

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 02/11/2021 18:17 (SGT)
Date of Accident 02/11/2021 08:30 (SGT)
Exact Location of Accident Punggol Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ2755L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA MENG LIANG
NRIC No SXXXX816F
Email Address kellychuaqr@gmail.com
Mobile Phone No (Phone) +65-98333989
Alternative Phone No +65-98333989

VEHICLE PARTICULARS

Manufacturer Honda
Model Odyssey
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 2400

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MT108500-R02
Cover Note Number -

DRIVER

Name of Driver CHUA QIU RUI
NRIC No SXXXX553F

Date Of Birth	20/09/1989
Occupation	Indoor
Date Of Driving Pass	24/11/2008
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-96963989
Alt. Phone Number	-
Email Address	kellychuaqr@gmail.com
Address	BLK 235 TAMPINES ST 21
Address complement	#08-515
Postcode	521235
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN MUI HIANG
Gender	Female

PASSENGER 2

Name	LIM BINGCHEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211102/2059

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	OVERWRITE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV255H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHARLIE LOW
NRIC No	SXXXX014I
Contact Number	(Phone) +65-87773328
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	TAN MUI HIANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJZ2755L
Were seat belts worn?	-
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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 yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

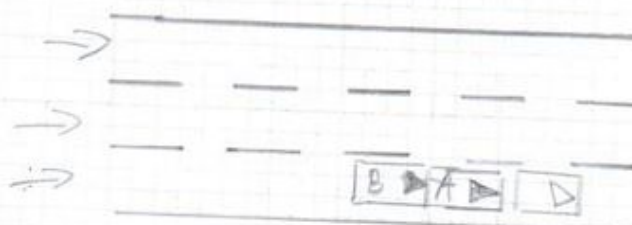
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PUNGGOL ROAD



A - 5J22755L

B - 5GK255H

Describe Circumstances of the Accident

Pls refer to the police report. 2/2021/1102/2059

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

[Signature] 2/11/2021

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

[Signature] 02/11/21

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211102/2059

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211102/2059

CONTINUATION OF REPORT

Passenger			
Name	TAN MUI HIANG	ID No.	S1207158B
Related Vehicle	SJZ2755L (Car)	Contact No.	NIL
Hospital/Clinic	TEMASEK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA QIU RUI	ID No.	S8932553F
Related Vehicle	SJZ2755L (Car)	Contact No.	96963989
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
Passenger			
Name	LIM BINGCHEN	ID No.	S8735036C
Related Vehicle	SJZ2755L (Car)	Contact No.	NIL
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 02/11/2021 at about 0830hrs, I was driving my vehicle SJZ2755L along TPE(towards CTE) slip road after Punggol Road with 2 passengers. As my vehicle was entering the expressway, one vehicle bearing SGV255H collided into the rear of my vehicle. We exchanged particulars and left the location.

My mother who is one of my passenger sitting at the back went to see the doctor as she felt discomfort due to the impact. She received 3 days of Mc from 02/11/2021 to 04/11/2021.

I have a rear in car camera but it did not captured the incident. That is all.









