# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 29/03/2021 16:16 (SGT) Date of Accident 26/03/2021 18:40 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMU3133R

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JERMAIN CHEW HUI YAN NRIC No. SXXXX221Z Email Address chewaikwang@gmail.com Mobile Phone No (Phone) +65-96715955 Alternative Phone No +65-96715955

### VEHICLE PARTICULARS

Manufacturer Toyota Model Estima Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2362

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5118114289 Cover Note Number

### DRIVER

Name of Driver **CHEW AIK WANG** NRIC No. SXXXX769G

Date Of Birth 11/04/1958 Occupation Outdoor Date Of Driving Pass 03/12/1981 Driving experience 39 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97290183 Alt. Phone Number Email Address chewaikwang@gmail.com Address BLK 697 HOUGANG STREET 61 #06-24 Address complement Postcode 530697 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TAN AH CHOO Gender Female PASSENGER 2 Name JERMAIN CHEW Gender Female PASSENGER 3 Name WALLACE SOH Gender PASSENGER 4 Name TAN SHANG LEEC Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBM413A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 GA 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		3	19	JN 29 03 2021		
Policyholder's Signature / Date 8 Time Sketch Plan	Driver's S & Time	Signature (F driver is		older) / Date	Withessed by R Personnel	eporting Centre
				NA PO	A: B:	SMU3133( FBM413A

	Polor to	Police Parist	
	1/2	Police Report:	
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claration			
e declare the foregoing particula	rs are true in every respect.	/	
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	25/	av 29 03/	2021























### DINUMPURE POLICE FORCE



1 of 3

Report No. T/20210326/2127

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2021 22:52			Vide Report No.: F/20210326/0160	Station Diary No 161		
Informa	nt's Partici	ulars		and the first of the second		
	Informant: AIK WANG		Address: APT BLK 697 HOUGANG ST 530697	REET 61 #06-24 SINGAPORE		
ID Type / ID No.: NRIC NO / S1297769G		69G	Contact No.: Home/Office:	Mobile: 97290183		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 62	Date of Birth: 11/04/1958	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: PROJECT MANAGER		FR	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 26/03/2021 18:40		Type of Location Straight Road
	YA LEBAR EXPRESSV				Poo	i Spood Limit
Weather: Clear		Road Surface: Dry			Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head To F	Rear				one conveyed by oulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBM413A	Motorcycle					0
SMU3133R	Car	TOYOTA	Estima	Silver	Slightly Damaged	4

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



Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT Report No. T/20210326/2127

Rider			AUGUST TO	E NEED	AND STATE	STREET, INC. SALES
Name	An			ID No		NIL
Related Vehicle	FBM413A (Motorcycle)			Contact No.		97222574
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
Driver		<b>用版数以</b> 数		A SOUTH	STATE OF THE PARTY	
Name	CHEW AIK WANG		ID No.		S1297769G	
Related Vehicle	SMU3133R (Car)			Contact No.		97290183
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	lo. of Days granted Medical Leave NIL			Degree of Injury NIL		

### Brief Details.

On 26/03/2021 at about 1840hrs, I was driving my car SMU3133R along KPE towards MCE. I was driving on the extreme right lane. I was entering the tunnel.

Suddenly the car in front of me stopped. I managed to apply my emergency brakes and stopped in time. Suddenly there was an impact from the rear of my vehicle and I saw a motorcyclist falling on the right side of my car.

I alighted and rendered assistance to the rider. Shortly after, police and ambulance arrived. The rider was conveyed to hospital. I was advised by the traffic police to lodge a police report.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20210326/2127

### 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: F / Staff Sgt MUHAMMAD SABRIL AMIN BIN SURAMIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 22:52
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168	51 -10-4-1
Sween	A Sales Force



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

16 Jul 2020

Our ref 1607200203N061014981

What You Need To Do:

You must show the new number SMU3133R on your

vehicle by 19 Jul 2020.

JERMAIN CHEW HUI YAN APT BLK 697 HOUGANG STREET 61 #06-24 SINGAPORE 530697

Dear Sir/Madam

## You Have Successfully Replaced Vehicle Registration No. SMT6062Y With SMU3133R

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMT6062Y, now has the number SMU3133R.

The vehicle details after the transaction are:

Transaction No.

: 20200716074814709874

Vehicle Registration

: SMU3133R (Previously SMT6062Y)

No.

Vehicle Make

: TOYOTA

Vehicle Model

: ESTIMA 2.4 A

Chassis No.

: ACR500027106

Engine No./ Motor

: 2AZC147016 / -

No.

Please change the number plates on this vehicle to show SMU3133R by 19 Jul 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

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Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!

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