

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 09/02/2021 10:40 (SGT)
Date of Accident 07/02/2021 22:45 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG135P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEONG JOON ANN
NRIC No SXXXX925I
Email Address SAW.JERRYCHUA@GMAIL.COM
Mobile Phone No (Phone) +65-84366333
Alternative Phone No (Home) +65-84366333

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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 Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA490023/1
Cover Note Number -

DRIVER

Name of Driver CHUA YEW HOON
NRIC No SXXXX258G
Date Of Birth 16/11/1950
Occupation Indoor

Date Of Driving Pass	02/03/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84366333
Alt. Phone Number	-
Email Address	SAW.JERRYCHUA@GMAIL.COM
Address	APT BLK 102 LENGKONG TIGA #02-397
Address complement	-
Postcode	410102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 ATTACHED

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	SHB4651P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB4651P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

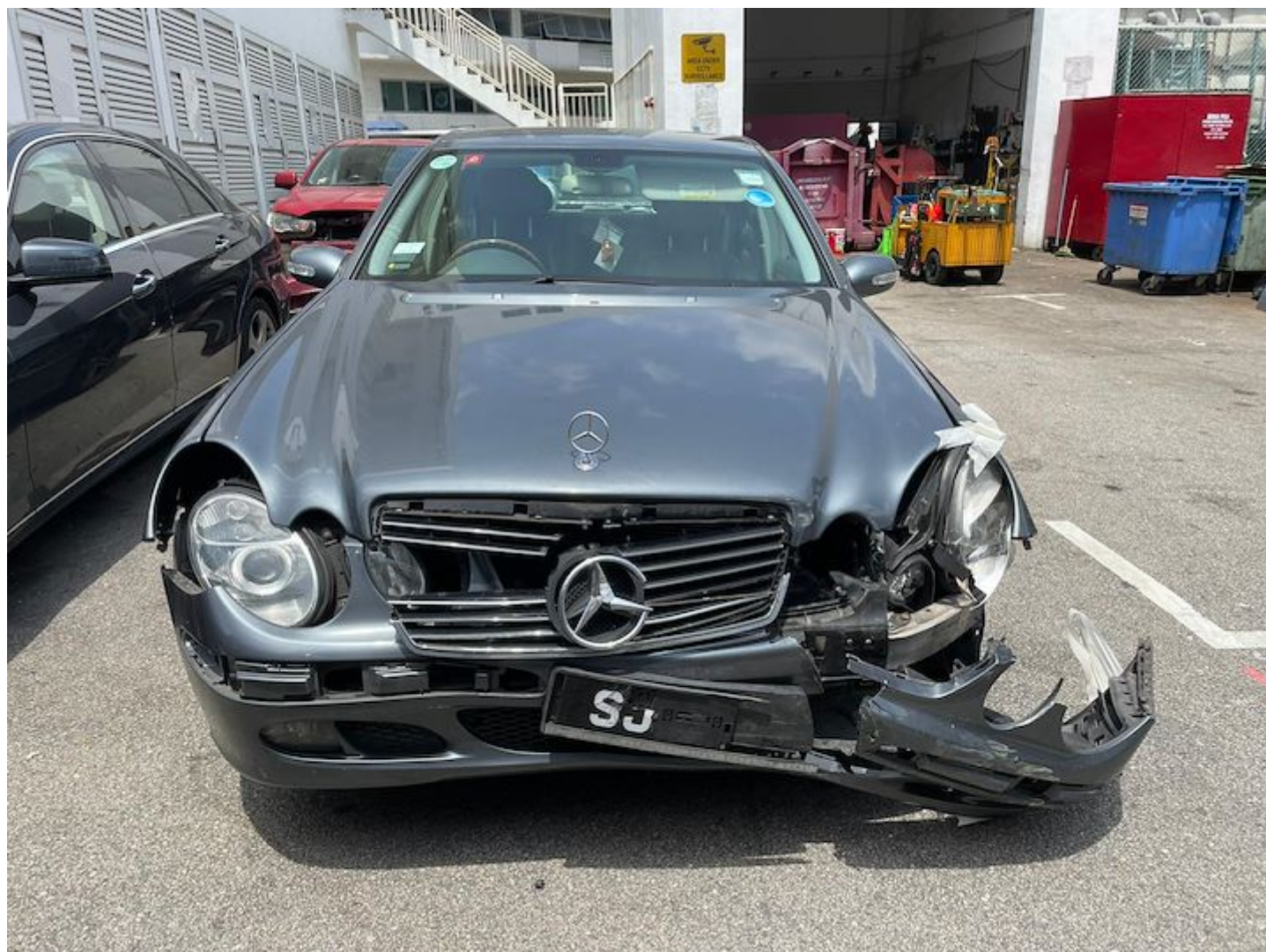
- Refer to police report -

We declare the foregoing particulars are true in every respect.

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

MACF

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210208/7008

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

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Report No. T/20210208/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2021 11:20	Vide Report No.: F/20210207/0282	Station Diary No.:
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Informant's Particulars				
Name of Informant: CHUA YEW HOON			Address: 102 LENGKONG TIGA #02-397 SINGAPORE 410102	
ID Type / ID No.: NRIC NO / S0184258G			Contact No.: Home/Office: Mobile: 84366333	
Nationality: SINGAPORE CITIZEN			Email: saw.jerrychua@gmail.com	
Sex: Male	Age: 70	Date of Birth: 16/11/1950	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: General manager			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2021 22:45	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB4651P	Car					1
SJG135P	Car					0

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



**SINGAPORE
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T/20210208/7008

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

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Report No. T/20210208/7008

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHB4651P (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Driver			
Name	CHUA YEW HOON		ID No. S0184258G
Related Vehicle	SJG135P (Car)		Contact No. 84366333
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	08/02/2021	Date	08/02/2021
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On stated date & time, I was travelling straight on the extreme left lane in my vehicle bearing (SJG135P) on yio chu kang road towards hougang. Suddenly a taxi bearing (SHB4651P) beat the red light by turning right into buangkok green. This cause a collision to my front portion of the vehicle and the left portion of the taxi. He then crash into the government property at the stated junction. The taxi passenger was conveyed to the hospital by ambulance. I then went to my doctor at parkway east hospital.



**SINGAPORE
POLICE FORCE**

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



T/20210208/7008

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Report No. T/20210208/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2021 11:20
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	