

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 15:53 (SGT)
Date of Accident 09/11/2021 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFY300G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MAO HWEE CHING
NRIC No S8200105J
Email Address janicemao@hotmail.com
Mobile Phone No (Phone) +65-91067094
Alternative Phone No +65-91067094

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A200
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 1595

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00936434
Cover Note Number -

DRIVER

Name of Driver MAO HWEE CHING
NRIC No S8200105J

Date Of Birth	05/01/1982
Occupation	Indoor
Date Of Driving Pass	29/04/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91067094
Alt. Phone Number	+65-91067094
Email Address	janicemao@hotmail.com
Address	BLK 270 YISHUN ST 22 #10-62
Address complement	-
Postcode	760270
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH AND POLICE REPORT ATTACHED (T/20211110/2021)

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	SHC2695X
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi

Name of Driver	CHONG NYUK JIN
NRIC No	S2576414E
Contact Number	(Phone) +65-81864767
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK8889L
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	NA / Unknown
Name of Driver	JIANG WAN
NRIC No	S8978414Z
Contact Number	(Phone) +65-93385555
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SFY300G
DATE OF ACCIDENT: 09/11/2021

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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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

10/11/2021

11:46am

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

Witnessed by Reporting Centre Personnel



VEHICLE NO: SFY3009

DATE OF ACCIDENT: 04/11/2021

Refer to police report attached 7/20/2011 6/20/2011

Declaration NOTE: DO NOT NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20211110/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211110/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2021 11:06	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: MAO HWEE CHING			Address: APT BLK 270 YISHUN STREET 22 #10-62 SINGAPORE 760270		
ID Type / ID No.: NRIC NO / S8200105J			Contact No.: Home/Office: Mobile: 91067094		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 05/01/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/11/2021 18:15	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SFY300G	Car	MERCEDES BENZ	A200 (BI-XENON)	Silver		0
SHC2695X	Car					0
SKK8889L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211110/2021



Police
Officer
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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211110/2021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY300G	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00936434	17/06/2021	21/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MAO HWEE CHING		ID No.	S8200105J
Related Vehicle	SFY300G (Car)		Contact No.	91067094
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	CHONG NYUK JIN		ID No.	S2576414E
Related Vehicle	SHC2695X (Car)		Contact No.	81864767
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	JIANG WAN		ID No.	S8978414Z
Related Vehicle	SKK8889L (Car)		Contact No.	93385555
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



SINGAPORE
POLICE FORCE



T/20211110/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20211110/2021

CONTINUATION OF REPORT

Brief Details.

On the 9/11/2021 at about 1815hrs to 1830hrs, I was driving my vehicle bearing registration number SFY300G along AYE towards Tuas and when I was driving outside National University Hospital, the car (SKK8889L) in front of me stopped and I managed to stop in time. However, the Taxi (SHC2695X) could not stop in time and collided with the rear of my car. After speaking to the driver of SKK8889L, I realized that there was another car (SFD2299A) which had jam braked in front of her which also caused her to e-brake.

After the accident, the driver who alighted from SFD2299A handed out one name card to me with the following details:

Jason Chua (98499449)
Lisa Ang (93692398)
Fastech Auto Pte Ltd

There was another car (SJH4477X) who had also pulled over, driver came out and wanted to render assistance and I also noticed that this particular car had ferried the passenger from the involved Taxi away. I found the accident suspicious and seemed like it was staged. I then confronted one of the 3 men. However, they merely drove away after handing out the name card. Later, one more car came and the driver handed one more name card to me, detail as follows:-

Jason Chua (81890858)
Speedwerkz Pte Ltd

I had exchanged particulars with the other two involved drivers and I left the scene after Traffic Police and ambulance came. I was not injured. The rear right bumper of my car was damaged and my front car plate was a little chipped off. There was no camera installed in my vehicle.

I am lodging this report for my insurance company to investigate if this accident was intentionally staged.



**SINGAPORE
POLICE FORCE**



T/20211110/2021

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Report No. T/20211110/2021

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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
D /
Sgt 3 LEE LI HWEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/11/2021 11:06

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

SN 37

Authentication Stamp
NP168

