

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 25/10/2021 17:48 (SGT)
Date of Accident 24/10/2021 13:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE/PIE towards Changi
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDW2908A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Jessie Ang Bee Geok
NRIC No S1620505B
Email Address llewynhozhanhui@gmail.com
Mobile Phone No (Phone) +65-96851482
Alternative Phone No (Home) +65-96851482

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00032582101
Cover Note Number -

DRIVER

Name of Driver Llewyn Ho Zhan Hui
NRIC No S9135100E

Date Of Birth	24/09/1991
Occupation	Indoor
Date Of Driving Pass	09/10/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-96851482
Alt. Phone Number	-
Email Address	llewynhozhanhui@gmail.com
Address	Blk 394 Bukit Baotk West Ave 5 #02-458
Address complement	-
Postcode	650394
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
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	Jacquelyn Tan
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SLF2132R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96749360
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	unknown
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

Please refer to police report no. T/20211034/2050.

Additional information as follow :

On 24/10/2021 at about 13:00 hrs, I was driving my car (SDW 2908A) along the Central Expressway on lane 4 / Pan Island Expressway (towards Changi) and was exiting at Upper Serangoon Road.



Vehicle A : SDW 2908A

Vehicle B : SLF 2132 R

Vehicle C : Unknown

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

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.
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. 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 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' law firms/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")

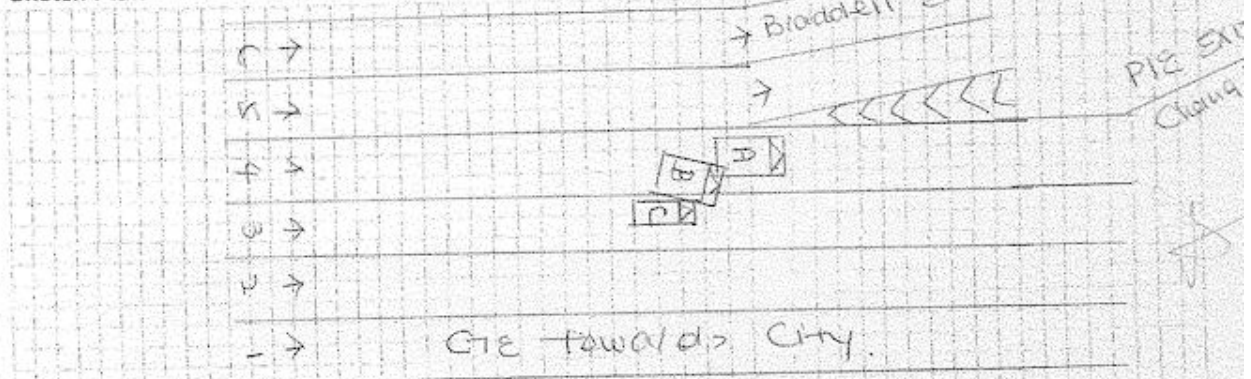
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law firms/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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A : SDW 908A

Vehicle B : SLF 0130R

Vehicle C : Unknown

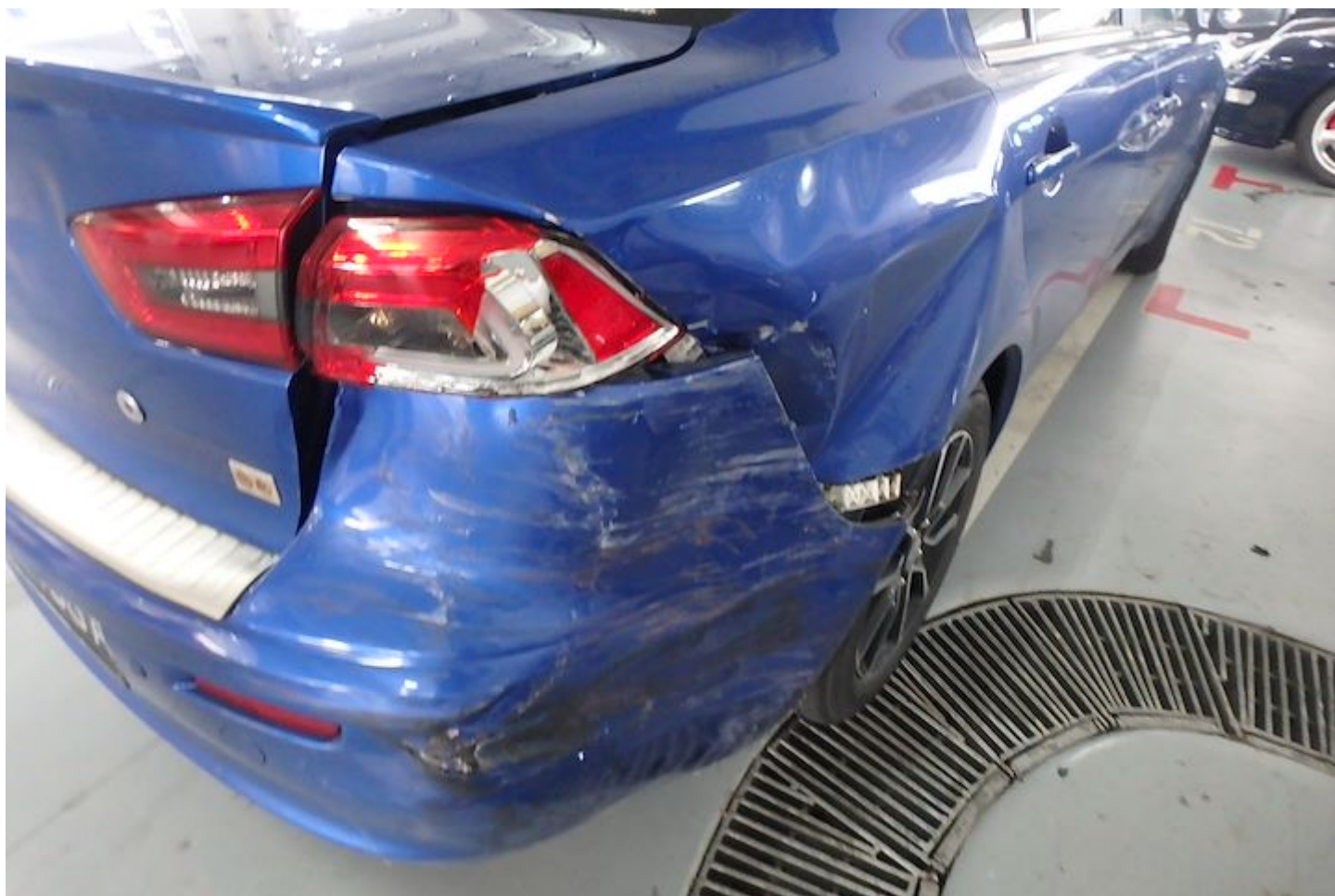


















**SINGAPORE
POLICE FORCE**



T/20211024/2050

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

4 of 4

Report No. T/20211024/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

J/

Staff Sgt MUSHAWWIR BIN
ADRUS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/10/2021 15:54

Officer In Charge Of Case:

TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

Authentication Stamp
NP168




**SINGAPORE
POLICE FORCE**


T/20211024/2050

1 of 4

Report No. T/20211024/2050

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2021 15:54	Vide Report No.:	Station Diary No.: 27
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LLEWYN HO ZHAN HUI	Address: APT BLK 394 BUKIT BATOK WEST AVENUE 5 #02-458 SINGAPORE 650394		
ID Type / ID No.: NRIC NO / S9135100E	Contact No.:	Mobile: 96851482	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: llewynhozhanhui@gmail.com	
Sex: Male	Age: 30	Date of Birth: 24/09/1991	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Accountant	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2021 13:00	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDW2908A	Car				Slightly Damaged	1
SLF2132R	Car				Slightly Damaged	4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211024/2050

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 4

Report No. T/20211024/2050

CONTINUATION OF REPORT

Passenger:			
Name	JACQUELYN TAN	ID No.	S9330290G
Related Vehicle	SDW2908A (Car)	Contact No.	93661491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	LLEWYN HO ZHAN HUI	ID No.	S9135100E
Related Vehicle	SDW2908A (Car)	Contact No.	96851482
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	ALACANTARA RICHARD VILLALON	ID No.	S7885682C
Related Vehicle	SLF2132R (Car)	Contact No.	96749360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/10/2021 at about 1300hrs, I was driving my car (SDW2908A) along the Pan Island Expressway (towards Changi) and was exiting at Upper Serangoon Road. My girlfriend was the passenger on board, seated at the front passenger seat.

While going through the exit, a car ahead of me had jammed its brakes. To prevent collision, I jammed the brakes to my car as well, coming to a complete stop. However, an impact was felt from the rear about 2-3 seconds after braking. Shortly after the impact, I saw the car which collided into mine, swerving to its right and colliding into a motorcycle after which, I alighted and rendered assistance to the rider before calling for ambulance. The rider was conscious throughout. I later found out that another car had collided into the motorcycle as well, while the motorcycle was swerving to its right.



**SINGAPORE
POLICE FORCE**



T/20211024/2050

3 of 4

Report No. T/20211024/2050

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

I checked on my car and saw damages such as scratches and dents on the rear right portion of it. Both myself and my girlfriend are not injured. Ambulance and Traffic Police soon arrived at the accident scene. The memory card of my in-car camera was handed over to the Traffic Police officers. After exchanging particulars with the driver of the car that collided into mine, I left.



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: SS0221AP 0N9 Vehicle Registration No: SDW 2908A
 Name (as shown in NRIC): Llewyn Ho Zhan Hui NRIC/FIN/Passport No: S9135100E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96851482
 Email Address: _____
 Date of Accident: 24/10/21 Time of Accident: 1300hrs
 Place of Accident: CTE/PIE towards Changi
 Insurance Company: Chua

(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:

1.) Chain Collision : 3 vehicles.
 2.) 3rd Vehicle : unknown motorbike.
 3.) injury TP (3rd Vehicle).

[Signature]
 Policyholder / Driver's Signature
 Date: 26/10/21

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 26/10/21