

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	13/04/2021 10:23 (SGT)
Date of Accident	12/04/2021 09:52 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE JALAN BAHAR EXIT 36
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9766G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MELISSA CHUA CHING YEE
NRIC No	S9623779J
Email Address	edmundchua69@hotmail.com
Mobile Phone No	(Phone) +65-90880807
Alternative Phone No	+65-90880807

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120247006
Cover Note Number	-

DRIVER

Name of Driver	CHUA BOON WAH
NRIC No	S6913948E

Date Of Birth	17/04/1969
Occupation	Indoor
Date Of Driving Pass	30/07/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98442699
Alt. Phone Number	-
Email Address	edmundchua69@hotmail.com
Address	BLK 294 TAMPINES ST 22 #05-600
Address complement	-
Postcode	520294
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MELISSA CHUA CHING YEE
Gender	Female

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

ON 12/04/2021 AT ABOUT 0952HRS, I WAS TRAVELLING STRAIGHT ROAD ALONG PIE BEFORE JALAN BAHAR EXIT 36 LANE 5. VEHICLE C AND D STOPPED THEIR VEHICLES. I FOLLOWED SUIT. VEHICLE B IS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE COLLISION PUSHED MY VEHICLE B TO COLLIDE ONTO THE REAR OF VEHICLE D.

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	SLP5231R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHIEW HON
NRIC No	S7915999I
Contact Number	(Phone) +65-96963663
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	YN6352A
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKZ6398X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMAD SHAM BIN SAIMON
NRIC No	S1435198A
Contact Number	(Phone) +65-90071378
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	MELISSA CHUA CHING YEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle?	SLC9766G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHUA BOON WAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC9766G
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.
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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.:

I hereby authorize SNE Motor P/L
and my accident report to genuine Casuarina S.

SKETCH PLAN

Lane 5

Lane 4

Lane 3

Lane 2

Lane 1



A-SLC97662

B-SLP531R

C-44NC352A

D-SK26388X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/04/2021 AT ABOUT 0952 HRS, I WAS TRAVELLING STRAIGHT
ROAD ALONG PIE BRIDGE JALAN BAHAR EXIT 36 LANE 5.
VEHICLES C AND D STOPPED THEIR VEHICLES. I FOLLOWED
SUIT. VEHICLE B IS UNABLE TO STOP ON TIME AND
COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.
THE COLLISION PUSHED MY VEHICLE B TO COLLIDE
ONTO THE REAR OF VEHICLE D.

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/20210413/7014

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

1 of 4

Report No. T/20210413/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2021 13:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA BOON WAH			Address: 294 TAMPINES STREET 22 #05-600 SINGAPORE 520294		
ID Type / ID No.: NRIC NO / S6913948E			Contact No.: Home/Office: Mobile: 98442699		
Nationality: SINGAPORE CITIZEN			Email: edmundchua69@gmail.com		
Sex: Male	Age: 51	Date of Birth: 17/04/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FOOD PROCESSOR			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: 12/04/2021 09:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SKZ6398X	Car	HONDA	STREAM			0
SLC9766G	Car	CHEVROLET	CRUZE	Blue		1
SLP5231R	Car	KIA	NIRO	Black		0
YN6352A	Lorry	ISUZU				0



**SINGAPORE
POLICE FORCE**



T/20210413/7014

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

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Report No. T/20210413/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9766G	NTUC Income Insurance Co-Operative Limited	5120247006	17/12/2020	16/12/2021
SLP5231R	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MELISSA CHUA CHING YEE		ID No.	S9623779J
Related Vehicle	SLC9766G (Car)		Contact No.	90880807
Hospital/Clinic	NUHEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/04/2021		Date	12/04/2021
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	CHUA BOON WAH		ID No.	S6913948E
Related Vehicle	SLC9766G (Car)		Contact No.	98442699
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/04/2021		Date	12/04/2021
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

ON 12/04/2021 AT ABOUT 0952HRS, I WAS TRAVELLING STRAIGHT ROAD ALONG PIE BEFORE JALAN BAHAR EXIT 36 AT LANE 5. THE VEHICLES AHEAD OF ME STOPPED THEIR VEHICLES. I FOLLOWED SUIT. HOWEVER, THE VEHICLE BEHIND ME (SLP5231R) IS UNABLE TO STOP ON TIME AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE IMPACT OF THE COLLISION IS STRONG THAT PUSHES MY VEHICLE FORWARD AND COLLIDED ONTO THE REAR PORTION OF SKZ6398X WHICH IN TURN COLLIDED ONTO YN6352A. BOTH MY DAUGHTER (MELISSA CHUA CHING YEE - NRIC NO: S9623779J) AND I HAD SUSTAINED INJURIES DUE TO THIS CHAIN COLLISION AND WERE GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210413/7014

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

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Report No. T/20210413/7014

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210413/7014

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Report No. T/20210413/7014

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

CONTINUATION OF REPORT

Sketch 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 /
TAN JEOK LENG
Contact No.: 65476151

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:
13/04/2021 13:43

Classification Of Case:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

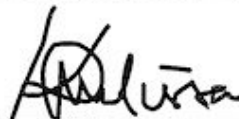
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y214D0003 Vehicle Registration No : SLC9766G.
 Name(as shown in NRIC): Melissa Chua Ching Yee
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S9623779J
 Address : Blk 294 Tampines Street 22 #05-600 S (520294)
 Contact (Tel) : _____ (H/P) : 9088 0807
 (Email) : edmundchua69@hotmail.com
 Date of Accident : 12/04/2021 Time of Accident : 0952 hrs.
 Place of Accident : Abrq PIE Before Jalan Bahar Exit 36
 Insurance Company : NTUC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Both driver and passenger in SLC9766G have injury. Refer to
police report attached. Police report number: T/20210413/7014



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
 Operating Hours : Monday to Friday 9am to 5pm



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5120247006

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLC9766G**
 Chassis Number : KL1JA69E9GK341727
2. Name of Policyholder : MELISSA CHUA CHING YEE
3. Effective Date of Insurance : 17 Dec 2020
4. Expiry Date of Insurance : 16 Dec 2021
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MELISSA CHUA CHING YEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE LTD (00000613934)
 Date of Issue : 16 Dec 2020 15:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive