

# 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 ..... 27/05/2021 10:15 (SGT)  
Date of Accident ..... 25/05/2021 15:00 (SGT)  
Exact Location of Accident ..... Balestier Rd, Singapore  
Additional Location Information ..... JUNC OF MCNAIR RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT829S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEE CHIN HOCK  
NRIC No ..... SXXXX693C  
Email Address ..... TSHPETER@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-97569822  
Alternative Phone No ..... +65-97569822

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00002452100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEE CHIN HOCK  
NRIC No ..... SXXXX693C

Date Of Birth .....	02/10/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	06/02/2007
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97569822
Alt. Phone Number .....	+65-97569822
Email Address .....	TSHPETER@YAHOO.COM.SG
Address .....	BLK 601 JURONG WEST ST 62
Address complement .....	#04-173
Postcode .....	640601
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) .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210525/2103

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB4724M
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLP8814P
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TEE CHIN HOCK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMT829S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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 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)**

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

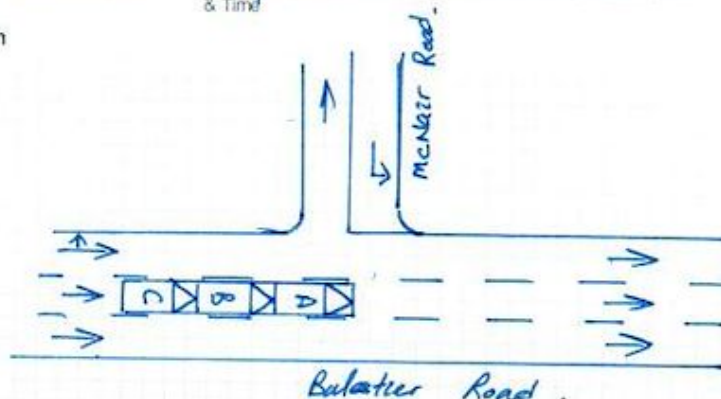
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



*Stym* 27/05/21

- (A) SMT 829 S.
- (B) SHB 4724 M.
- (C) SLP 8814 P.





## Describe Circumstances of the Accident


On 25/05/2021 at @ 1500 hrs, I was travelling in my vehicle (ENT 8298) along Balestier Road towards the direction of Serangoon Road on the centre lane. While approaching the junction of McAlister Road, there were traffic jammed ahead and I slow down and stopped my vehicle before the yellow box. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 cars.

## Declaration

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

 27/05/21  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210525/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210525/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TEE CHIN HOCK	ID No.	S1790693C
Related Vehicle	SMT829S	Contact No.	97569822
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

**Brief Details.**

On 25/005/2021 at about 1500hrs, I was driving V1) SMT829S along Balestier Road towards Lavender Road. I had stopped before a yellow box as there was heavy traffic in front. i then noticed that the vehicles ahead was moving off. Before my vehicle could move off, i felt an impact from the rear. After the impact, i noticed that there was two other vehicle bearing registration plate V2)SHB4724M behind V1 and V3) SLP8814P behind V2. As we was exchanging particulars and taking photos of the incident, Ambulance and Traffic police came to scene and my In car camera SD card was handed over to the traffic police. i then noticed V2's driver had boarded the ambulance however i did not noticed if he had suffered any injuries or not.



























# SINGAPORE POLICE FORCE



T/20210525/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210525/2103

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2021 19:08	Vide Report No.: A/20210525/0075	Station Diary No.: 139
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### Informant's Particulars

Name of Informant: TEE CHIN HOCK	Address: APT BLK 601 JURONG WEST STREET 62 #04-173 SINGAPORE 640601		
ID Type / ID No.: NRIC NO / S1790693C	Contact No.: Home/Office: Mobile: 97569822		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 53	Date of Birth: 02/10/1967	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2021 15:00	Type of Location: T-Junction
Location:  BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4724M						0
SLP8814P						0
SMT829S						0





**SINGAPORE  
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T/20210525/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210525/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TEE CHIN HOCK	ID No.	S1790693C
Related Vehicle	SMT829S	Contact No.	97569822
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

**Brief Details.**

On 25/005/2021 at about 1500hrs, I was driving V1) SMT829S along Balestier Road towards Lavender Road. I had stopped before a yellow box as there was heavy traffic in front. i then noticed that the vehicles ahead was moving off. Before my vehicle could move off, i felt an impact from the rear. After the impact, i noticed that there was two other vehicle bearing registration plate V2)SHB4724M behind V1 and V3) SLP8814P behind V2. As we was exchanging particulars and taking photos of the incident, Ambulance and Traffic police came to scene and my In car camera SD card was handed over to the traffic police. i then noticed V2's driver had boarded the ambulance however i did not noticed if he had suffered any injuries or not.



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POLICE FORCE**



T/20210525/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210525/2103

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:

J /  
Sgt 2 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/05/2021 19:08

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476178

Classification Of Case:

SN 126

Authentication Stamp  
NP168



Signature :

**Singapore Police Force**

