

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 10/11/2021 15:00 (SGT)
Date of Accident 10/11/2021 08:21 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE B4 LONIE RD EXIT TWDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL8023A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHYE HENG HUAT ENGINEERING PTE LTD
Company Reg No 1XXXXX674K
Email Address sales@chhengrg.com.sg
Mobile Phone No (Phone) +65-62420010
Alternative Phone No (Office) +65-62420010

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00176032100
Cover Note Number -

DRIVER

Name of Driver CHAN WAI KHUEN
NRIC No SXXXX021Z

Date Of Birth	31/10/1955
Occupation	Outdoor
Date Of Driving Pass	03/07/1978
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98899428
Alt. Phone Number	-
Email Address	sales@chhengrg.com.sg
Address	49 KAKI BUKIT RD 2
Address complement	-
Postcode	417862
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	6
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 POLICE REPORT:T20211110/2042

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	SMG870P
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 SMT1722J
 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 3

Vehicle Registration Number SLN4445H
 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 4

Vehicle Registration Number SLE183L
 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 5

Vehicle Registration Number	SNA5110L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN WAI KHUEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJL8023A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

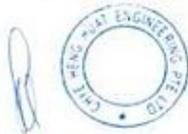
SKETCH PLAN

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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.



Name: *[Signature]*
 Date: *[Signature]*

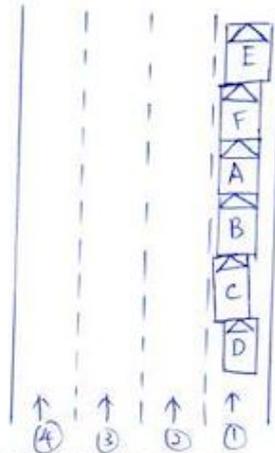
[Signature]

Name: *[Signature]*
 Date: *[Signature]*

[Signature] 10/11/21

Name: *[Signature]*
 Date: *[Signature]*

SKETCH PLAN



- (A) SJL 8023A
- (B) SMG 870P
- (C) SMT 1722J
- (D) SLN 4445H
- (E) SLE 183L
- (F) SNA 5110L

Along PIE - Towards
Chang (Before Lornie
Exit).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10-11-2021 at about 09:21hrs, I was driving vehicle (SJL 8023A) along PIE (before Lornie exit) in extreme right lane. Vehicle in front of me stopped so I stop in time too. Suddenly I felt an impact from behind. Due to the huge impact, my car being push forward and collided onto vehicle in front of me. When I came out inspect my car and I realized that I was involving 6 cars chain collision accident. I felt pain and discomfort after the accident so I went to visit my doctor for medical assistance. I get 4 days MC from my doctor and I will follow up my medical treatment if necessary. Hence, I hereby lodge this report to claim against Veh-B's insurance for my accident damages.

DECLARATION

I/We declare the above report to be true and correct.

Police Officer's Signature
Date & Time



Driver's Signature
Police Officer's Signature
Date & Time

Reported By
Name
Date & Time

2/ym 10/11/21



**SINGAPORE
POLICE FORCE**



T/20211110/2042

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

2 of 3
Report No. T/20211110/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT1722J	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Blue		0
SNA5110L	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Black		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN WAI KHUEN	ID No.	S1154021Z
Related Vehicle	SJL8023A (Car)	Contact No.	98899428
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/11/2021	Date Discharge	10/11/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE 10/11/2021 AT ABOUT 0821HRS, I WAS DRIVING VEHICLE (SJL8023A) ALONG PIE (BEFORE LORNIE EXIT) IN EXTREME RIGHT LANE. VEHICLE INFRONT OF ME STOPPED SO I STOP IN TIME TOO. SUDDENLY I FELT ON IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT, MY CAR BEING PUSH FORWARD AND COLLIDED ONTO VEHICLE INFRONT OF ME, WHEN I COME OUT INSPECT MY CAR AND I REALISED THAT I WAS INVOLVING 6 CARS CHAIN COLLISION ACCIDENT. I FELT PAIN AND DISCOMFORT AFTER THE ACCIDENT SO I WENT TO VISIT MY DOCTOR AND I WILL FOLLOW UP MY MEDICAL TREATMENT.
































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T/20211110/2042

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20211110/2042

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
TP /
SC2 ABU HURAIRAH BIN
ABDUL TALIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/11/2021 13:37
 SINGAPORE
POLICE FORCE

Classification Of Case:

Signature: _____