No .....	+65-96804087

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 car

### INSURANCE COMPANY

Name of Insurance Company .....	EQ
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ20-003770
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RUTH MARIE CHEW
NRIC No .....	SXXXX738B
Date Of Birth .....	17/05/1953
Occupation .....	Indoor

Date Of Driving Pass .....	15/02/1984
Driving experience .....	36 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96804087
Alt. Phone Number .....	+65-96804087
Email Address .....	fcgarage.claims@gmail.com
Address .....	BLK 254 TAMPINES STREET 21
Address complement .....	#06-470
Postcode .....	521254
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MATTHEW CHEW
Gender .....	Male

#### PASSENGER 2

Name .....	ALICE NG GEOK BENG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210121/2039

#### 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 .....	SDA27X
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 .....	GBE743P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	RUTH MARIE CHEW
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SBD2808D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**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. 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 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:

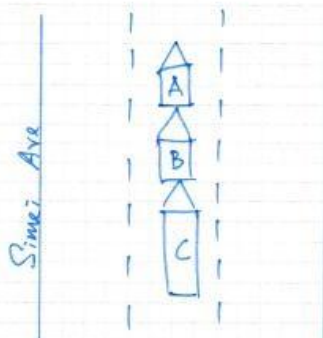
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

upper Changi Rd

- ① 9BD 2808 D
- ② SDA 27 X
- ③ GBE 743 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On status date & time, I was travelling Simei Ave towards upper Changi Rd.

I ~~was stop~~ cause a complete stop at the traffic light, out of sudden I had a impact on my rear.

As I alighted from my vehicle seeing that an accident on my rear, they are vehicle B and vehicle C.

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/20210121/2039

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 4

Report No. T/20210121/2039

**CONTINUATION OF REPORT**

**Brief Details.**

On 20/01/2021 at about 1200hrs, I was driving my car SBD2808D on lane 2 along Simei Avenue towards Upper Changi Road. I was stationary at the traffic light as it was red light. Out of a sudden, there was a strong impact from the rear. The impact was so strong that my vehicle was pushed forward about 5m even though I was completely stationary.

I quickly alighted from my vehicle and I saw that there was a lorry, GBE743P, which hit the car behind me, SDA27X, causing the car to be pushed in front and collide with the rear of my vehicle. All 3 drivers exchanged particulars for insurance claim purposes. I wish to state that as a result of the accident, the rear of my vehicle was completely dented in and cracked.















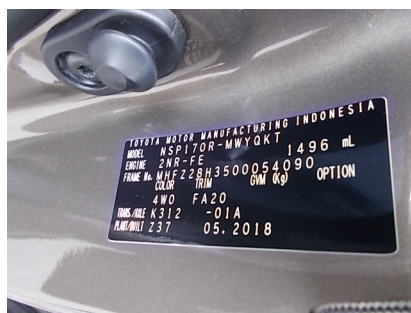















**SINGAPORE  
POLICE FORCE**


T/20210121/2039

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 4

Report No. T/20210121/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2021 12:20	Vide Report No.:	Station Diary No.: 25
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: RUTH MARIE CHEW LO TECK			Address: APT BLK 254 TAMPINES STREET 21 #06-470 SINGAPORE 521254		
ID Type / ID No.: NRIC NO / S0088738B			Contact No.: Home/Office: Mobile: 96804087		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 67	Date of Birth: 17/05/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2021 12:00	Type of Location: Straight Road
Location:  SIMEI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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	Condition	No of Passenger
GBE743P	Lorry	NISSAN				1
SBD2808D	Car	TOYOTA	SIENTA 1.5 CVT ELEGANCE	Brown		2
SDA27X	Car	NISSAN				1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20210121/2039

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 4

Report No. T/20210121/2039

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBD2808D	EQ INSURANCE COMPANY LTD.	DMPPHQ20-003770	22/06/2020	21/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	RUTH MARIE CHEW LO TECK	ID No.	S0088738B
Related Vehicle	SBD2808D (Car)	Contact No.	96804087
Hospital/Clinic	W. H. YAK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/01/2021	Date Discharge	21/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	ASRI BIN BUHARI	ID No.	S9490660A
Related Vehicle	NIL	Contact No.	88947670
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
<b>Driver</b>			
Name	NEO ENG CHYE	ID No.	S1208831J
Related Vehicle	NIL	Contact No.	97599895
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/20210121/2039

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 4

Report No. T/20210121/2039

**CONTINUATION OF REPORT**

**Brief Details.**

On 20/01/2021 at about 1200hrs, I was driving my car SBD2808D on lane 2 along Simei Avenue towards Upper Changi Road. I was stationary at the traffic light as it was red light. Out of a sudden, there was a strong impact from the rear. The impact was so strong that my vehicle was pushed forward about 5m even though I was completely stationary.

I quickly alighted from my vehicle and I saw that there was a lorry, GBE743P, which hit the car behind me, SDA27X, causing the car to be pushed in front and collide with the rear of my vehicle. All 3 drivers exchanged particulars for insurance claim purposes. I wish to state that as a result of the accident, the rear of my vehicle was completely dented in and cracked.



**SINGAPORE  
POLICE FORCE**



T/20210121/2039

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

4 of 4

Report No. T/20210121/2039

## 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:  
G /  
Sgt 3 ANG CHING NEE, ANITA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/01/2021 12:20

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168