

# 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 .....	26/08/2021 12:05 (SGT)
Date of Accident .....	25/08/2021 07:50 (SGT)
Exact Location of Accident .....	Alexandra Rd, Singapore
Additional Location Information .....	TOWARDS PASIR PANJANG (OPPOSITE UOB BUILDING)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY9607E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SG CAR CHOICES 2 PTE LTD
Company Reg No .....	2XXXXX987N
Email Address .....	ronald@carchoice.com.sg
Mobile Phone No .....	(Phone) +65-80238545
Alternative Phone No .....	+65-97704018

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla200
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 .....	1332

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMHCSNW00003042100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHRISTOPHER HEYS
Passport No/FIN .....	GXXXX884T

Date Of Birth .....	02/10/1985
Occupation .....	Indoor
Date Of Driving Pass .....	23/03/2020
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97704018
Alt. Phone Number .....	-
Email Address .....	ronald@carchoice.com.sg
Address .....	335 ARCADIA ROAD #02-07
Address complement .....	-
Postcode .....	289843
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PHILLIPS ASHA SUZANNE
Gender .....	Female

#### PASSENGER 2

Name .....	HARRIS (BABY)
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

PLEASE REFER TO POLICE REPORT T/20210825/7034

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDY505G
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 .....	GY5280K
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	FBN9436U
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 .....	CHRISTOPHER HEYS
Gender .....	Male
Phone No .....	(Phone) +65-97704018
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMY9607E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


INJURED 2


Name of injured person .....	PHILLIPS ASHA SUZANNE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMY9607E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

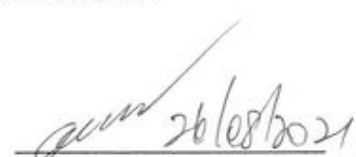
# SKETCH PLAN

## 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' 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.

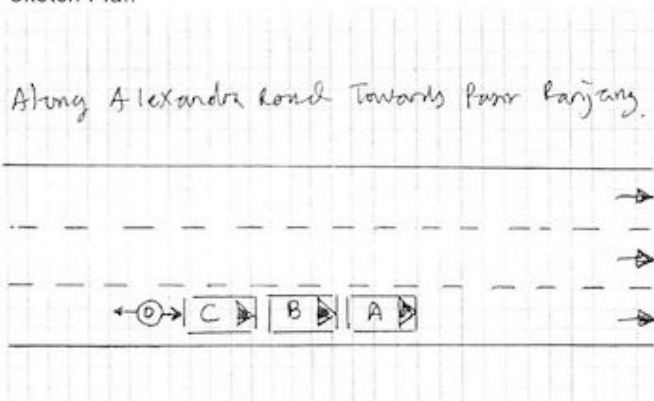
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

## Sketch Plan

Along Alexandra Road Towards Pagar Parai.



\* Veh A = 7 S M Y 9 6 0 7 E  
\* Veh B = 7 S D Y 5 0 5 G  
\* Veh C = 7 G Y 5 2 8 0 K  
\* Veh D = 7 F B N 9 4 3 6 U


