

# 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 .....	18/08/2021 17:39 (SGT)
Date of Accident .....	17/08/2021 22:20 (SGT)
Exact Location of Accident .....	Serangoon Ave 2, Singapore
Additional Location Information .....	along Boundary Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKP4065Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Ng Mui Gek
NRIC No .....	S1185538E
Email Address .....	gckp88@gmail.com
Mobile Phone No .....	(Phone) +65-96935954
Alternative Phone No .....	(Home) +65-96935954

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Altis
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ21-000843
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Chew Kheng Ping Gerald
NRIC No .....	S8810090E

Date Of Birth .....	24/03/1988
Occupation .....	Indoor
Date Of Driving Pass .....	02/02/2009
Driving experience .....	12 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96935954
Alt. Phone Number .....	-
Email Address .....	gckp88@gmail.com
Address .....	Blk 545 Ang Mo Kio Ave 10 #03-2272
Address complement .....	-
Postcode .....	560545
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 .....	Clear
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

refer attached police report.

#### 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 .....	SKT4913D
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 .....	YP3958L
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Chew Kheng Ping Gerald
Gender .....	Male
Phone No .....	(Phone) +65-96935954
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKP4065Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No


**Describe Circumstances of the Accident**

I was driving straight along Boundary Road on lane 2 as traffic lights was green on my favour. Suddenly vehicle B SKT4913D turned right from opposite direction and collided with me on my front portion of my vehicle. Due to the impact, vehicle B spun and hit onto a stationary lorry YP 3758L along Serangoon Ave 2.

**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

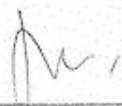
  
Witnessed by Reporting Centre Personnel

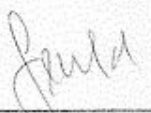



## SKETCH PLAN

## 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

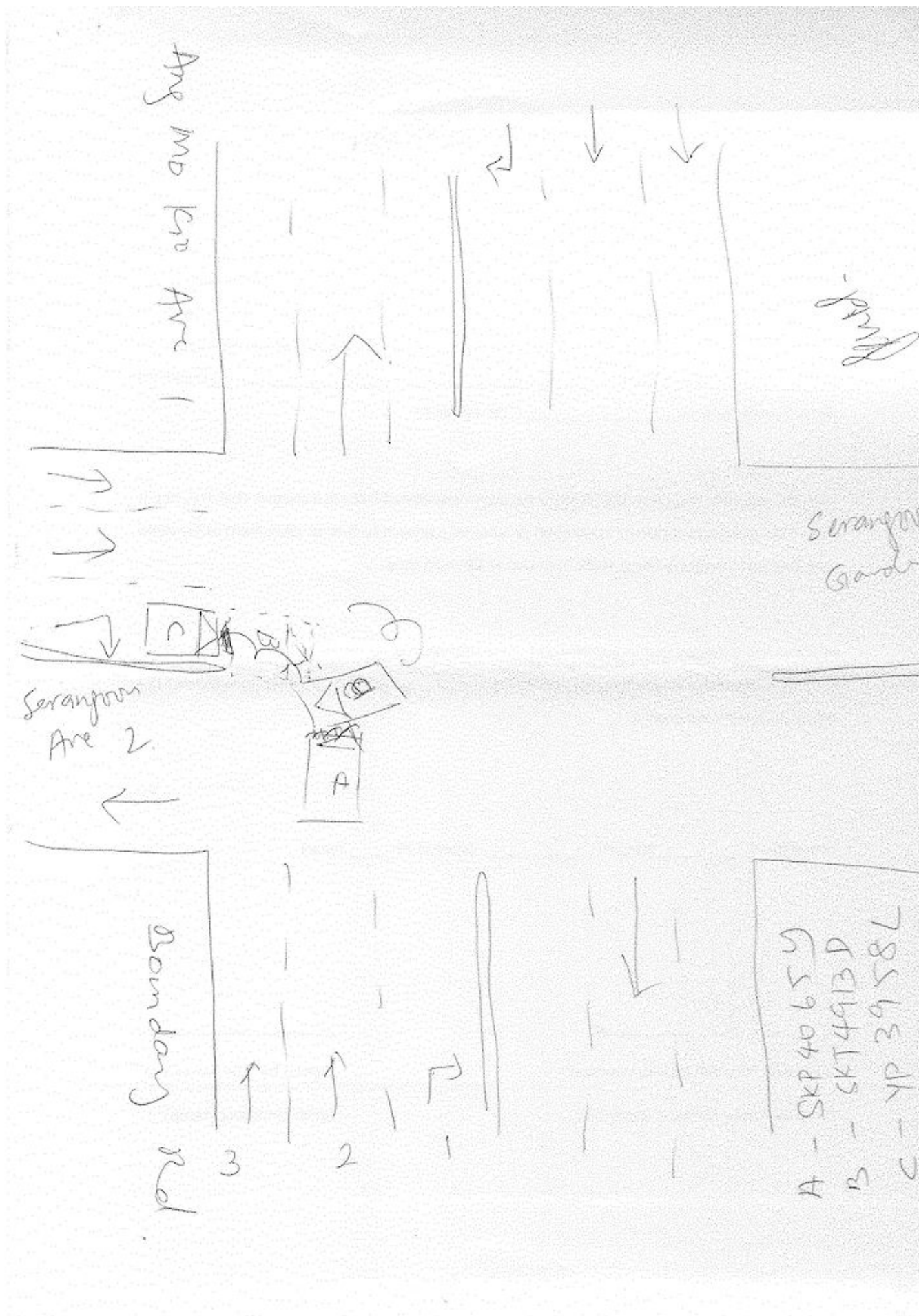
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Sketch Plan

































**SINGAPORE  
POLICE FORCE**



T/20210818/7044

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

3 of 3

Report No. T/20210818/7044

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 /  
LEE GUANG HUI  
Contact No.: 65476423

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:  
18/08/2021 16:52

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210818/7044

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

1 of 3

Report No: T/20210818/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2021 16:52		Vide Report No.: F/20210817/0184		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEW KHENG PING, GERALD			Address: 545 ANG MO KIO AVENUE 10 #03-2272 SINGAPORE 560545		
ID Type / ID No.: NRIC NO / S8810090E			Contact No.: Home/Office: Mobile: 96935954		
Nationality: SINGAPORE CITIZEN			Email: gckp88@gmail.com		
Sex: Male	Age: 33	Date of Birth: 24/03/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Tuition Teacher			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2021 22:20	Type of Location: X-Junction
Location:  SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKP4065Y	Car					0
SKT4913D	Car					0
YP3958L	Lorry					0





**SINGAPORE  
POLICE FORCE**



T/20210818/7044

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

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Report No. T/20210818/7044

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW KHENG PING, GERALD	ID No.	S8810090E
Related Vehicle	SKP4065Y (Car)	Contact No.	96935954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving along Boundary Road on lane 2 as traffic lights was green on my favour. Suddenly vehicle SKT4913D turned right from opposite direction and collided with me on my front portion of my vehicle. Due to the impact, the vehicle spun and hit onto a stationary lorry YP3958L along Serangoon Ave 2. I suffered whiplash on my lower right rib and my back. I was given 5 days MC.