

# 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 .....	15/07/2021 11:03 (SGT)
Date of Accident .....	13/07/2021 10:50 (SGT)
Exact Location of Accident .....	Loyang Ave, Singapore
Additional Location Information .....	TWDS OLD TAMPINES RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD1165G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	E & D SERVICES
Company Reg No .....	5XXXX300J
Email Address .....	edsvcs@yahoo.com
Mobile Phone No .....	(Phone) +65-96744302
Alternative Phone No .....	+65-96744302

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	21-MS007072-R02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA KWEE YEW
NRIC No .....	SXXXX543I

Date Of Birth .....	19/10/1958
Occupation .....	Outdoor
Date Of Driving Pass .....	27/12/1997
Driving experience .....	23 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96744302
Alt. Phone Number .....	-
Email Address .....	edsvcs@yahoo.com
Address .....	BLK 526 WOODLANDS DR 14
Address complement .....	#05-467
Postcode .....	730526
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 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 .....	CHOOI MUN HOU
Gender .....	Male

#### 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

PLS REFER TO THE POLICE REPORT:TT/20210713/7027

#### 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 .....	SHC1653Z
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 .....	SKW5261D
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 .....	CHUA KWEE YEW
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	GBD1165G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	CHOOI MUN HOU
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	GBD1165G
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.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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' 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

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

Witnessed by Reporting Centre Personnel

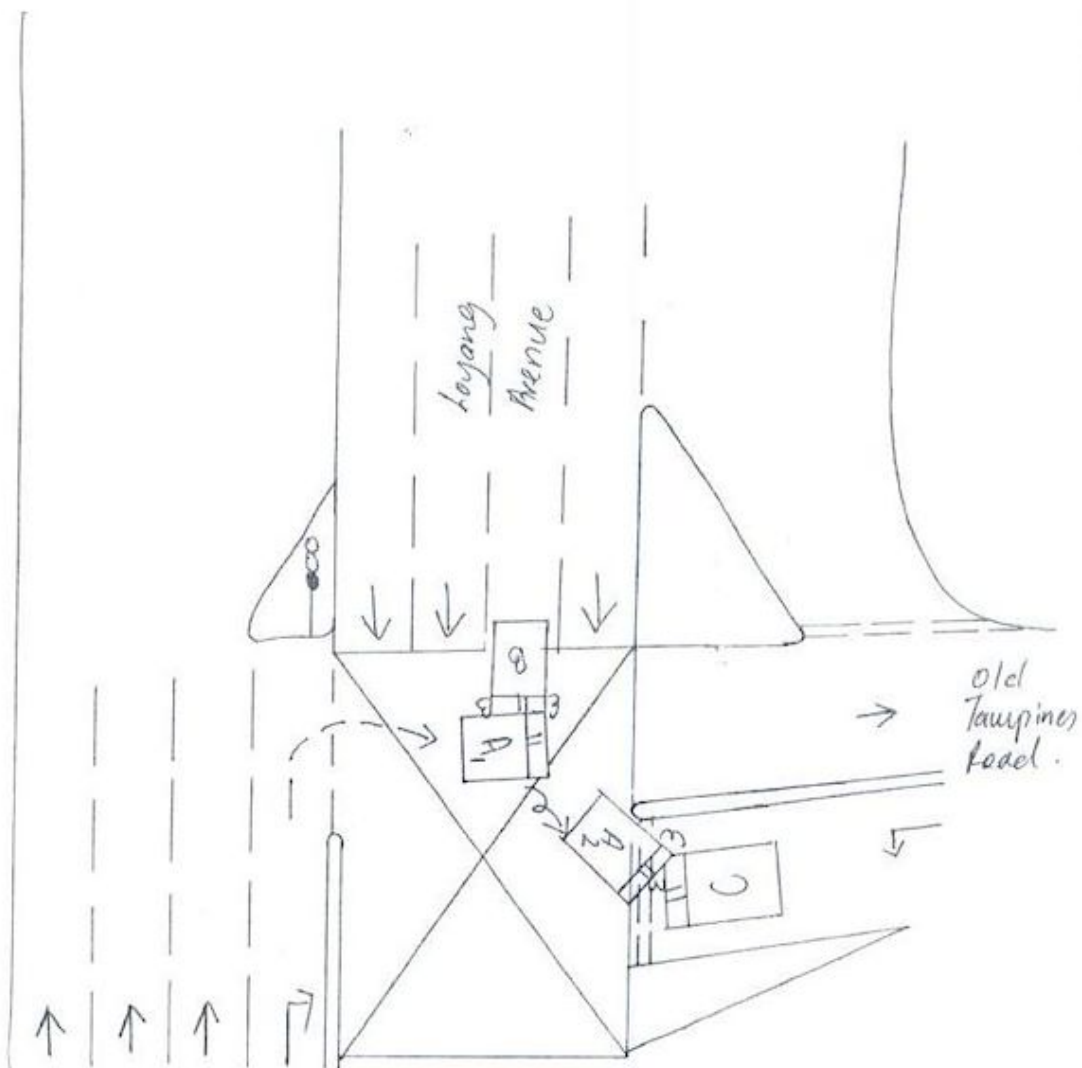
**Sketch Plan**



A: GBD116SG

B: SHC1653Z

C: SPW5261D





**Describe Circumstances of the Accident**

Handwritten text in the description area:

Refer to TP Report  
T/2021/07/13/2027

**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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210713/7027

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

2 of 3  
Report No. T/20210713/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1165G	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHOOI MUN HOU		ID No.	G8635656U
Related Vehicle	GBD1165G (Van)		Contact No.	NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/07/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	CHUA KWEE YEW		ID No.	S1308543I
Related Vehicle	GBD1165G (Van)		Contact No.	96744302
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/07/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious

**Brief Details.**

I was travelling along Loyang Avenue. The traffic light was green in my favour, hence I proceed to make a right turn to Old Tampines Road. Before I can complete the turn, SHC1653Z without stopping behind the stop line, beat the red light and collided onto my vehicle front and side portion. The great impact make my vehicle swerved and hit onto SKW5261D who was stationary. Both passengers and I felt discomfort after the accident. So we went to consult the doctor and was given 3 days mc each.























































# SINGAPORE POLICE FORCE



T/20210713/7027

1 of 3

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

Report No. T/20210713/7027

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 14:08		Vide Report No.: G/20210713/0077		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA KWEE YEW			Address: 526 WOODLANDS DRIVE 14 #05-467 SINGAPORE 730526		
ID Type / ID No.: NRIC NO / S1308543I			Contact No.: Home/Office: Mobile: 96744302		
Nationality: SINGAPORE CITIZEN			Email: EDSVCS@YAHOO.COM		
Sex: Male	Age: 62	Date of Birth: 19/10/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2021 10:45	Type of Location: Straight Road
Location:  LOYANG AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1165G	Van					2
SHC1653Z	Car					0
SKW5261D	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210713/7027

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

2 of 3  
Report No. T/20210713/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1165G	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHOOI MUN HOU		ID No.	G8635656U
Related Vehicle	GBD1165G (Van)		Contact No.	NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/07/2021		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	CHUA KWEE YEW		ID No.	S1308543I
Related Vehicle	GBD1165G (Van)		Contact No.	96744302
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/07/2021		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

**Brief Details.**

I was travelling along Loyang Avenue. The traffic light was green in my favour, hence I proceed to make a right turn to Old Tampines Road. Before I can complete the turn, SHC1653Z without stopping behind the stop line, beat the red light and collided onto my vehicle front and side portion. The great impact make my vehicle swerved and hit onto SKW5261D who was stationary. Both passengers and I felt discomfort after the accident. So we went to consult the doctor and was given 3 days mc each.

**SINGAPORE  
POLICE FORCE**

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



T/20210713/7027

3 of 3

Report No. T/20210713/7027

**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 / TPB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

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:  
13/07/2021 14:08

Classification Of Case: