

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 08/11/2021 21:24 (SGT)
Date of Accident 07/11/2021 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF JALAN JURONG KECHIL AND TOH YI DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ5429G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEONG KA-JU FLORENCE
NRIC No SXXXX447A
Email Address derrand7@yahoo.com
Mobile Phone No (Phone) +65-96942086
Alternative Phone No +65-96909198

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
Variant 2.0L SP 6EAT ABS D/AB 5DR SR HID
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 1998

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10658716
Cover Note Number NA

DRIVER

Name of Driver CHUA TIONG WEE, DERRAND
NRIC No SXXXX317C

Date Of Birth	21/03/1975
Occupation	Indoor
Date Of Driving Pass	11/09/1995
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96909198
Alt. Phone Number	-
Email Address	derrand7@yahoo.com
Address	HDB Tampines Starlight, 719 Tampines Street 72
Address complement	#12-43
Postcode	520719
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEONG KA-JU FLORENCE
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

REFER TO POLICE REPORT NO. T/20211107/2071. On 07/11/2021 at 1200hrs, I was driving my car (SKJ5429G) along with my passenger Cheong Ka-Ju Florence, at Jln Jurong Kechil towards Old Jurong Rd. I stopped my vehicle at the T-junction between Jln Jurong Kechil and Toh Yi Dr. I fully stopped my car at the most left lane on the road and was the first vehicle at the traffic light, suddenly a car (SJZ77Z) collided onto my car from the rear. We get off our vehicle and to see the damages on my car and my car had dents on the back hood. We exchange particulars with the other driver,, and he claimed that his brake malfunction during the point of time. However, after exchanging particulars, he was able to drove off from the place of incident. After we left the area, my passenger and I felt unwell on the neck and we went to Parkway East Hospital and received a 3 days MC for both of us on 08/11/2021 to 10/11/2021. We have our in car footage for both our front view and rear view at the point of time when the accident happen.

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	SJZ77Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	WEE YEN SIONG,LINCOLN
NRIC No	SXXXX759D
Contact Number	(Phone) +65-94355525
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA TIONG WEE,DERRAND
Gender	Male
Phone No	(Phone) +65-96909198
Address	Blk 719
Address Complement	#12-43
Post Code	520719
Approximate Age Years Old	46
Injuries Sustained	Whiplash
Injured person in which vehicle?	SKJ5429G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEONG KA-JU ,FLORENCE
Gender	Female
Phone No	(Phone) +65-96942086
Address	Blk 719
Address Complement	#12-43
Post Code	520719
Approximate Age Years Old	46
Injuries Sustained	Whiplash
Injured person in which vehicle?	SKJ5429G
Were seat belts worn?	Yes
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.
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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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 AIZAM BIN ATAN

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

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as in police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

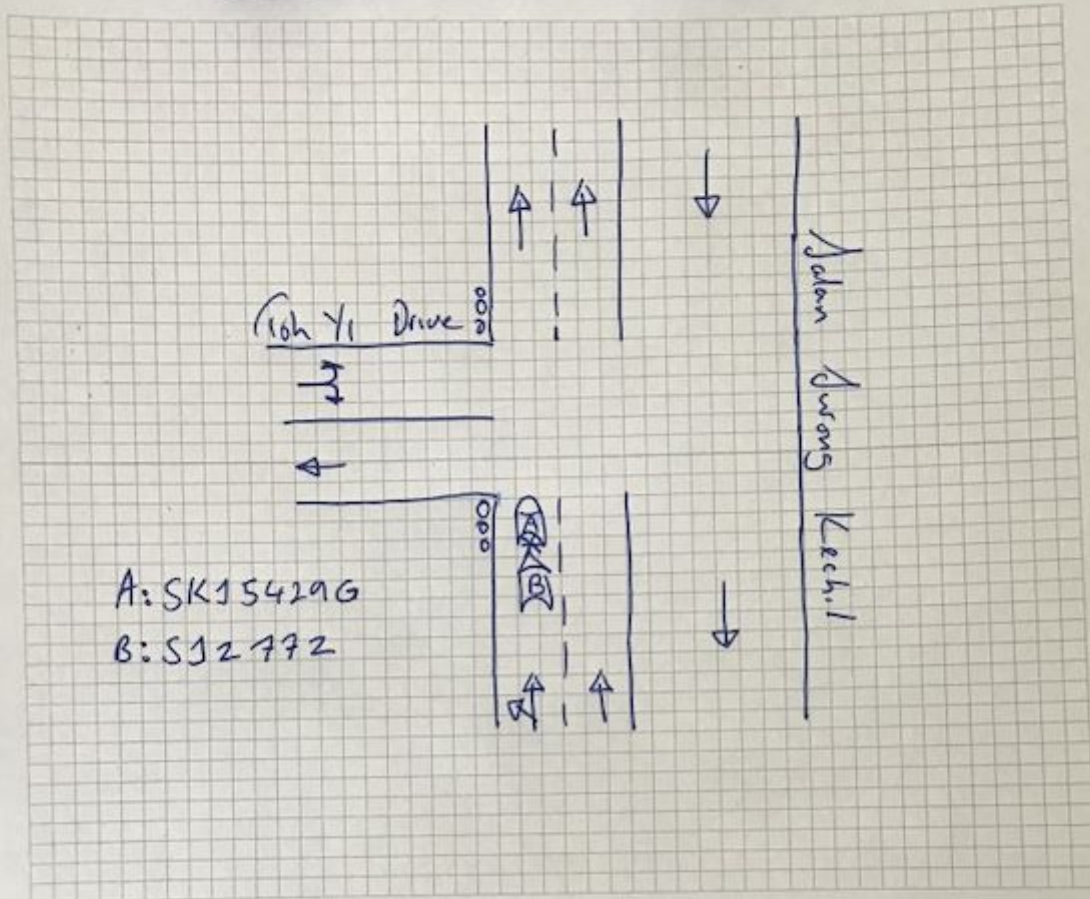
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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

ACCIDENT DIAGRAM

Ver. 30042021



A: SK15429G
B: SJ2772

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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.:

























**SINGAPORE
POLICE FORCE**



T/20211107/2071

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

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Report No. T/20211107/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2021 20:35		Vide Report No.:		Station Diary No.: 63
Informant's Particulars				
Name of Informant: CHUA TIONG WEE DERRAND		Address: APT BLK 719 TAMPINES STREET 72 #12-43 SINGAPORE 520719		
ID Type / ID No.: NRIC NO / S7508317C		Contact No.: Home/Office: Mobile: 96909198		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 21/03/1975	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BANK OFFICER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2021 12:00	Type of Location: T-Junction
Location: JALAN JURONG KECHIL				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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
SJZ77Z	Car					0
SKJ5429G	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211107/2071

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

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Report No. T/20211107/2071

CONTINUATION OF REPORT

Driver			
Name	WEE YEN SIONG, LINCOLN	ID No.	S9630759D
Related Vehicle	SJZ77Z (Car)	Contact No.	94355525
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	CHUA TIONG WEE DERRAND	ID No.	S7508317C
Related Vehicle	SKJ5429G (Car)	Contact No.	96909198
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	CHEONG KA-JU FLORENCE	ID No.	S7519447A
Related Vehicle	SKJ5429G (Car)	Contact No.	96942086
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/11/2021 at 1200hrs, I was driving my car (SKJ5429G) along with my passenger Cheong Ka-Ju Florence, at Jln Jurong Kechil towards Old Jurong Rd. I stopped my vehicle at the T-junction between Jln Jurong Kechil and Toh Yi Dr. I fully stopped my car at the most left lane on the road and was the first vehicle at the traffic light, suddenly a car (SJZ77Z) collided onto my car from the rear. We get off our vehicle and to see the damages on my car and my car had dents on the back hood. We exchange particulars with the other driver, and he claimed that his brake malfunction during the point of time. However, after exchanging particulars, he was able to drove off from the place of incident. After we left the area, my passenger and I felt unwell on the neck and we went to Parkway East Hospital and received a 3 days MC for both of us on 08/11/2021 to 10/11/2021. We have our in car footage for both our front view and rear view at the point of time when the accident happen.



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T/20211107/2071

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Tel No: 1800-5871999

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Report No. T/20211107/2071

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20211107/2071

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

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Report No. T/20211107/2071

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 2 WONG QING JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/11/2021 20:35

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

**SINGAPORE
POLICE FORCE**

Classification Of Case:

SIGNATURE