Describe Circumstances of the Accident

Refer to Police Report  
T/20210825/7034

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



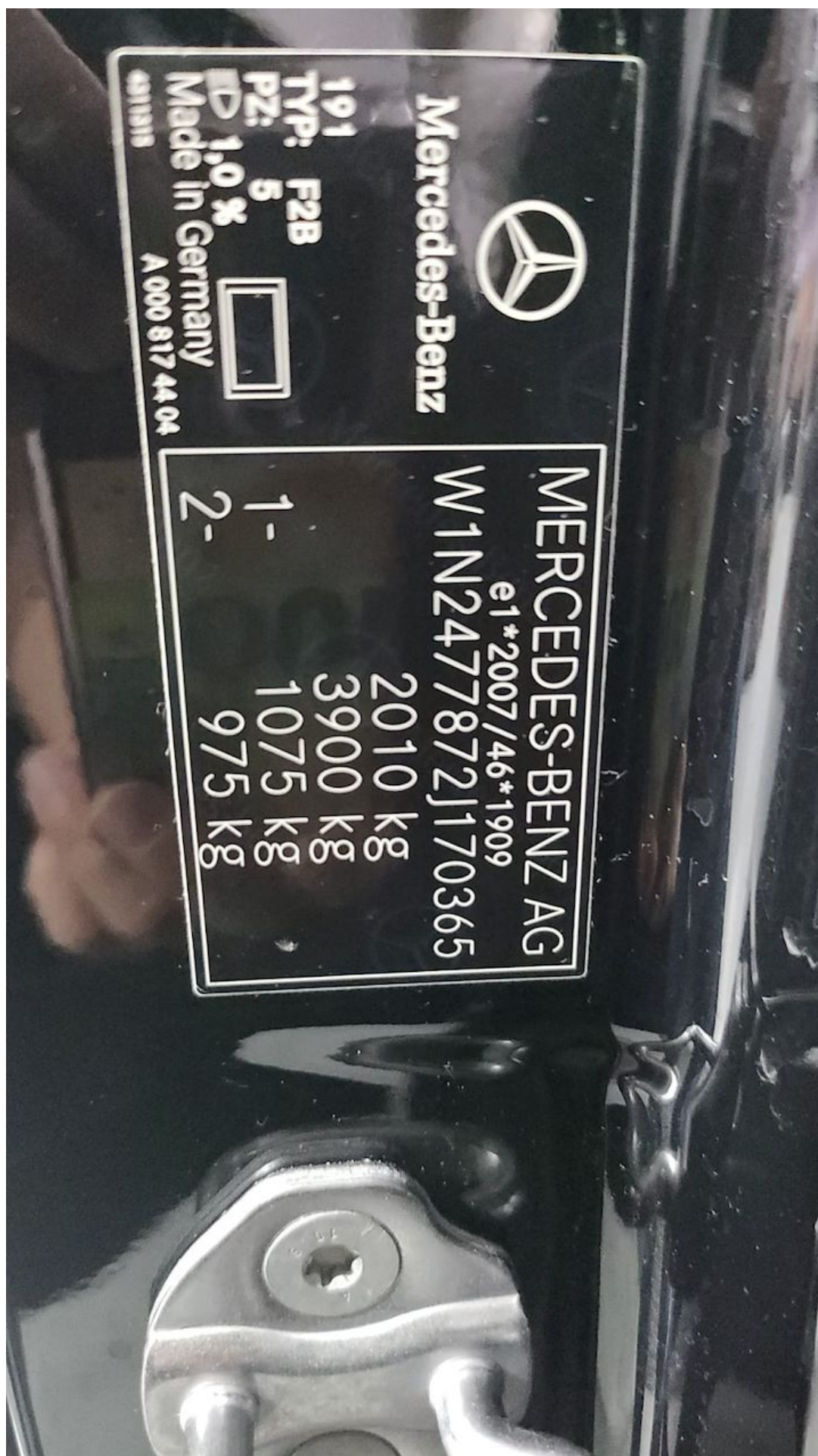


















**SINGAPORE  
POLICE FORCE**



T/20210825/7034

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

1 of 3

Report No. T/20210825/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2021 17:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HEYS CHRISTOPHER			Address:		
ID Type / ID No.: FIN NO / G3054884T			Contact No.: Home/Office: Mobile: 97704018		
Nationality: BRITISH			Email: heyschris@outlook.com		
Sex: Male	Age: 35	Date of Birth: 02/10/1985	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2021 07:50	Type of Location: Straight Road
Location:  Alexandra Road Towards Pasir Panjang (Opposite UOB Building)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN9436U	Motorcycle					0
GY5280K	Lorry					0
SDY505G	Car					0
SMY9607E	Car					0





**SINGAPORE  
POLICE FORCE**



T/20210825/7034

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

2 of 3  
Report No. T/20210825/7034

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	PHILLIPS ASHA SUZANNE	ID No.	G3050176X
Related Vehicle	SMY9607E (Car)	Contact No.	90050659
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	HEYS CHRISTOPHER	ID No.	G3054884T
Related Vehicle	SMY9607E (Car)	Contact No.	97704018
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the stated date and time, I (SMY 9607 E) was travelling along the stated venue. When the front vehicles braked to stop, I followed to stop too. When I have come to a complete stop, suddenly a truck, GY 5280 K which was travelling at speed, hit onto vehicle bearing no: SDY 505 G (which was also stationary). Due to the huge impact, vehicle bearing no: SDY 505 G moved forward and collided onto the rear of my vehicle. Few minutes later after the collision, a motorbike bearing no: FBN 9436 U, skidded and collided onto the rear of the truck (GY 5280 K). I am lodging this police report as both my wife and I were given 3 days MC after visiting the hospital.

**SINGAPORE  
POLICE FORCE**

T/20210825/7034

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

3 of 3

Report No. T/20210825/7034

**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 / TPHQ /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

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:  
25/08/2021 17:40

Classification Of Case:

[illegible]