

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 09/09/2021 15:35 (SGT)
Date of Accident 08/09/2021 12:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW9694M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner XPRESS COOL SERVICES
Company Reg No 5XXXX482B
Email Address expresseric@gmail.com
Mobile Phone No (Phone) +65-92031539
Alternative Phone No +65-92031539

VEHICLE PARTICULARS

Manufacturer Ssangyong
Model Stavic
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 2157

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 20-MR006766-R00
Cover Note Number -

DRIVER

Name of Driver CHEW KOK YONG
NRIC No SXXXX005J

| | |
|--|------------------------|
| Date Of Birth | 30/04/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 10/10/2001 |
| Driving experience | 19 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90300276 |
| Alt. Phone Number | - |
| Email Address | expresseric@gmail.com |
| Address | BLK 19 BALAM ROAD |
| Address complement | #09-204 |
| Postcode | 370019 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | 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 | PANYIWEN |
| Gender | Female |

PASSENGER 2

| | |
|--------------|---------------|
| Name | LIM HOCK CHYE |
| 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 ATTACHED STATEMENT.

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 | SLN9085E |
| 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 | CHEW KOK YONG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK & BACK |
| Injured person in which vehicle? | SMW9694M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|----------|
| Name of injured person | PANYIWEN |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SMW9694M |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|---------------|
| Name of injured person | LIM HOCK CHYE |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SMW9694M |
| Were seat belts worn? | - |
| 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.
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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.

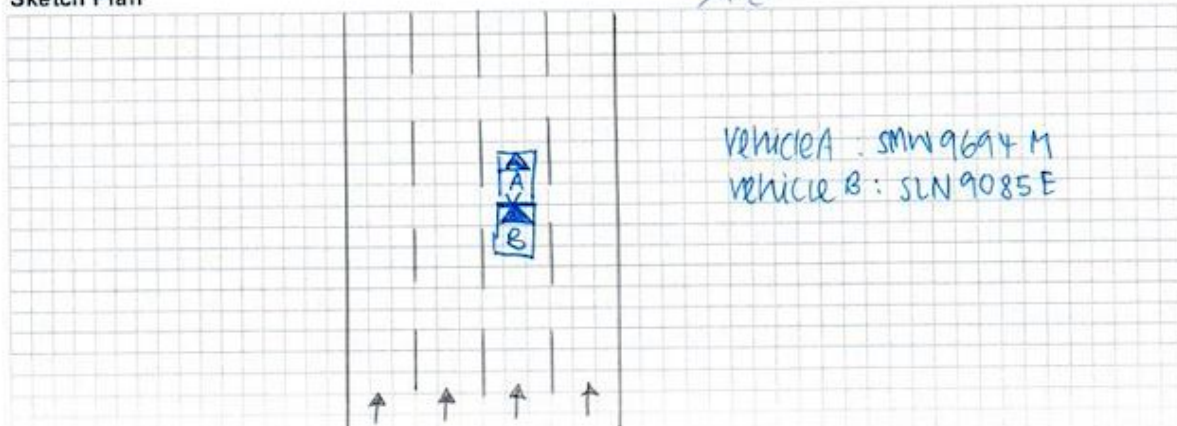
XPRESS COOL SERVICES

Reg. No. 53249482B
 Blk 19 Balam Road #09-204
 Singapore 370019
 Tel: 6203 1539 HP: 9030 0276

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was stationary on the stated venue due to traffic congestion in front. Suddenly, I felt a huge impact on the rear of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle

Declaration

We declare the foregoing particulars are true in every respect.

XPRESS COOL SERVICES

Reg. No. 53249482B
Blk 19 Balam Road #09-204
Singapore 370019
Tel: 6203 1539 4P 9030 0276

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/20210908/7028

2 of 3

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

Report No. T/20210908/7028

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Name | CHEW KOK YONG | ID No. | S6890005J |
| Related Vehicle | SMW9694M (Car) | Contact No. | 90300276 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/09/2021 | Date | 08/09/2021 |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMW 9694 M) WAS STATIONARY ON THE STATED VENUE DUE TO TRAFFIC CONGESTION INFRONT. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLN 9085 E) WHO HAVE COLLIDED ONTO MY VEHICLE

AFTER THE ACCIDENT I WENT TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN AS I FELT PAIN IN MY NECK AND BACK
I WAS GIVEN 5 DAYS MC





















**SINGAPORE
POLICE FORCE**



T/20210908/7028

1 of 3

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

Report No. T/20210908/7028

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 08/09/2021 15:50 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHEW KOK YONG | | | Address: 19 BALAM ROAD #09-204 SINGAPORE 370019 | | |
| ID Type / ID No.: NRIC NO / S6890005J | | | Contact No.: Home/Office: Mobile: 90300276 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: XPRESSERIC@GMAIL.COM | | |
| Sex: Male | Age: 53 | Date of Birth: 30/04/1968 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: ENGINEER | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 08/09/2021 12:30 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | 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 | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SLN9085E | Car | | | | | 0 |
| SMW9694M | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210908/7028

2 of 3

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

Report No. T/20210908/7028

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Name | CHEW KOK YONG | ID No. | S6890005J |
| Related Vehicle | SMW9694M (Car) | Contact No. | 90300276 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/09/2021 | Date | 08/09/2021 |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

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I WAS GIVEN 5 DAYS MC



**SINGAPORE
POLICE FORCE**



T/20210908/7028

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

3 of 3
Report No. T/20210908/7028

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/09/2021 15:50

Classification Of Case: