

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 14/10/2021 11:01 (SGT)
Date of Accident 13/10/2021 10:35 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS CHANGI BEFORE TOH GUAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ6706M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIANG SHAN
Company Reg No 5XXXX004X
Email Address LIANGSHAN1998@GMAIL.COM
Mobile Phone No (Phone) +65-93865323
Alternative Phone No (Home) +65-93865323

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5096716554-03
Cover Note Number -

DRIVER

Name of Driver CHEN LIANGZHENG
NRIC No SXXXX146F

Date Of Birth	15/12/1973
Occupation	Outdoor
Date Of Driving Pass	16/05/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93865323
Alt. Phone Number	-
Email Address	LIANGSHAN1998@GMAIL.COM
Address	9 WOODLANDS DRIVE 72 #14-19
Address complement	-
Postcode	738093
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH WANQI
Gender	Female

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 TO ATTACHED

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	SMG2533A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR152G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE4513A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Great Eastern General Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN LIANGZHENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ6706M
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

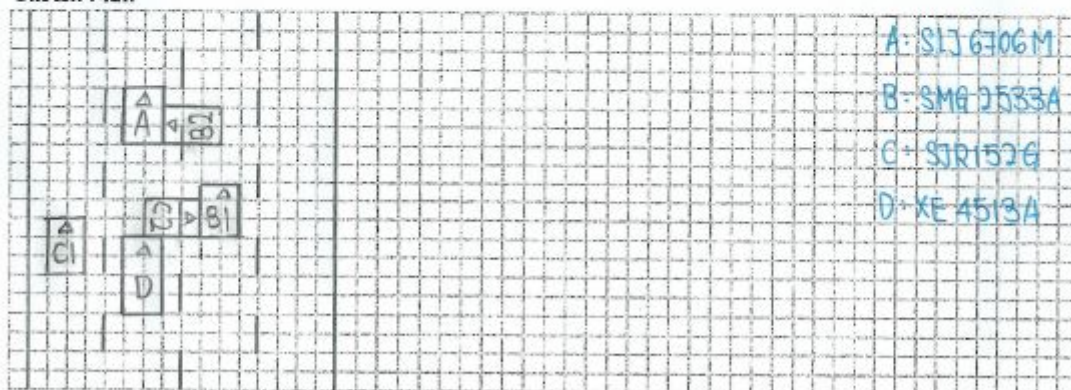
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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.

LIANG SHAN
Co Reg No: 53353004X

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 13.10.2021 at about 10:35 am. I was travelling along PIE towards Changi (Before Toh Guan). I was travelling straight. Suddenly, I felt an impact and I was involved in a 4 vehicles chain collision.

Declaration

I/We declare the foregoing particulars are true in every respect.

LIANG SHAN
Co Reg No: 53353004X

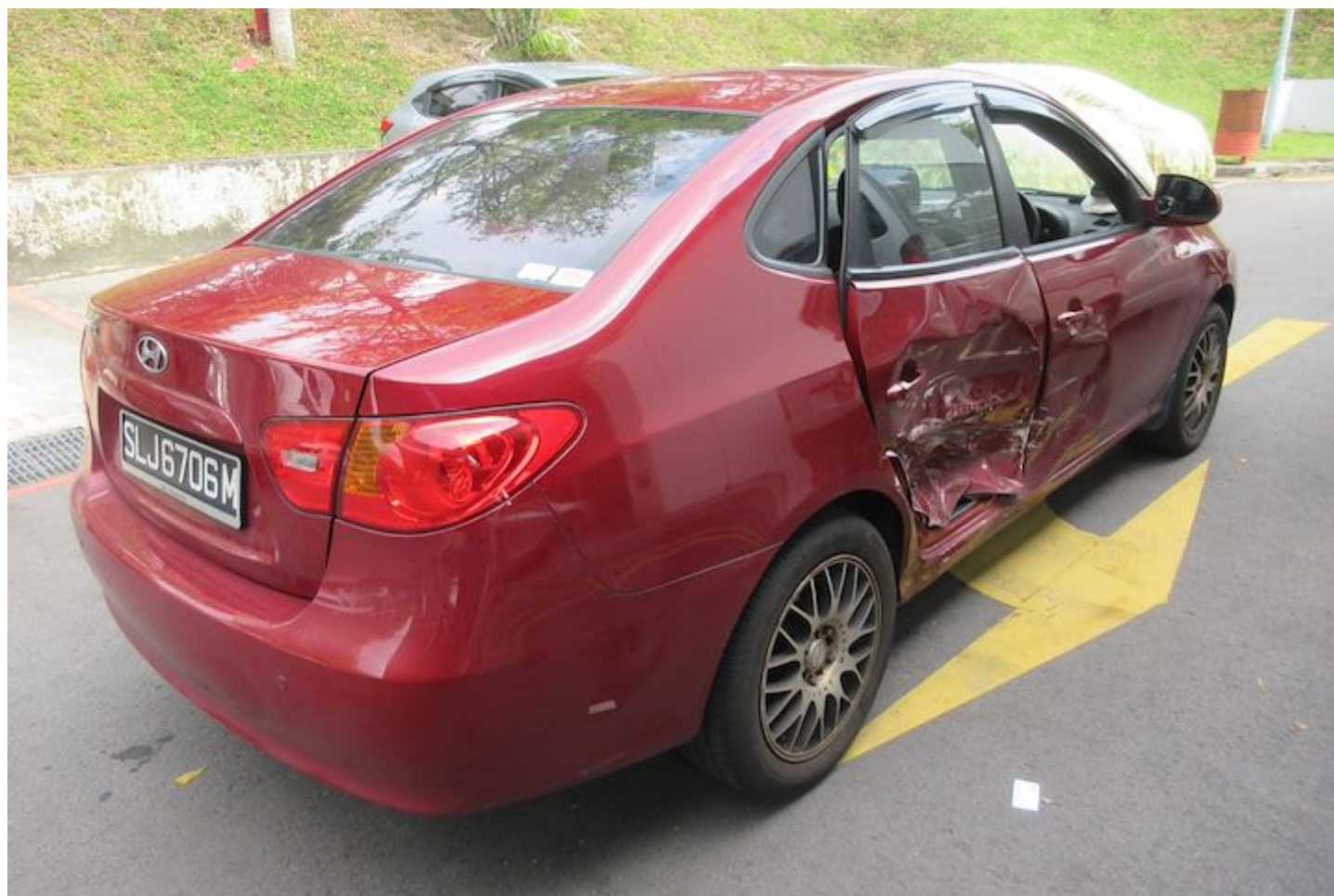
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







