

# 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 ..... 10/08/2021 16:17 (SGT)  
Date of Accident ..... 07/08/2021 20:25 (SGT)  
Exact Location of Accident ..... Hougang Ave 3, Singapore  
Additional Location Information ..... UPPER SERANGOON ROAD CROSS JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB7844P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEW ENG KEAT  
NRIC No ..... SXXXX969G  
Email Address ..... a3669j@gmail.com  
Mobile Phone No ..... (Phone) +65-87212115  
Alternative Phone No ..... +65-87212115

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00007292100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW ENG KEAT  
NRIC No ..... SXXXX969G

Date Of Birth .....	27/07/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	26/03/1976
Driving experience .....	45 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87212115
Alt. Phone Number .....	+65-87212115
Email Address .....	a3669j@gmail.com
Address .....	BLK 15 HOUGANG AVENUE 3 #02-115
Address complement .....	-
Postcode .....	530015
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHEW MEI QI
Gender .....	Female

#### PASSENGER 2

Name .....	AH BOY
Gender .....	Male

#### PASSENGER 3

Name .....	AH GIRL
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SMK7134P
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) .....	-

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

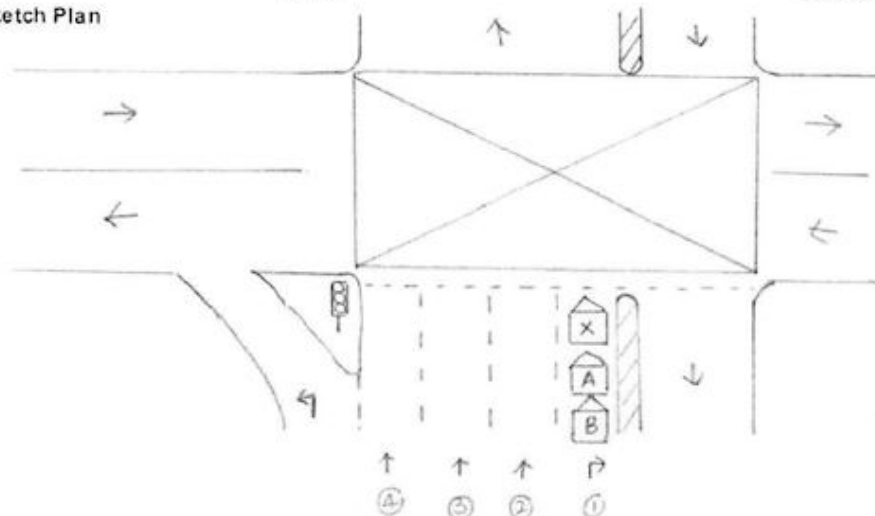
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**



A = CB7844P  
B = SMK7134P  
Cross Junction  
of Hougang  
Avenue 3 and  
Upper Selegie  
Road


Describe Circumstances of the Accident


Refer to Attached

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

On 07.08.2021 at about 20: 25 hours at Cross Junction of Hougang Avenue 3 and Upper Serangoon Road, I was stationary on lane 1 (along Hougang Avenue 3 towards Hougang Avenue 2) as the traffic light was red.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): CB 7844P

Vehicle (B): SMK 7134P

*sch*

*aw 10/8/2021*

























DEED POLL

BY THIS DEED I, the undersigned CHEW NG LAY ( 周永吉 )  
 (NRIC No. S0195969/G) of Apt Blk 15 Hougang Avenue 3 #02-115,  
 Singapore 530015 do hereby on behalf of myself renounce as from  
 the date hereof the Chinese name of ( 周永吉 ) in lieu  
 thereof assume the Chinese name of ( 周泳吉 ) so that my  
 Chinese name be known as ( 周泳吉 ) forthwith.

AND in pursuance of such change of my said Chinese name as  
 aforesaid, I hereby declare that when the use of my Chinese name  
 is required I shall at all times hereafter in all records, deeds  
 and instruments in writing and in all actions and proceedings and  
 in all dealings and transactions and upon all occasions  
 whatsoever use and sign the said Chinese name of ( 周泳吉 )  
 only.

AND I hereby authorise and request all persons to designate,  
 describe and address me by such Chinese name of ( 周泳吉 )  
 only.

IN WITNESS WHEREOF I have hereunder signed my name and have  
 set my seal this 4th day of March 1998.

SIGNED SEALED and DELIVERED )  
 by the abovenamed 周泳吉 )  
 CHEW NG LAY ( 周泳吉 ) )  
 in the presence of :- )

周泳吉



PANG KOK FOO  
 Advocate & Solicitor  
 Singapore

Dated this 4th day of March 1998

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DEED POLL

of

CHEW NG LAY

( 周 咏 吉 )

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