

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	14/07/2021 16:53 (SGT)
Date of Accident	09/07/2021 21:15 (SGT)
Exact Location of Accident	Near 10 Mar Thoma Rd, Singapore 328690
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7647Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP SUE KEAU
NRIC No	SXXXX122F
Email Address	felicia1318@hotmail.com
Mobile Phone No	(Phone) +65-92747736
Alternative Phone No	+65-92747736

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1498

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA559343
Cover Note Number	-

DRIVER

Name of Driver	KUEK YING TING SOPHIA
NRIC No	SXXXX155Z

Date Of Birth	27/11/1996
Occupation	Indoor
Date Of Driving Pass	27/07/2015
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-92383300
Alt. Phone Number	-
Email Address	sophiakuek@hotmail.com
Address	42 CHEMPAKA KUNING LINK
Address complement	-
Postcode	486277
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	LOH TZE YANG GLENN
Gender	Male

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

ATTACHED POLICE REPORT NO T/20210710/2005.

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	SHC4630U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHNG BENG SOON
NRIC No	SXXXX927G
Contact Number	(Phone) +65-96870050
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX6919D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DISSANAYAKAGE SURATH DEVNUWAN PERERA
NRIC No	SXXXX713C
Contact Number	(Phone) +65-83997200
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMX8579P
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	CAR D
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBG2854D
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	CAR E
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJQ978X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE CHOO YONG
NRIC No	SXXXX962C
Contact Number	(Phone) +65-96847649
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR F
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUEK YING TING, SOPHIA
Address	42 CHEMPAKA KUNING LINK
Address Complement	-
Post Code	486277
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG7647Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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' 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;

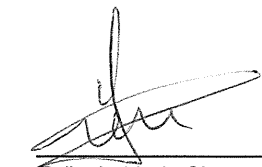
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

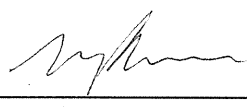
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

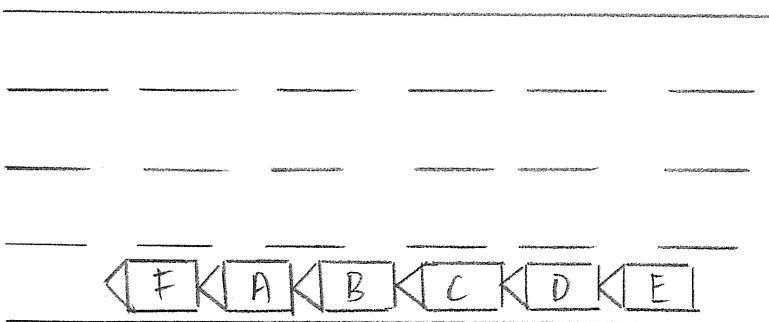

Policyholder's Signature / Date &
Time

 14/7/21 3:54PM
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan



CTE

A: SMG 7647Y
B: SHC 4630 U
C: SKX 6919D
D: SMX 8579P
E: GBG 2854D
F: SJQ 978X

Attached Police Report NO: T/20210710/2005.

We declare the foregoing particulars are true in every respect.

14/7/21 3:57PM
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2021 01:05			Vide Report No.:		Station Diary No.: 16
Informant's Particulars					
Name of Informant: KUEK YING TING, SOPHIA			Address: 42 CHEMPAKA KUNING LINK SINGAPORE 486277		
ID Type / ID No.: NRIC NO / S9644155Z			Contact No.: Home/Office: Mobile: 92383300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 27/11/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2021 21:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 276				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2854D	Van					0
SHC4630U	Car				Slightly Damaged	0
SJQ978X	Car				Slightly Damaged	0
SKX6919D	Car				Seriously Damaged	0
SMG7647Y	Car				Slightly Damaged	1



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX8579P	Car				Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	Chng Beng Soon		ID No.	S7044927G	
Related Vehicle	SHC4630U (Car)		Contact No.	96870050	
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	
Driver					
Name	Lee Choo Yong		ID No.	S7522962C	
Related Vehicle	SJQ978X (Car)		Contact No.	96847649	
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	
Driver					
Name	Dissanayakage Surath Devnuwan Perera		ID No.	S9072713C	
Related Vehicle	SKX6919D (Car)		Contact No.	83997200	
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	



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

CONTINUATION OF REPORT

Driver			
Name	KUEK YING TING, SOPHIA		ID No. S9644155Z
Related Vehicle	SMG7647Y (Car)		Contact No. 92383300
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

Brief Details.

On 09/07/2021 at about 2115hrs, I was driving along Central Expressway (CTE) on the left lane while it was raining heavily at the time. All of a sudden, the car in front of me (SJQ978X) had jammed their brakes and came to a sudden stop. As I had kept a distance from him, I managed to stop my car in time without colliding into him. While waiting, I did not release my foot brake. I had also saw that the car (SHC4630U) behind me which was a SMRT Taxi had also managed to come to a stop with some space behind my car.

However, in the next moment, there was a big impact from the back of my car which had propelled my car forward to collide into the car in front of me. This incident was a chain collision between 5 cars and one van. All the drivers involved then alighted from their car to exchange our particulars with most of the drivers involved and we had drove off from there onwards. When we had questioned the driver of the car in front of us which is the car furthest front in the chain collision had stopped, he mentioned that he had only stopped as the car in front of him stopped as well. As of now, we are unsure what caused the stoppage of cars.

Due to the collision, I am currently suffering from some back pains and will be seeing a medical practitioner for the injury. My car's front bumper had suffered some dents and the boot of my car had been knocked out of place. I would like to mention that the car does not belong to me but to my mother and my name is included in the car's insurance as well. I would also like to mention that my car has a in-car camera at the front and back. When we viewed back the footage, we had noticed that the Taxi (SHC4630U) behind us had only collided into the back of our car as they were propelled from the collision behind their Taxi as well.





**SINGAPORE
POLICE FORCE**



T/20210710/2005

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

4 of 4

Report No. T/20210710/2005

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 2 HAM SHEARES

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

10/07/2021 01:05

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE