

# 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 ..... 05/07/2021 19:36 (SGT)  
Date of Accident ..... 03/07/2021 13:00 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... TWDS TPE B4 LOR HALUS EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM9174A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DELCO ART INTERIOR PTE LTD  
Company Reg No ..... XXXXXX509N  
Email Address ..... eric\_pee@delcoart.com.sg  
Mobile Phone No ..... (Phone) +65-86923716  
Alternative Phone No ..... +65-86923716

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Accent  
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 ..... 1495

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MPC0003524\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PEE WEAI CHONG  
NRIC No ..... SXXXX268D

Date Of Birth .....	20/08/1974
Occupation .....	Indoor
Date Of Driving Pass .....	26/01/1999
Driving experience .....	22 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86923716
Alt. Phone Number .....	-
Email Address .....	eric_pee@delcoart.com.sg
Address .....	BLK 187 BOON LAY AVE
Address complement .....	#16-88
Postcode .....	640187
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle 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 .....	CALVIN TEO KAI MUN
Gender .....	Male

#### 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/20210703/2073

#### 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 .....	FBM7318X
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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) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION BOTH FOREARMS & HANDS
Injured person in which vehicle? .....	FBM7318X
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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**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]* 5/9/2021

*[Signature]* 05/07/21

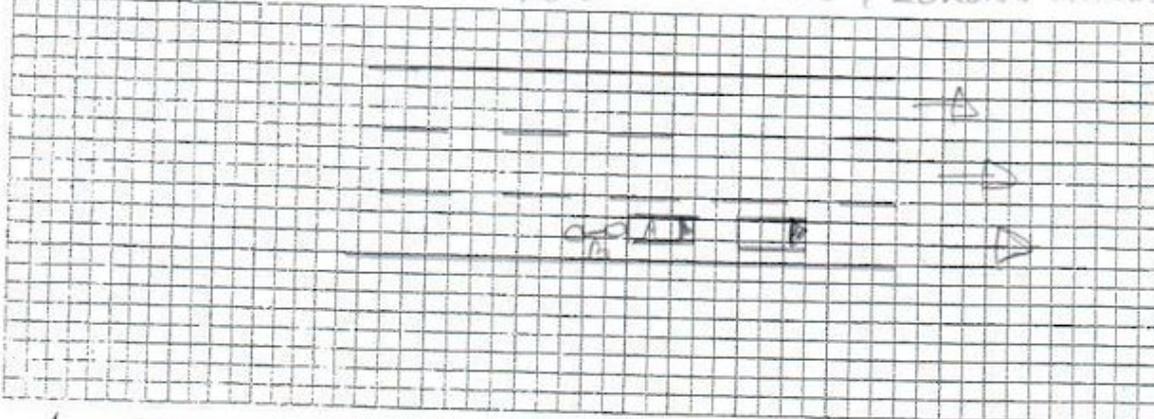
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

KPE TWDS TPE (LORONG HALUS LINE)



A - SMM9174A  
B - FBM7318X





**SINGAPORE  
POLICE FORCE**



T/20210703/2073

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/20210703/2073

## CONTINUATION OF REPORT

Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBM7318X (Motorcycle)	Contact No.	NIL
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	Slight
Driver			
Name	PEE WEAI CHONG	ID No.	S7477268D
Related Vehicle	SMM9174A (Car)	Contact No.	86923716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CALVIN TEO KAI MUN	ID No.	G2810455W
Related Vehicle	SMM9174A (Car)	Contact No.	86614338
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 03/07/2021 at about 1300hrs, I was driving my vehicle V1)SMM9174A along KPE towards TPE (before Lor Halus Exit) on the second lane. I was driving at about 60-70Km/hr behind a truck. Suddenly I felt a jerk from V1, which I thought it came from V1's engine. I continued driving forward where I subsequently saw through my rear-view mirror a motorist on the ground. I immediately moved V1 onto the first lane as there were no vehicles and quickly rendered assistance to the motorist. I then called for ambulance.

The motorist was then conveyed to hospital for his injuries (abrasions to both forearms and hands). The registration plate number of the motorcycle involved is FBM7318X. Traffic Police was at scene where I handed over my in-car camera SD card. V1 is installed with both front and rear in-car camera. I wish to state that I was driving on the second lane all along. V1 had sustained a dented rear bumper.





















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Report No. T/20210703/2073

## CONTINUATION OF REPORT

Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBM7318X (Motorcycle)	Contact No.	NIL
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	Slight
Driver			
Name	PEE WEAI CHONG	ID No.	S7477268D
Related Vehicle	SMM9174A (Car)	Contact No.	86923716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CALVIN TEO KAI MUN	ID No.	G2810455W
Related Vehicle	SMM9174A (Car)	Contact No.	86614338
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

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T/20210703/2073

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Report No. T/20210703/2073

**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 3 THOMAS JOSEPH THONG WAI MAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2021 17:03
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168 	



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Report No. T/20210703/2073

CONTINUATION OF REPORT