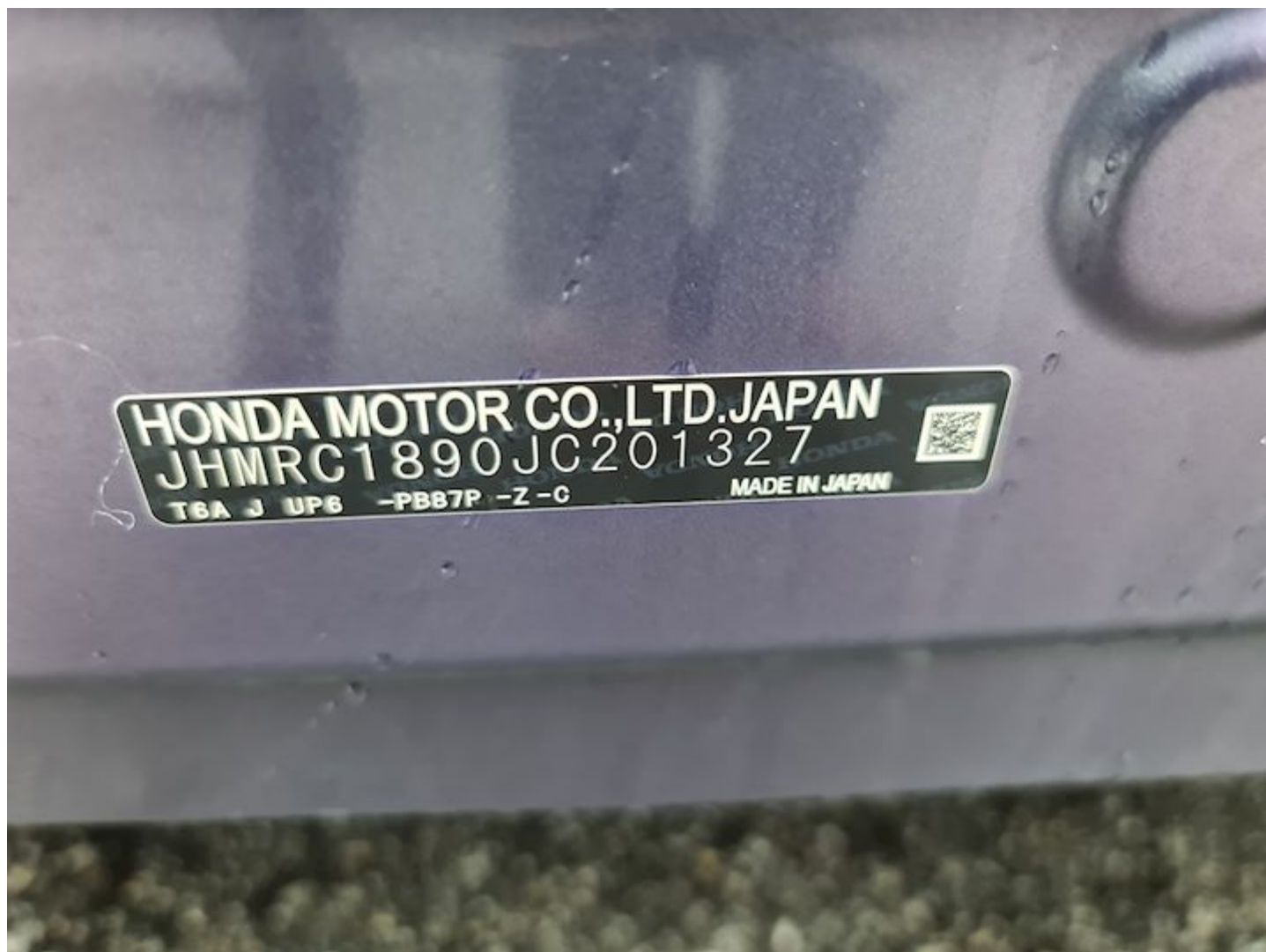
















SINGAPORE POLICE FORCE

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20211102/2059

1 of 4

Report No. T/20211102/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2021 15:28	Vide Report No.:	Station Diary No.: 74
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA QIU RUI			Address: APT BLK 235 TAMPINES STREET 21 #08-515 SINGAPORE 521235		
ID Type / ID No.: NRIC NO / S8932553F			Contact No.: Home/Office: Mobile: 96963989		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 20/09/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADMIN 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: 02/11/2021 08:30	Type of Location:
Location: PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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	Condition	No of Passenger
SGV255H	Car					0
SJZ2755L	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211102/2059

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211102/2059

CONTINUATION OF REPORT

Passenger			
Name	TAN MUI HIANG	ID No.	S1207158B
Related Vehicle	SJZ2755L (Car)	Contact No.	NIL
Hospital/Clinic	TEMASEK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA QIU RUI	ID No.	S8932553F
Related Vehicle	SJZ2755L (Car)	Contact No.	96963989
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
Passenger			
Name	LIM BINGCHEN	ID No.	S8735036C
Related Vehicle	SJZ2755L (Car)	Contact No.	NIL
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 02/11/2021 at about 0830hrs, I was driving my vehicle SJZ2755L along TPE(towards CTE) slip road after Punggol Road with 2 passengers. As my vehicle was entering the expressway, one vehicle bearing SGV255H collided into the rear of my vehicle. We exchanged particulars and left the location.

My mother who is one of my passenger sitting at the back went to see the doctor as she felt discomfort due to the impact. She received 3 days of Mc from 02/11/2021 to 04/11/2021.

I have a rear in car camera but it did not captured the incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20211102/2059

3 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211102/2059

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20211102/2059

4 of 4

Report No. T/20211102/2059

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

G /
Sgt 3 SIM FAWWAZ BIN SIM
HASHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/11/2021 15:28

Classification Of Case: