

AGI

SS1Y212F000C-01 / SME MOTOR PTE LTD  
ENTRY DATE & TIME: 15/02/2021 13:25 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 2 (16/02/2021 11:40 (SGT))

## 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	15/02/2021 13:25 (SGT)
Date of Accident	12/02/2021 12:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2175X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIH HSIEN
NRIC No	SXXXX138J
Email Address	ahchua77@hotmail.com
Mobile Phone No	(Phone) +65-92327939
Alternative Phone No	+65-92327939

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070143494
Cover Note Number	-

#### DRIVER

Name of Driver	CHUA CHIH HSIEN
NRIC No	SXXXX138J
Date Of Birth	10/10/1977
Occupation	Indoor

Date Of Driving Pass	29/09/2000
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92327939
Alt. Phone Number	+65-92327939
Email Address	ahchua77@hotmail.com
Address	BLK 782B WOODLANDS CRESCENT #02-315
Address complement	-
Postcode	732782
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAN SIEW ING
Gender	Female

#### PASSENGER 2

Name	CHUA MENG HOW
Gender	Male

#### PASSENGER 3

Name	CHUA XIN LIN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Chai Chee Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004459999
Alt. Police Station Phone No	(Fax) +65-62444375
Police Station Address	Blk 35 Chai Chee Avenue #01-256/258 Singapore 461035
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210212/2039

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA8857H
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ5362T
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	VEHICLE C
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLJ905U
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	VEHICLE D
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHUA CHIH HSIEN
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ2175X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN SIEW ING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ2175X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHUA MENG HOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ2175X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	CHUA XIN LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ2175X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

**IMPORTANT NOTICE**

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5. All claims reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to 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 insurers) 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 (a) 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.:

2019/01/16 14:00:00 - 20

I authorized GME to email the GIN Report to admin@nhttmotor.com |  
yunli@nhttmotor.com

SKETCH PLAN

				↓	A: SLJ2175X
			C		B: 3NA8857H
			XXX		C: SLZ5362T
			A		D: SLJ905U
			XXX		DIE Towards
			S		Change.
			D		
↑	↑	↑	↑		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20210312/2039

After the incident, I felt discomfort and went to Raffles Hospital to seek medical treatment and was given 3 days by a doctor

*[Signature]*

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 (Name:  
 SMC/PA No:



**SINGAPORE  
POLICE FORCE**



7/20210212/2039

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

1 of 4

Report No: T/20210212/2039

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2021 16:50	Vide Report No.: G/20210212/0111	Station Diary No.: 16
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**Informant's Particulars**

Name of Informant: CHUA CHIH HSIEN		Address: APT BLK 782B WOODLANDS CRESCENT #02-315 SINGAPORE 732782	
ID Type / ID No.: NRIC NO / S7730138J		Contact No.: Home/Office: Mobile: 92327939	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 10/10/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Marine Service Manager		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/02/2021 12:05	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLJ2175X	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Silver	Slightly Damaged	3
SLJ905U	Car	AUDI	A4 1.4 TFSI S TRONIC	Blue	Slightly Damaged	0
SLZ5362T	Car	HONDA	HRV 1.5 DX CVT	Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210212/2039

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

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Report No. T/20210212/2039

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA8857H	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2175X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070143494	30/11/2020	29/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA CHIH HSIEN		ID No.	S7730138J
Related Vehicle	SLJ2175X (Car)		Contact No.	92327939
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Ong Peng Sin		ID No.	S8149226A
Related Vehicle	SLJ905U (Car)		Contact No.	97375132
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



*Handwritten signature/initials*





**SINGAPORE  
POLICE FORCE**



T/20210212/2039

Police Station Of Origin  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

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Report No. T/20210212/2039

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Jarell Woo Shan Ting	ID No.	S8820891I
Related Vehicle	SLZ5362T (Car)	Contact No.	98383228
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	Chan Guan Hao	ID No.	S9224154H
Related Vehicle	SMA8857H (Car)	Contact No.	98381971
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 12.02.2021 at about 1207hrs, I was travelling in my vehicle: SLJ2175X along PIE towards Changi Airport with 3 other passengers in my vehicle. The weather is clear and road surface is dry. As I was travelling along Lane 1, before Paya Lebar Exit, a red colour Honda; SLZ5362T which was in front of me suddenly slowed down and jammed his brakes. I followed suit and applied my vehicle's brakes immediately. While my vehicle was slowing down coming to a complete stop, another vehicle- Hyundai Accent; SMA8857H from my rear could not stop in time and collided onto the rear portion of my vehicle. From the impact from the rear, my vehicle swing forward and collided onto the 1st vehicle in front causing damages.

Later on, I came to know that I was involved in a chained road traffic accident involving total of 4 vehicles along the said road. My vehicle was the 2nd vehicle from the front. My vehicle has damages seen on the front and rear portion. At the moment, I and none of my passengers were injured from the accident. No government property was damaged from the accident.

An Ambulance have arrived at scene and conveyed a passenger from the 4th vehicle- SLJ905U to hospital. I have forwarded my In-Car CCTV footages(Front and Rear view) directly to TP IO: Intan of Tel: 65476415 via Whatsapp video today. I will be making duplicate of the said footages to be forwarded to Traffic Police Department.

  
SIGNATURE

*Jarell*



**SINGAPORE  
POLICE FORCE**



T/20210212/2039

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

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Report No. T/20210212/2039

CONTINUATION OF REPORT

G/35910212/011

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 /

SI RASHIDI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2021 16:50

Officer In Charge Of Case:

TP / GIT /

→ Sgt 3 MARIAH BINTE ZAKARIA

Contact No. 65476433

Authentication Stamp

NP158



Classification Of Case: