

# 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 .....	20/10/2021 14:17 (SGT)
Date of Accident .....	19/10/2021 11:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIONEER RD TWDS PIONEER CIRCUS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE293X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TAYLOR SUPPLY
Company Reg No .....	5XXXX191W
Email Address .....	phbms@yahoo.com
Mobile Phone No .....	(Phone) +65-98346812
Alternative Phone No .....	+65-98346812

### VEHICLE PARTICULARS

Manufacturer .....	Fiat
Model .....	Doblo
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00090972101
Cover Note Number .....	-

### DRIVER

Name of Driver .....	QUEK CHIEW HONG
NRIC No .....	SXXXX669F

Date Of Birth .....	21/10/1958
Occupation .....	Outdoor
Date Of Driving Pass .....	14/05/1982
Driving experience .....	39 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98346812
Alt. Phone Number .....	-
Email Address .....	phbms@yahoo.com
Address .....	BLK 805 YISHUN RING ROAD
Address complement .....	#11-4275
Postcode .....	760805
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 .....	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 .....	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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 POICE REPORT:T/20211020/7003

#### 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 .....	SMJ442B
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 .....	YP2080A
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 .....	QUEK CHIEW HONG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBE293X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

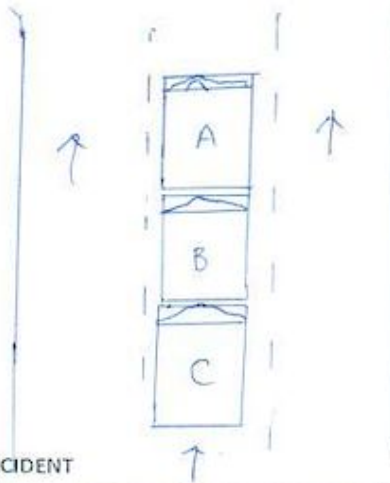
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

PIONEER RD TWAS PIONEER CIRCUS

Vehicle A: GBE293X  
Vehicle B: SMJ442B  
Vehicle C: YP2080A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2021/020/7003

DECLARATION

I/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:

 20/10/21  
Reporting Centre Personnel's Signature  
Name:  
NRIL/IN No.:



**SINGAPORE  
POLICE FORCE**



T/20211020/7003

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

Report No. T/20211020/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE293X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW00090972101	18/08/2021	17/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK CHIEW HONG	ID No.	S1302669F
Related Vehicle	GBE293X (Van)	Contact No.	98346812
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/10/2021	Date	20/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 19/10/2021@11:40am I was driving along Pioneer road toward pioneer circus, I drive slowly following the traffic toward Pioneer Circle out of sudden a vehicle (SMJ442B) hit on my rear part of my vehicle(GBE293X). When I came out my van and realized it was a 3 vehicle collision













SSIS NO: ZFA

LADEN WT:

MAX LADEN WT:

PASSENGER CAP: 1 DRIVER  OTHERS

TYPE SIZE: (F)

(R)

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**SINGAPORE  
POLICE FORCE**



T/20211020/7003

1 of 3

Report No. T/20211020/7003

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/10/2021 12:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: QUEK CHIEW HONG			Address: 805 YISHUN RING ROAD #11-4275 SINGAPORE 760805		
ID Type / ID No.: NRIC NO / S1302669F			Contact No.: Home/Office: Mobile: 98346812		
Nationality: SINGAPORE CITIZEN			Email: taylor68@singnet.com.sg		
Sex: Female	Age: 62	Date of Birth: 21/10/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			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: 19/10/2021 11:40	Type of Location: Straight Road
Location:  PIONEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 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
GBE293X	Van	FIAT	DOBLO	Silver	Seriously Damaged	0
SMJ442B	Car					0
YP2080A	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20211020/7003

2 of 3

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

Report No. T/20211020/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE293X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW00090972101	18/08/2021	17/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK CHIEW HONG	ID No.	S1302669F
Related Vehicle	GBE293X (Van)	Contact No.	98346812
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/10/2021	Date	20/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 19/10/2021@11:40am I was driving along Pioneer road toward pioneer circus, I drive slowly following the traffic toward Pioneer Circle out of sudden a vehicle (SMJ442B) hit on my rear part of my vehicle(GBE293X). When I came out my van and realized it was a 3 vehicle collision



**SINGAPORE  
POLICE FORCE**



T/20211020/7003

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Report No. T/20211020/7003

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

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

Date/Time:  
20/10/2021 12:15

Classification Of Case:

NP168



Serve all with Love

# Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No. M21000073179

This is to certify that QUEK CHIEW HONG, S1302669F, is granted Outpatient Sick Leave for 3 day(s) from 20-Oct-2021 to 22-Oct-2021.

Remark :

In accordance with the Infectious Disease Act (Chapter 137) under Regulation 2020, patient diagnosed with Acute Respiratory Infection must not leave their place of accommodation within the duration of the medical certificate other than to seek medical attention.

If a swab test is done, patients can leave their place of accommodation once they receive a confirmatory negative result. A negative result on an Antigen Rapid Test (ART) does NOT allow you to leave your place of accommodation. Only the notification of a negative result of a PCR test will do so.

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ang Dun Yong  
MCR : 60884F

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

20/10/2021

Date



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REG NO: M4-0003321-8

Patient Name : QUEK CHIEW HONG  
ID No. : S1302669F  
Account No. : 0210726174

Receipt No. : 210110419  
Date : 20/10/2021  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.20
DICLOFENAC TAB 50MG	10	EA	3.60
OMEPRazole 20MG CAP	7	EA	7.49
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			80.29
GST @ 7%			5.62
			85.91
Rounding Adjustments			-0.01
Paid:			
CASH BY QUEK CHIEW HONG			85.90
Mode of Payment : CASH			
Reference No. :			

This is a computer generated official receipt, no signature is required.