

# 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 ..... 15/10/2021 15:23 (SGT)  
Date of Accident ..... 14/10/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE(TUAS)B4 CTE/SLE EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV2173B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN HENG SIONG  
NRIC No ..... SXXXX087J  
Email Address ..... siewyen@toplinkpac.com  
Mobile Phone No ..... (Phone) +65-96377741  
Alternative Phone No ..... +65-96377741

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 2  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 300360221 QMY  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SIEW YEN  
NRIC No ..... SXXXX647A

Date Of Birth .....	12/10/1962
Occupation .....	Indoor
Date Of Driving Pass .....	22/10/1984
Driving experience .....	37 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96678778
Alt. Phone Number .....	-
Email Address .....	siewyen@toplinkpac.com
Address .....	243 WOLSKEL ROAD
Address complement .....	-
Postcode .....	358028
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JRS7114
Vehicle Category .....	Commercial vehicle

#### PASSENGER 1

Name .....	CHAN SIEW WEI
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 PO REPORT :T/20211014/7022

#### 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 .....	SLR3387C
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 .....	JRS7114
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 .....	NG SIEW YEN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMV2173B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHAN SIEW WEI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMV2173B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





**Describe Circumstances of the Accident**

Please refer to police report T/20211014/7022

**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

 15/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211014/7022

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

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Report No. T/20211014/7022

**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	CHAN SIEW WEI	ID No.	S1454641C
Related Vehicle	SMV2173B (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
<b>Driver</b>			
Name	NG SIEW YEN	ID No.	S1533647A
Related Vehicle	SMV2173B (Car)	Contact No.	96678778
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	Serious

**Brief Details.**

I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE CTE / SLE EXIT ON LANE 4 (EXTREME LEFT LANE) ON 14.10.2021 1230PM. FRONT VEHICLE (JRS7114) SLOWED DOWN TO STOPPED. THEN I FOLLOW SUIT (STATIONARY). BEHIND VEHICLE (SLR3387C) COULD NOT STOP IN TIME AND COLLIDED ONTO MY VEHICLE REAR PORTION. DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO COLLIDED ONTO FRONT VEHICLE (JRS7114). WHEN WE CAME DOWN AND REALISED IS 3 CARS CHAIN COLLISION. WE EXCHANGE PARTICULARS AND LEFT THE SCENE. I AND MY HUSBAND NAME CHAN SIEW WEI IC NO S1454641C FELT NECK AND BACK PAIN MIGHT CONSULT DOCTOR LATER.





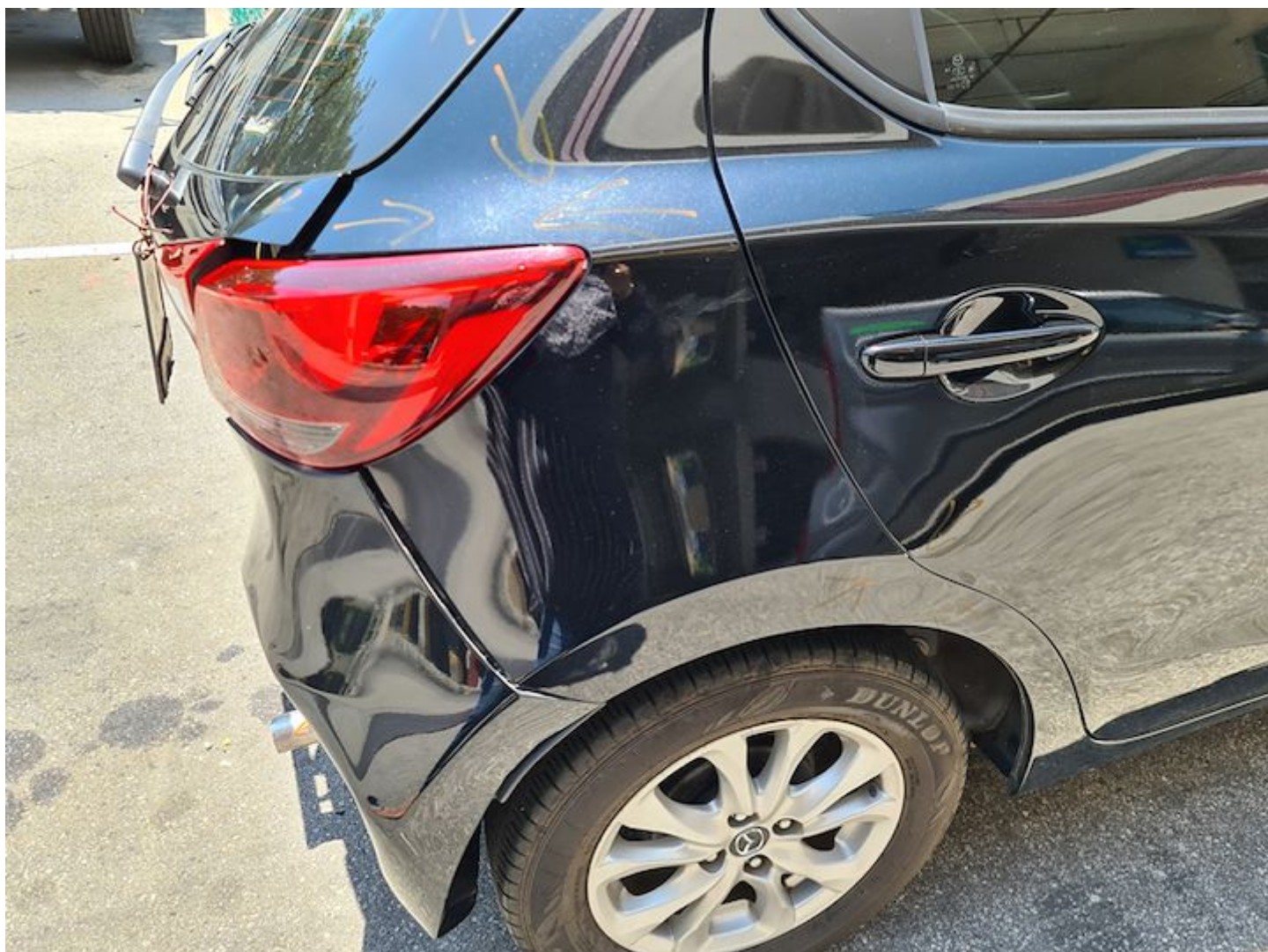














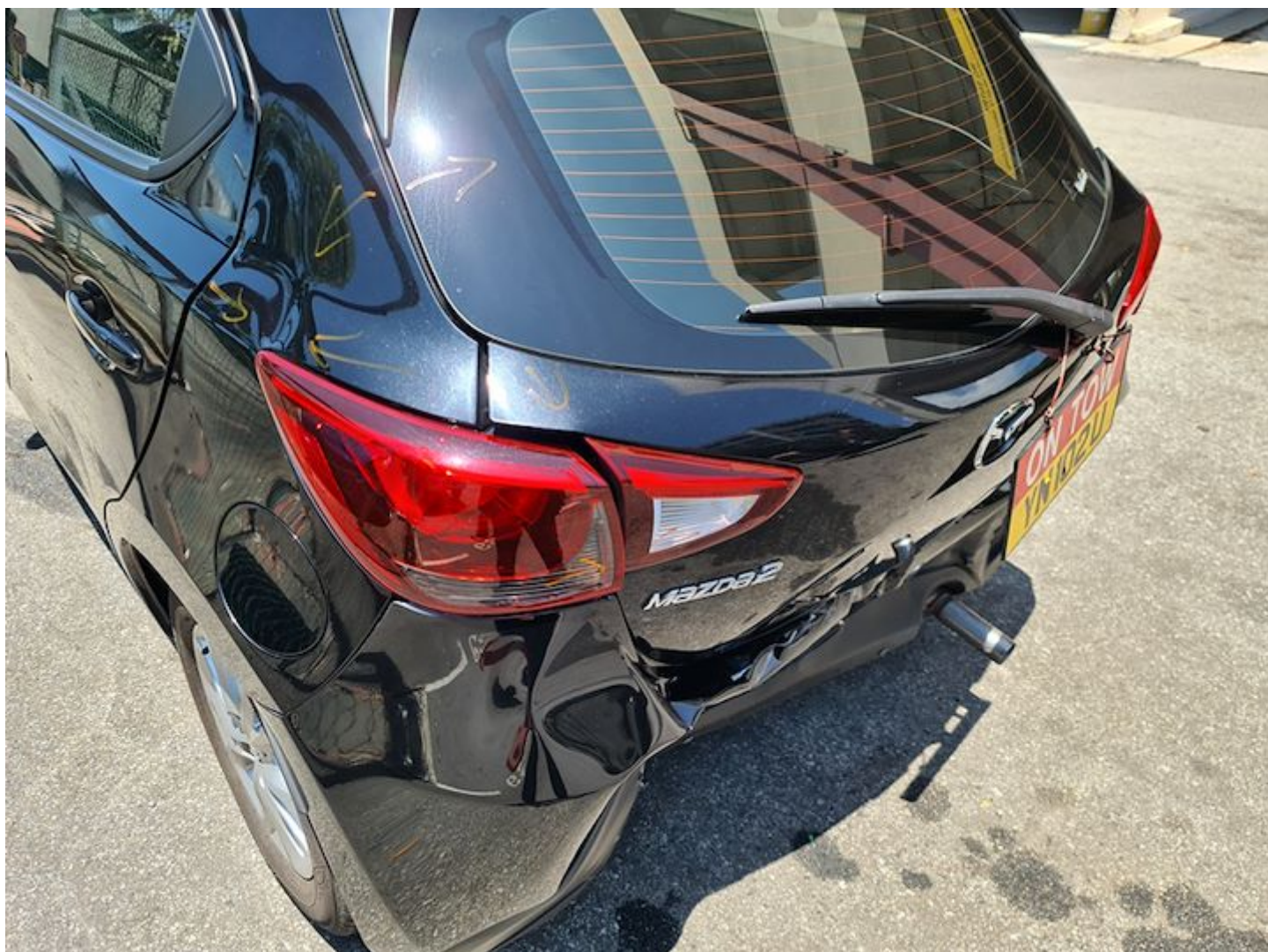






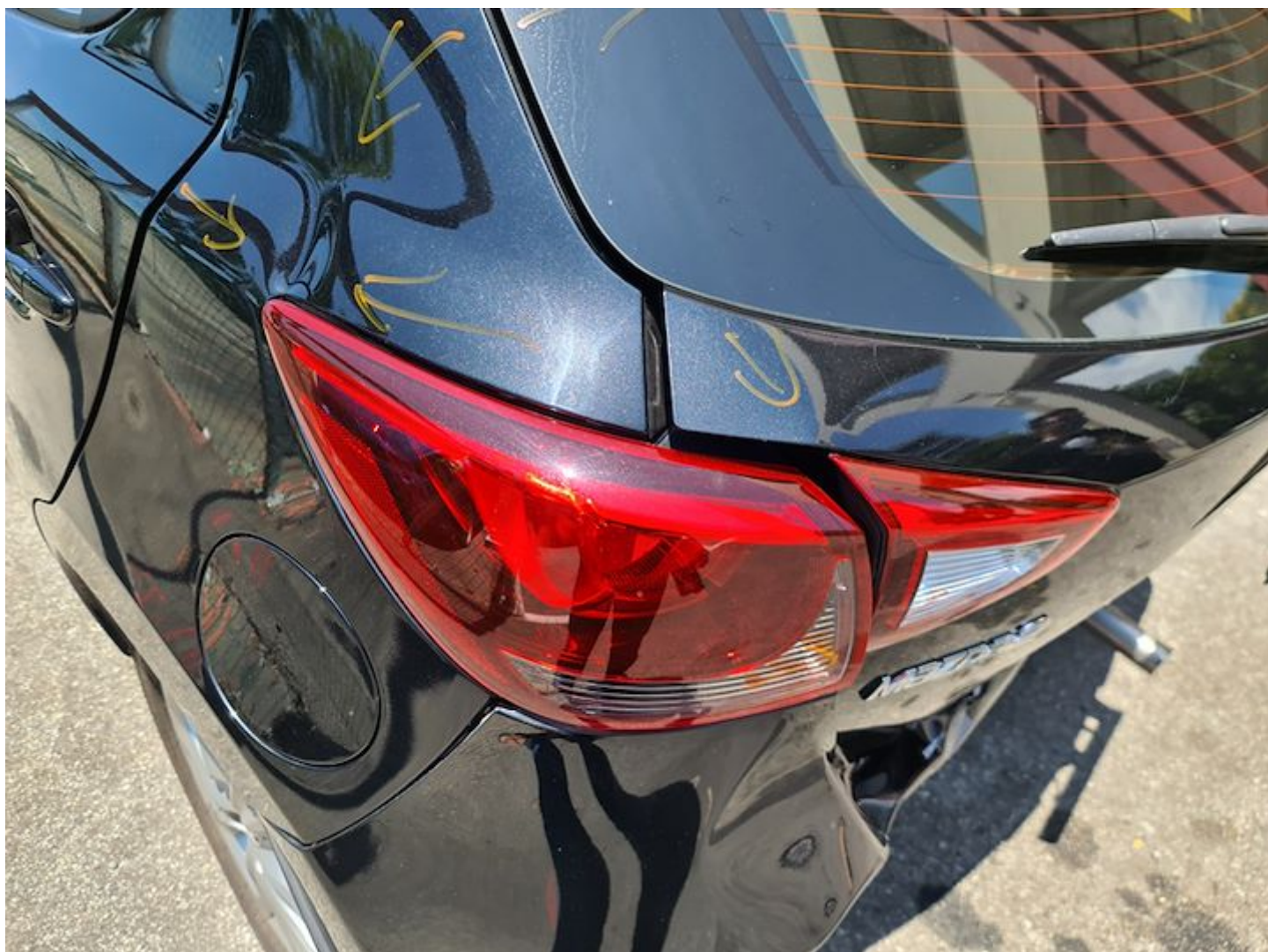




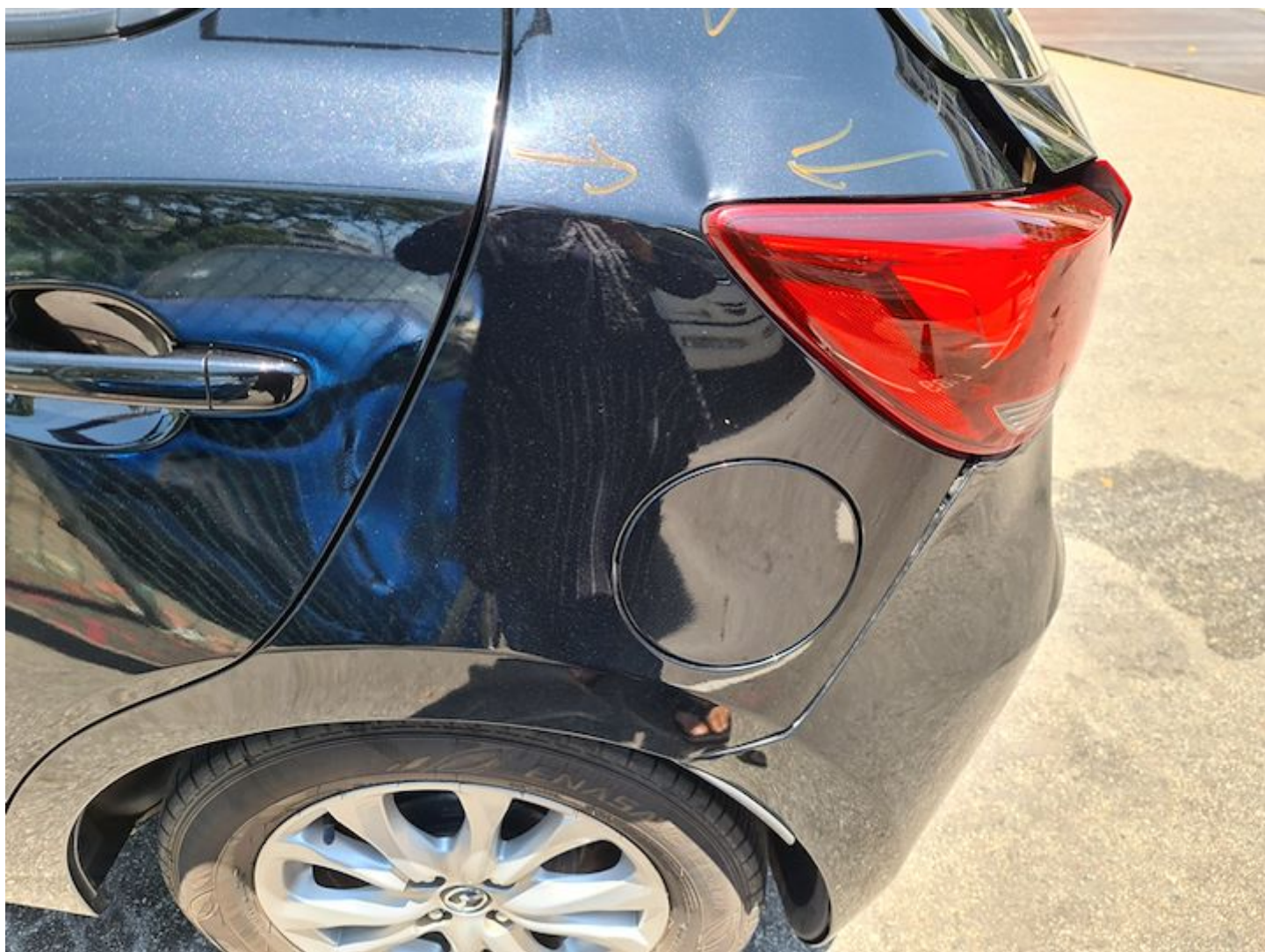


















































**SINGAPORE  
POLICE FORCE**



T/20211014/7022

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

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Report No. T/20211014/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2021 14:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG SIEW YEN		Address: 243 WOLSKEL ROAD SINGAPORE 358028	
ID Type / ID No.: NRIC NO / S1533647A		Contact No.: Home/Office: Mobile: 96678778	
Nationality: SINGAPORE CITIZEN		Email: siewyen@toplinkpac.com	
Sex: Female	Age: 59	Date of Birth: 12/10/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Director (stage, film, television and radio)		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/10/2021 12:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
JRS7114	Lorry	ISUZU				0
SLR3387C	Car	HYUNDAI			Seriously Damaged	0
SMV2173B	Car					0





**SINGAPORE  
POLICE FORCE**



T/20211014/7022

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

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Report No. T/20211014/7022

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	CHAN SIEW WEI	ID No.	S1454641C
Related Vehicle	SMV2173B (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
<b>Driver</b>			
Name	NG SIEW YEN	ID No.	S1533647A
Related Vehicle	SMV2173B (Car)	Contact No.	96678778
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	Serious

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**SINGAPORE  
POLICE FORCE**



T/20211014/7022

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Report No. T/20211014/7022

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

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

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 14:05

Classification Of Case: