

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 10/06/2021 15:04 (SGT)
Date of Accident 08/06/2021 11:55 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCW7837A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHNG HOON HOON
NRIC No SXXXX085B
Email Address HOON2304@GMAIL.COM
Mobile Phone No (Phone) +65-90232228
Alternative Phone No +65-90232228

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 1796

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00067302000
Cover Note Number -

DRIVER

Name of Driver CHNG HOON HOON
NRIC No SXXXX085B

Date Of Birth	23/04/1964
Occupation	Indoor
Date Of Driving Pass	01/01/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90232228
Alt. Phone Number	+65-90232228
Email Address	HOON2304@GMAIL.COM
Address	BLK 51 CHAI CHEE STRET
Address complement	#08-308
Postcode	460051
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	NIECE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210608/2098

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	SMJ7653M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF3235U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBF6047B
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	-
No. Of Passenger (Including Driver)	-

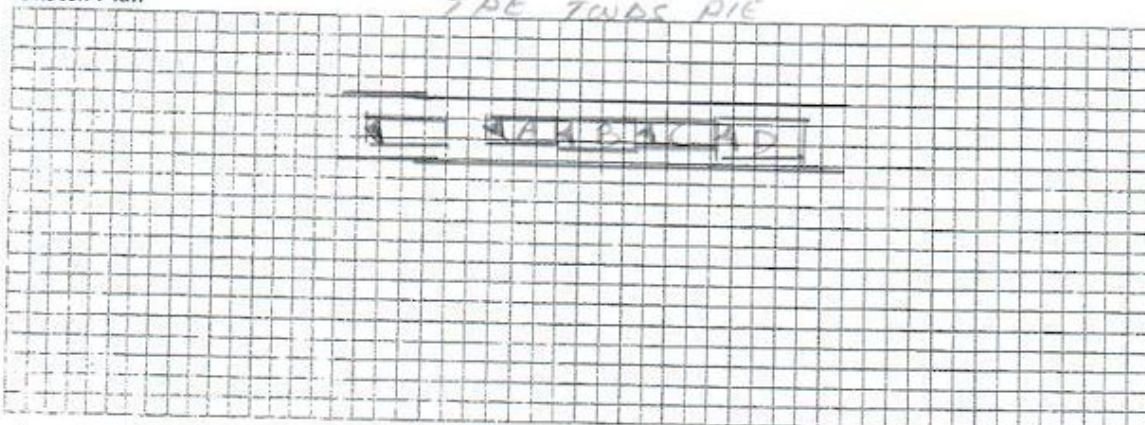
SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature] 160628
Policyholder's Signature / Date & Time

[Signature] 10/06/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 10/06/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A - SCW7837A D - GBF6047B
B - SMI7653M
C - SJF323SU

Describe Circumstances of the Accident

Pls refer to the police report: T/20210608/2098

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 10/06/21
Policyholder's Signature / Date & Time

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

[Signature] 10/06/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20210608/2098

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Report No. T/20210608/2098

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ7653M	Car	SUZUKI	SWIFT 1.0T GLX AT	Silver	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCW7837A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000673 02000	15/06/2020	01/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHNG HOON HOON	ID No.	S1650085B
Related Vehicle	SCW7837A (Car)	Contact No.	90232228
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
Witness			
Name	MANFRED PANG	ID No.	NIL
Related Vehicle	SMJ7653M (Car)	Contact No.	98533742
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 08/06/2021 at about 1158hrs, I was driving my vehicle (SCW7837A) along Tampines Expressway (TPE) heading towards the direction of Pan Island Expressway (PIE) Tuas. While I was driving at a slow speed, I noticed that the road ahead of me was jam with multiple vehicles heading towards the same direction as me. Hence, I observed the vehicle ahead of me had come to a complete stop. Therefore, I stopped my vehicle as well and left a gap of about 20 metres to the vehicle that was in front of me.

When my vehicle had come to a complete stop, about 5 to 6 seconds later, I felt an impact coming from the rear. I made a check with my niece who was the passenger in my vehicle and she informed that she was not injured and she was also not shocked. Before exiting my vehicle, I made a check to see if the



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T/20210608/2098

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Report No. T/20210608/2098

CONTINUATION OF REPORT

road was safe for me to exit my vehicle. I proceed on and left my vehicle and I saw it was a chain collision involving a total of 4 vehicles. The driver of the vehicle (SMJ7653M) that collided onto my vehicle approached me to check if everything was fine. I did take photos of the accident scene. He requested to exchange personal details but I told him to hold on and make a check on the rest of the vehicles that was involved in the collision which he agreed.

I walkover to the third vehicle (SJF3235U) and the female driver could speak but not legible. I also noticed that she was in a daze. I immediately called up the ambulance for her and the female driver agreed. I told the female driver to stay in the vehicle as the ambulance was on the way. I also noticed the fourth vehicle (GBF6047B) who is a van driver was seen to be talking on his mobile phone. I wish to state that while I was on the phone with the operator, EMAS Recovery vehicle came to scene and was putting red cones on the road to divert the traffic. Before long, the LTA road Marshall arrive at scene and interviewed each driver on what had happened. He requested for my identification card which I did provide to him and he informed me that the Traffic Police is on the way.

Awhile later, the ambulance came and made a check on the female driver. She was then conveyed by ambulance to Changi General Hospital. In less than 15 minutes, traffic police officers arrived at scene and interviewed the drivers on what had happened. I explained to the officer on what had happened. I was then given a case card vide G/20210608/0085 under Traffic Police Investigation Officer Rashida and was advised to lodge a traffic accident report. Only the third vehicle required towing as the rest of the vehicles inclusive of my vehicle was able to drive off.

My vehicle does not have any in car camera. There were scratch marks and dents seen on the rear of my vehicle. In addition, while I was driving, I heard some clanking sounds coming from the rear left side.

























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T/20210608/2098

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Report No. T/20210608/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/06/2021 23:45

Vide Report No.:
G/20210608/0085

Station Diary No.:
35

Informant's Particulars

Name of Informant: CHNG HOON HOON		Address: APT BLK 51 CHAI CHEE STREET #08-308 SINGAPORE 460051	
ID Type / ID No.: NRIC NO / S1650085B		Contact No.: Home/Office: Mobile: 90232228	
Nationality: SINGAPORE CITIZEN		Email: hoon2304@gmail.com	
Sex: Male	Age: 57	Date of Birth: 23/04/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2021 11:55	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Chain collision involving 3 cars & 1 van				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6047B	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Slightly Damaged	1
SCW7837A	Car	MERCEDES BENZ	E 250CGI	Silver	Slightly Damaged	1
SJF3235U	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	1



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T/20210608/2098

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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Witness			
Name	MANFRED PANG	ID No.	NIL
Related Vehicle	SMJ7653M (Car)	Contact No.	98533742
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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T/20210608/2098

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Report No. T/20210608/2098

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:
G /
Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD
KUSBARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Handwritten signature

Date/Time:
08/06/2021 23:45

Classification Of Case:

Handwritten signature