

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 12/10/2021 12:43 (SGT)
Date of Accident 11/10/2021 15:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (JURONG) BEFORE KALLANG BAHRU EXIT 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX1533S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KAR CHUN, CHENEY (CAI JIAJUN)
NRIC No SXXXX457G
Email Address cheneychua@yahoo.com.sg
Mobile Phone No (Phone) +65-90489164
Alternative Phone No +65-90489164

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A180
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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00081442100
Cover Note Number -

DRIVER

Name of Driver CHUA KAR CHUN, CHENEY (CAI JIAJUN)
NRIC No SXXXX457G

Date Of Birth	31/08/1990
Occupation	Indoor
Date Of Driving Pass	02/02/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90489164
Alt. Phone Number	+65-90489164
Email Address	cheneychua@yahoo.com.sg
Address	BLK 889 TAMPINES STREET 81 #06-1048
Address complement	-
Postcode	520889
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	Chain Collision
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	SARAH TAY EN HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Police Cantonment Complex
Police Station Address	391 New Bridge Road Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT A/20211011/7028

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	SKJ636H
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	SKU5620L
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 KAR CHUN, CHENEY (CAI JIAJUN)
Gender	Male
Phone No	(Phone) +65-90499164
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX1533S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SARAH TAY EN HUI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX1533S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

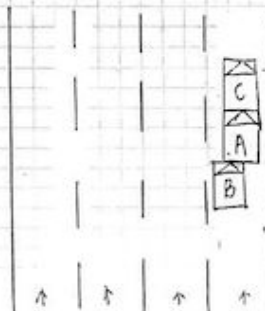
12/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (Junction) before Kallang Bahru Exit 12

Vehicle A: SMX1533S
 Vehicle B: SKJ636H
 Vehicle C: SKU5620L



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMX1533S) was travelling at the stated location on the extreme right lane. As the front vehicle came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. Vehicle B (SKJ636H) collided onto the rear portion of my vehicle, causing me to surge forward and collided onto vehicle C (SK45620L).

POLICE REPORT. A/20211011/7028

Declaration

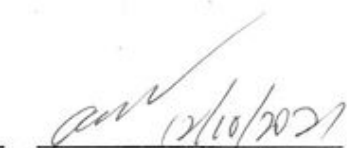
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



A/20211011/7028

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POLICE REPORT (NP299)

Report No. A/20211011/7028

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 11/10/2021 19:23	Vide Report No.	Station Diary No.
Name Of Informant CHUA KAR CHUN, CHENEY	Address 889 TAMPINES STREET 81 #06-1048 SINGAPORE 520889	
ID Type / ID No. NRIC NO / S9030457G	Contact No. Home/Office: Mobile: 90489164	
Nationality SINGAPORE CITIZEN	Email Address CHENEYCHUA@YAHOO.COM.SG	
Occupation Operations Manager	Sex Male	Age 31
Institution/School Name	Date of Birth 31/08/1990	Race Chinese
Date/Time Of Incident 11/10/2021 15:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle SMX1533S along PIE(Tuas) when I was gradually coming to a stop due to traffic conditions before Kallang Bahru Exit.

My pregnant wife, Sarah Tay En Hui, was my front passenger and both of us were belted.

Moments after coming to a complete stop, a massive impact hit our vehicle from the rear, propelling us forward into the rear of the vehicle in front.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2021 19:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211011/7028

Both our bodies lurched forward as a result of the unexpected impact.

Sarah started bleeding from her nose and mouth as her phone had smashed her face. She also complained of slight discomfort in her tummy and pain over both her shins as she had knocked them against the glove compartment.

Upon alighting, I realised that I was involved in a 3 car chain collision involving:

SKU5620L
SMX1533S
SKJ636H

where I was the middle vehicle.

After leaving the accident scene, we proceeded to our gynae at W Gynae Women's Clinic for a check up as we were worried about our baby.

Once the gynae certified that my baby was fine, we proceeded to her family doctor at LifePlus Medical Group Bedok for treatment.

We both had started experiencing soreness over our neck and back areas by then. I also felt my chest area aching as well.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2021 19:23
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

A/20211011/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211011/7028

My wife was given 7 days MC while I was given 5 days MC for our injuries.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2021 19:23
Officer In-Charge Of Case:	Classification Of Case: