# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 27/10/2021 19:33 (SGT) Date of Accident 27/10/2021 08:25 (SGT) Exact Location of Accident Singapore Additional Location Information **DUNEARN ROAD** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Volkswagen

Vehicle Registration Number **SBI 30B** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUNG CHIN LIAN** NRIC No. SXXXX550H Email Address DIANECHEE@GMAIL.COM Mobile Phone No (Phone) +65-96492144 Alternative Phone No +65-96492144

VEHICLE PARTICULARS

Manufacturer

Model Golf Variant GOLF 1.4 TSI R-LINE AT SR 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 1395

**INSURANCE COMPANY** 

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 8-V0023037-MVA-R002 Cover Note Number

DRIVER

Name of Driver DIANE CHEE SUI-YEN NRIC No. SXXXX546J

Date Of Birth	13/03/1974
Occupation	Indoor
Date Of Driving Pass	15/08/1996
Driving experience	25 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	(Phone) +65-96492144
Email Address	- DIANEOUEE COMAIL COM
Address	DIANECHEE@GMAIL.COM
Address complement	BLK 39 MOUNT SINAI RISE
Postcode	#17-02
Is the driver the policyholder?	276957
If No, Relationship of the Driver with the Insured	No Parent
Does Driver Own Other Vehicles?	Parent
Vehicle Registration Number of Other Vehicle Owned by Driver	No
venicle registration realises of other venicle owned by briver	_
Insurance Company of Other Vehicle Owned by Driver	_
OFNEDAL INFORMATION OF THE ACCURENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet
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)	1
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
DETAILS OF FOLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE SKETCH PLAN	
ATTACHMENT(S)	
ATTACHIVILINI(3)	
And a considerate relative and include for the constant of the	
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBE2838L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vohiolo Colour	

Commercial vehicle

Address complement	
Accident report	SM0M21AR000A

Vehicle Colour Vehicle Category

Name of Driver
Contact Number
Address

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  Gender	DIANE CHEE SUI-YEN Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBL30B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, acknow ledge, 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.

(collectively the "Purposes")

- (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.

Bhe

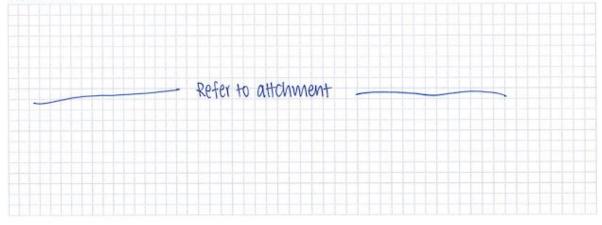
Policyholder's Signature / Date & Time

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

27.10.21.

Witnessed by Reporting Centre Personnel

#### Sketch Plan



#### Describe Circumstances of the Accident

LICENSE PLAT	E:			ACCIDENT DATE & TIME:	
CONTACT NUM	-3-2-3-2-2			E-MAIL ADDRESS:	
LOCATION:					
Refer to	Police	report	T/20211027/70	)14.	
10 × 340×0	19-17-1		- 1970 - 187 - 187 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 -		
			1,000		
	NOTE: PLE	EASE NOTE	THAT YOUR INSURER I	MAY HAVE 14 DAYS TIME FRAME FOR YOU	TO SUBMIT AN
O	VN DAMAG	E CLAIM U	NDER YOUR OWN POLI	CY. PLEASE CHECK YOUR POLICY FOR MC	RE INFORMATION.
Please state:			/		
( ) CI	aim Own Po	olicy	Claim Third Party	( ) Claim OD/TP at other workshop	( ) Reporting Only

#### Declaration

IWe 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

The 27.10,21

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20211027/7014

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2021 14:21			Vide Report No.:	Station Diary No.:		
Informan	t's Partice	ulars				
Name of Informant: DIANE CHEE SUI-YEN			Address: 39 MOUNT SINAI RISE #17-02 SINGAPORE 276957			
ID Type / ID No.: NRIC NO / S7407546J			Contact No.: Home/Office:	Mobile: 96492144		
Nationality: SINGAPORE CITIZEN		Email: dianechee@gmail.com				
Sex: Age: Date of Birth: Female 47 13/03/1974		Type of Informant: Driver				
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Curator (art gallery and museum)		Driving Licence Inform Class: 3	ation: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2021 08:2	Type of Location Straight Road
Location: DUNEARN R	OAD			
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Wet		Road Speed Limit: 70 Km/h
Weather: Cloudy Traffic Flow: One Way				

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBE2838L	Lorry	TOYOTA		Blue	Slightly Damaged	3
SBL30B	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Details of Vehicle Insurance

Vehicle No.

T/20211027/7014

Effective

27/10/2021

Slight

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

Insurance Company

27/10/2021

No. of Days granted Medical Leave

2 of 4 Report No. T/20211027/7014

Expiry Date

#### CONTINUATION OF REPORT

Insurance No

GBE2838L		DIA INTERNATIONAL INSURANCE E LTD	D20MC	V00056	855_	22/10/2021	21/10/2022
Details of Po	erso	n Involved		VW Color		NEW YORK	
Any Pedestri	ian Ir	nvolved: No					PRINCE NO.
			Use of Pe	destrian	Cross	sing: NA	
Driver	fill.		200 011 0	acouna	01000	Jing. TVA	
Name		MOHAN GURU		ID No.		O 36327286	
Related Vehi	icle	GBE2838L (Lorry)		Contact No.		67608383	
Hospital/Clin	I/Clinic NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: 15/10/2026	
Date		NIL	Date NIL				
No. of Days	grant		Degree of NIL				
Driver				120	/- / N		
Name		DIANE CHEE SUI-YEN		ID No.		S7407546J	
Related Vehi	icle	SBL30B (Car)		Contact No.		. 96492144	
Hospital/Clin	ic	BUKIT TIMAH CLINIC		Class of Driving Licence &		Class: 3 Date of Expiry: NIL	

#### Brief Details.

At 8:25am on Wednesday 27 Oct 2021, I was driving my car SBL 30 B along Dunearn Road in the stretch between Whitley Road and Newton Circus. I was travelling in the centre lane. Just before passing Goldhill Avenue there was a line of stationary cars in the left most lane, queuing behind a stationary bus that had stopped at a bus stop located after the entrance to Goldhill Avenue.

03

Date

Degree of

One of the cars in the stationary queue in the left lane pulled out of the queue and partially entered the centre lane in front of me where traffic was free flowing. In order to avoid a collision with the car pulling out into the centre lane I stopped my car. At this point, the blue Toyota lorry travelling behind me (GBE 2838 L) failed to stop in time and collided with the rear of my car. I heard the skid of the lorry's brakes before it hit the back of my car. Both the lorry and my car came to a halt in the middle of the centre lane. There was damage to both the rear of my car and the front of the lorry.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20211027/7014

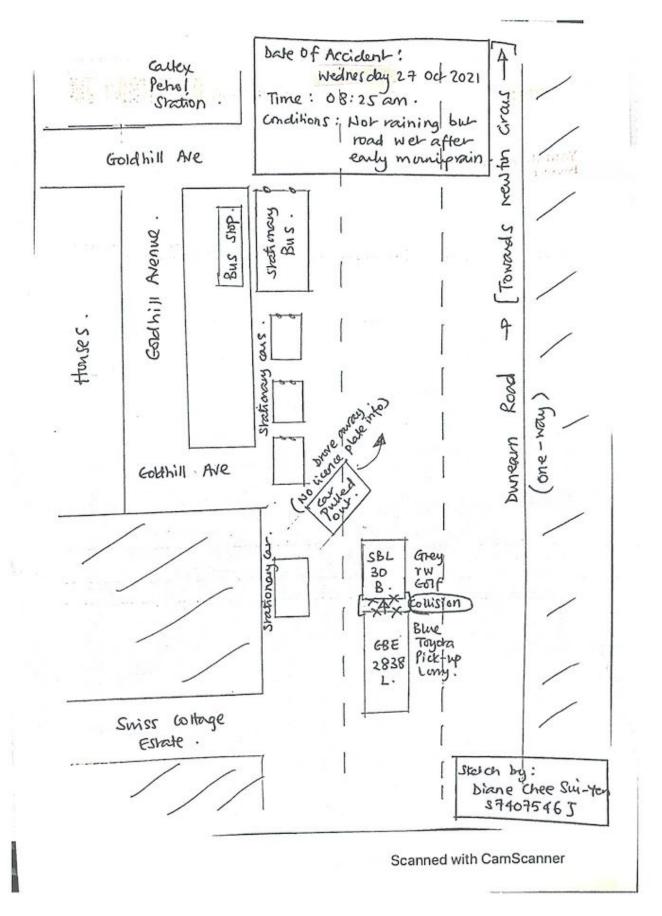
#### CONTINUATION OF REPORT

The car that had pulled out into the centre lane causing me to stop drove away and I did not manage to obtain the vehicle or driver details. There was no damage to that car. There is no in-car video footage of the accident from my car.

The lorry (GBE 2838 L) that collided with the rear of my car belongs to Ferco Shutters & Seating Systems Pte Ltd (120 Hillview Avenue, 02-04, Kewalram Hillview, Singapore 669594). The driver of the lorry was their employee Mohan Guru (Driving Licence No. G2422516Q, Work Permit No. O 36327286). There appeared to be no injuries to the driver of the lorry or the two passengers.

After taking photographs of both vehicles in situ for record purposes, we moved both vehicles into Goldhill Avenue and exchanged particulars.

As my car had been hit from behind with some force I was thrown forward in my seat. I was wearing a seatbelt. However afterwards I noted pain and stiffness in my neck and shoulders and informed Mohan Guru that I would be seeing a doctor about my neck. I visited my family doctor the same morning for assessment. He issued me a three day MC, prescribed painkillers, and has advised me to undergo a neck x -ray.



Scanned with CamScanner

Accident involving SBL 30 B and GBE 2838L on Wednesday 27 October at 08:25am Images taken by Diane Chee Sui-Yen (S7407546J