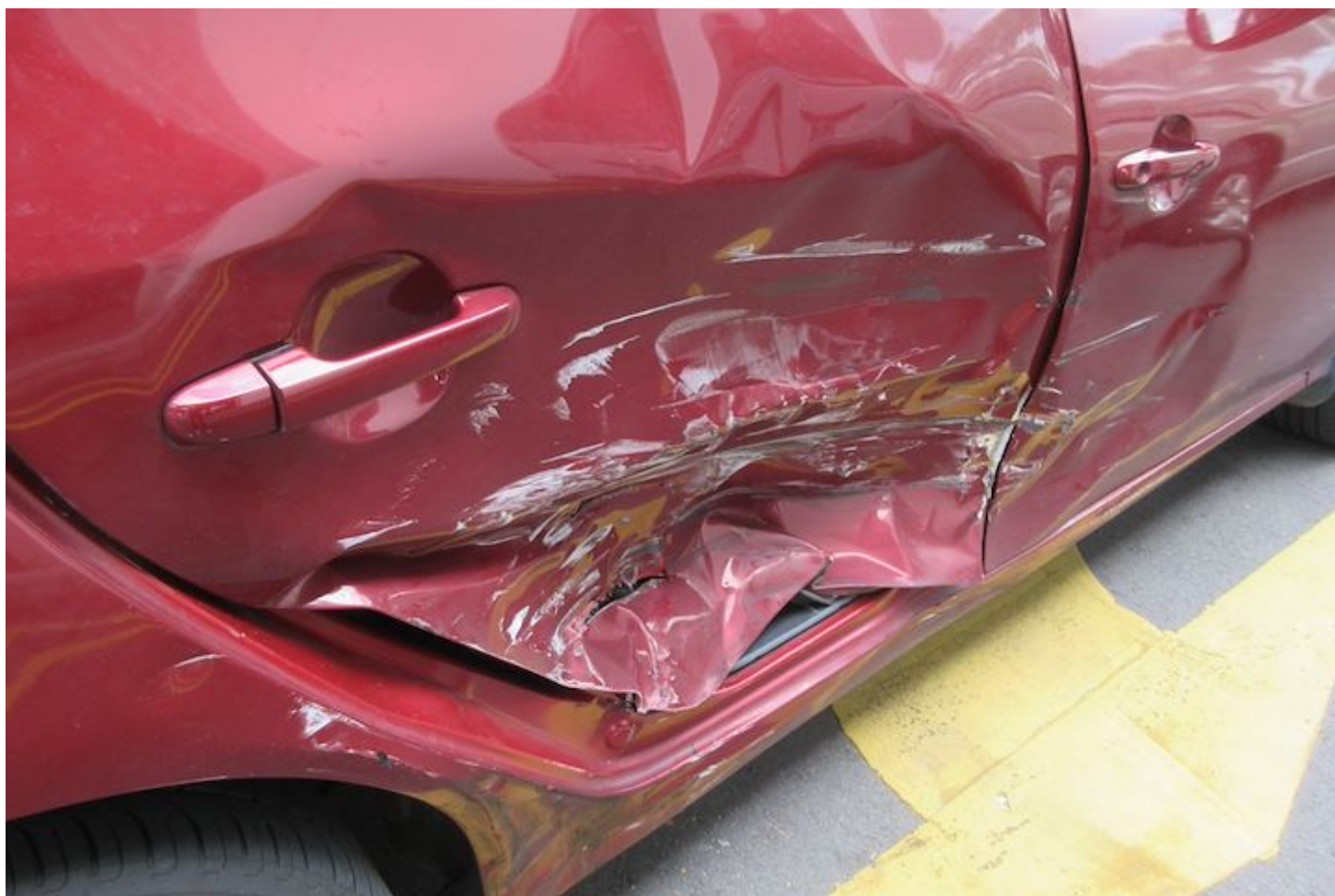




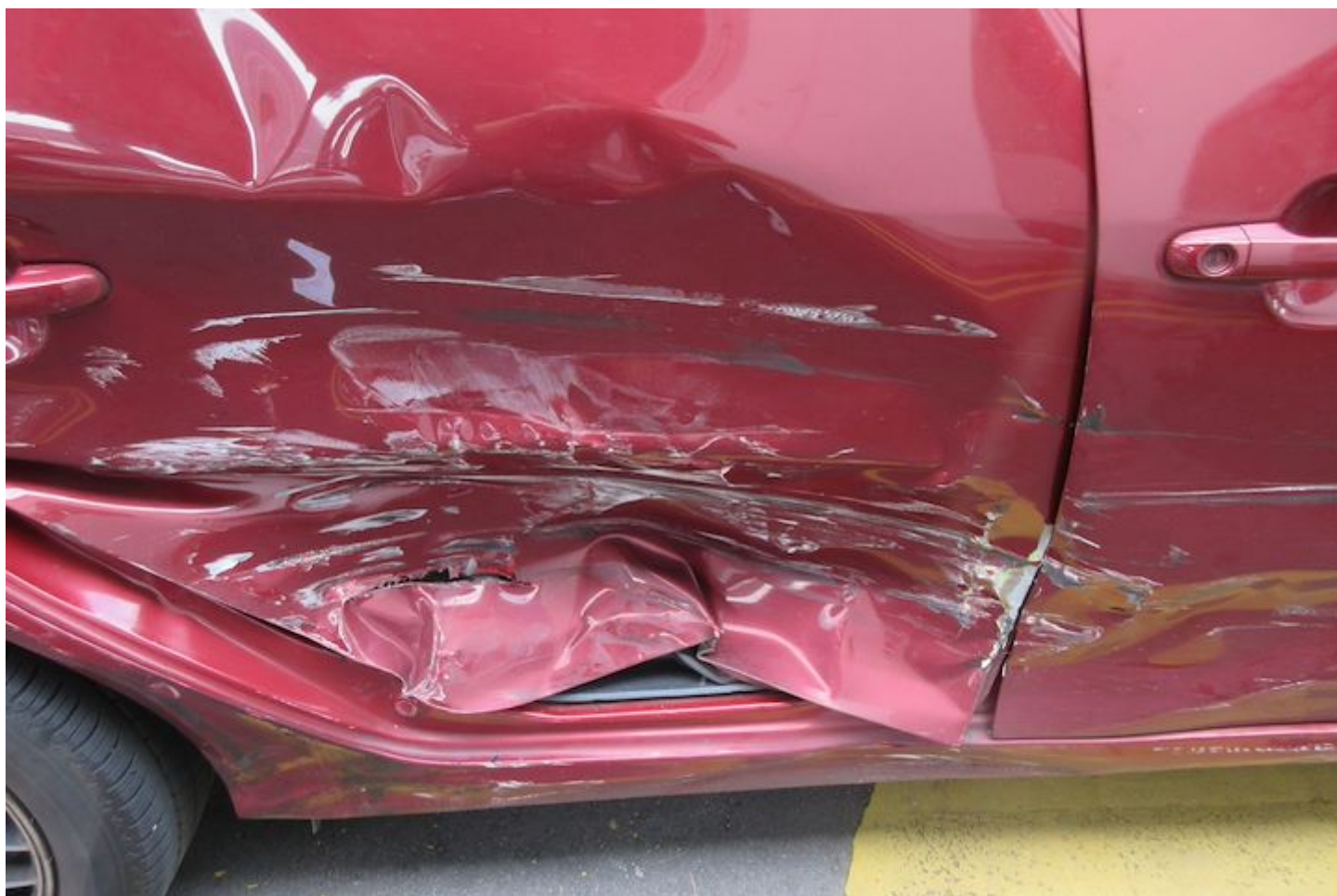


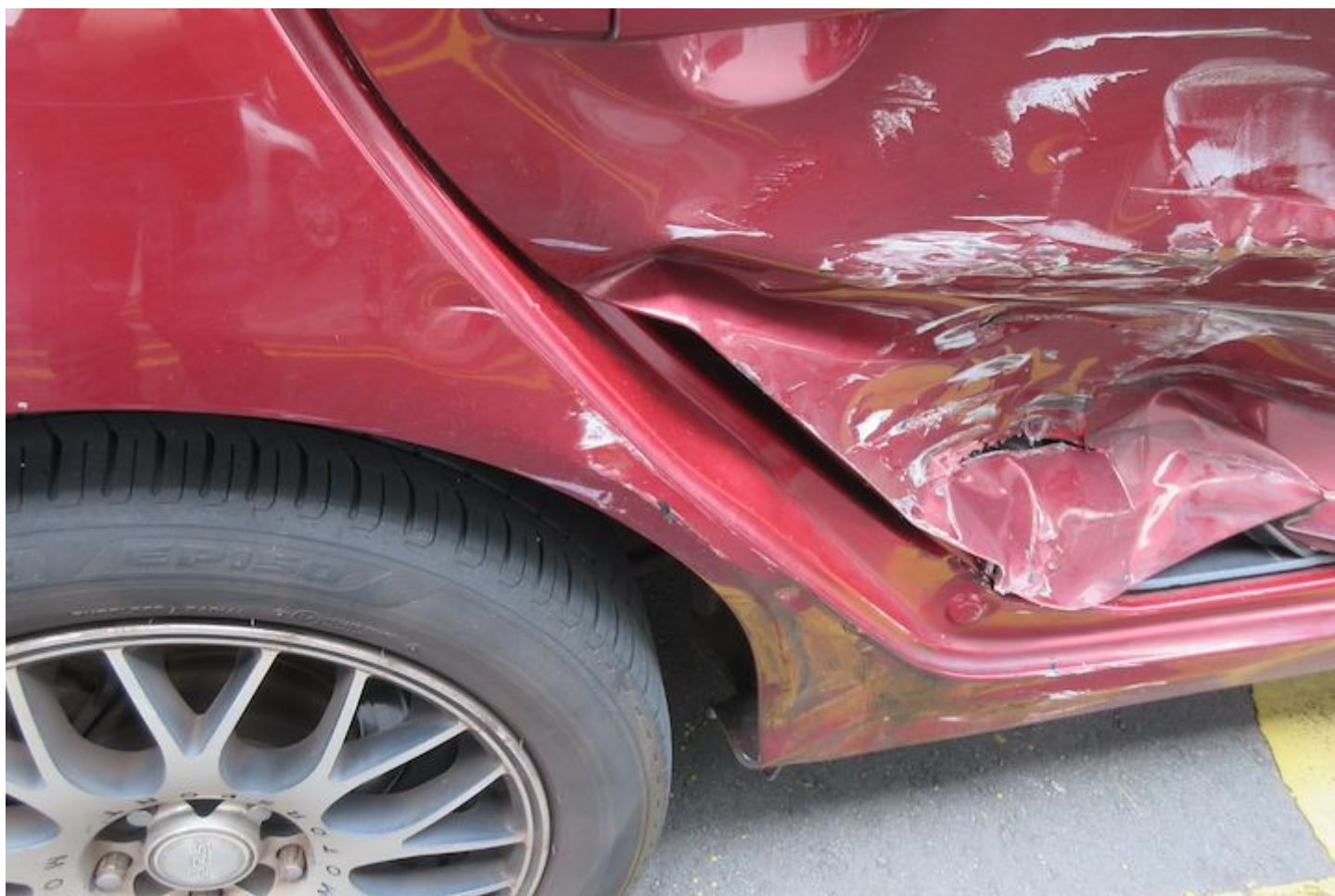










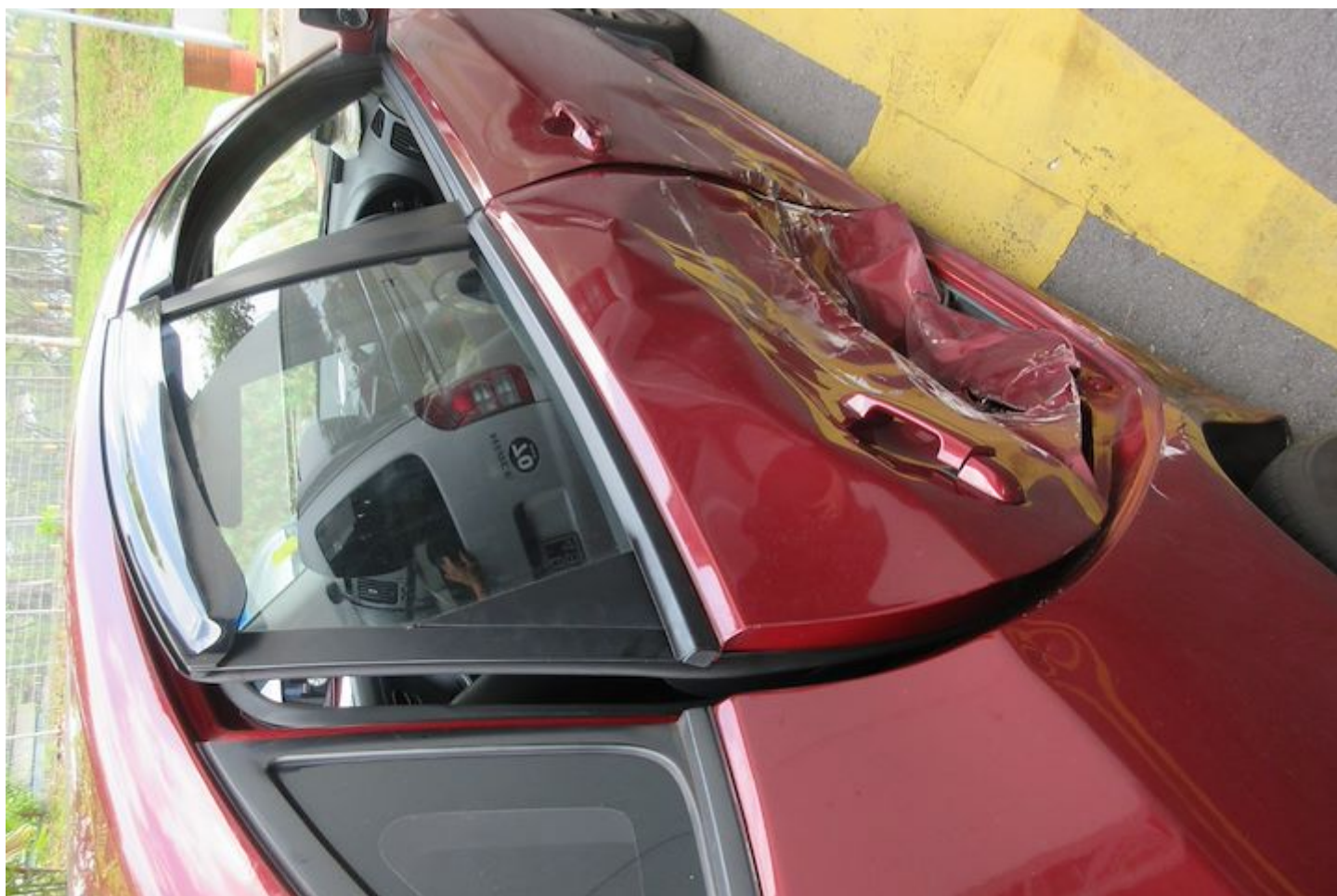
















Police Station Of Origin:



**SINGAPORE
POLICE FORCE**



T/20211014/7019

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

1 of 3
Report No. T/20211014/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2021 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN LIANGZHENG			Address: 9 WOODLANDS DRIVE 72 #14-19 SINGAPORE 738093		
ID Type / ID No.: NRIC NO / S7372146F			Contact No.: Home/Office: Mobile: 93865323		
Nationality: SINGAPORE CITIZEN			Email: LIANGSHAN1998@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 15/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry: 14/10/2021

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2021 10:36	Type of Location: Straight Road
Location: PIE TOWARDS CHANGI BEFORE TOH GUAN				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLJ6706M	Car	HYUNDAI	Avante	Red	Seriously Damaged	1
SMG2533A	Car	HONDA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211014/7019

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

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Report No. T/20211014/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ6706M	ntuc income	5096716554-03	28/12/2020	27/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LOH WANQI		ID No.	S9645875D
Related Vehicle	SLJ6706M (Car)		Contact No.	NIL
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
Driver				
Name	CHEN LIANGZHENG		ID No.	S7372146F
Related Vehicle	SLJ6706M (Car)		Contact No.	93865323
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 14/10/2021
Date	14/10/2021		Date	14/10/2021
No. of Days granted Medical Leave		07	Degree of	Serious

Brief Details.

On the abovementioned date, time and place, I was driving along PIE towards Changi to send my passenger (Loh Wanqi, HP:966849072) to Ngee Ann City when another car hit us on the right side of the rear end. It happened along PIE, before the Toh Guan Exit. The details of the car that hit my vehicle are as follows: SMG2533A Black Honda). As a result, I was injured. I would like to add that my passenger was not injured



**SINGAPORE
POLICE FORCE**

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



T/20211014/7019

3 of 3

Report No. T/20211014/7019

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 /
KAMALIAH BINTE KAMIS
Contact No.: 65476435

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

Date/Time:
14/10/2021 13:26

Classification Of Case:

This report is lodged at Marine Parade NPC Kiosk 1
NP168

Police Station Of Origin:



**SINGAPORE
POLICE FORCE**



T/20211014/7019

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

1 of 3
Report No. T/20211014/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2021 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN LIANGZHENG			Address: 9 WOODLANDS DRIVE 72 #14-19 SINGAPORE 738093		
ID Type / ID No.: NRIC NO / S7372146F			Contact No.: Home/Office: Mobile: 93865323		
Nationality: SINGAPORE CITIZEN			Email: LIANGSHAN1998@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 15/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry: 14/10/2021

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2021 10:36	Type of Location: Straight Road
Location: PIE TOWARDS CHANGI BEFORE TOH GUAN				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SLJ6706M	Car	HYUNDAI	Avante	Red	Seriously Damaged	1
SMG2533A	Car	HONDA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**


T/20211014/7031

1 of 3

Report No. T/20211014/7031

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2021 15:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN LIANGZHENG			Address: 9 WOODLANDS DRIVE 72 #14-19 SINGAPORE 738093		
ID Type / ID No.: NRIC NO / S7372146F			Contact No.: Home/Office: Mobile: 93865323		
Nationality: SINGAPORE CITIZEN			Email: LIANGSHAN1998@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 15/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 13/10/2021 10:35	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR152G	Car			Grey		0
SLJ6706M	Car					0
SMG2533A	Car	HONDA		Black	Seriously Damaged	0
XE4513A	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20211014/7031

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

2 of 3

Report No. T/20211014/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOH WANQI	ID No.	S9645875D
Related Vehicle	SLJ6706M (Car)	Contact No.	96684972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHEN LIANGZHENG	ID No.	S7372146F
Related Vehicle	SLJ6706M (Car)	Contact No.	93865323
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/10/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ADDITIONAL INFORMATION TO REPORT NUMBER T/20211014/7019

ON 13/10/2021 AT ABOUT 10:36AM, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI BEFORE TOH GUAN, MY VEHICLE NO SLJ6706M WAS HIT BY VEHICLE SMG2533A. I WAS PROVIDED A VIDEO FROM VEHICLE SMG2533A DRIVER. WE WERE INVOLVED IN A CHAIN COLLISION OF FOUR VEHICLES. OTHER TWO VEHICLES WERE: SJP152R AND XE4513A

I HAD A TADA PASSGNER MS LOH WANQI 96684972 IN MY VEHICLE.
I WAS ISSUED A 7 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20211014/7031

3 of 3

Report No. T/20211014/7031

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 /
KAMALIAH BINTE KAMIS
Contact No.: 65476435

NP168

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

Date/Time:
14/10/2021 15:59

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY0A21AE0002-01 Vehicle Registration No: SLJ6706M
 Name (as shown in NRIC): CHEN LIANGZHENG NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 9 WOODLANDS DRIVE 72 #14-19 Singapore ()
 Contact (Tel): _____ Mobile No.: 93865323
 Email Address: LIANGSHAN1998@GMAIL.COM
 Date of Accident: 13/10/2021 Time of Accident: 10:35
 Place of Accident: PIE TOWARDS CHANGI BEFORE TOH GUAN
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in latest police report.

 Policyholder / Driver's Signature
 Date:

MAC

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: