

## 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	24/11/2021 14:00 (SGT)
Date of Accident	23/11/2021 14:16 (SGT)
Exact Location of Accident	Near 5 Swiss View, Singapore 288011
Additional Location Information	PIE Towards Tuas Before Exit 26A
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9074L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Chan Chiew Yong
NRIC No	SXXXX887I
Email Address	cychan2007@gmail.com
Mobile Phone No	(Phone) +65-84987784
Alternative Phone No	+65-84987784

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VezeL
Variante	1.5X CVT
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	1496

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000133489-01
Cover Note Number	-

### DRIVER

Name of Driver	Chan Chiew Yong
NRIC No	SXXXX887I

Date Of Birth	22/09/1967
Occupation	Indoor
Date Of Driving Pass	21/12/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84987784
Alt. Phone Number	+65-84987784
Email Address	cychan2007@gmail.com
Address	Blk 13 Telok Kurau Road #03-10
Address complement	Singapore
Postcode	423912
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?	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

Refer to Sketch Plan

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCE8106P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Lee Bok Soon
NRIC No	SXXXX011Z
Contact Number	(Phone) +65-96791686
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	SKJ6105J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Mr Ang
Contact Number	(Phone) +65-98536298
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 Chiew Yong
Gender	Female
Phone No	(Phone) +65-84987784
Address	Blk 13 Telok Kurau #03-10
Address Complement	Singapore
Post Code	423912
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9074L
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. (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

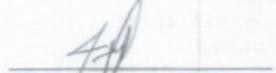
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time 23/11/2021

Sketch Plan 3:45 pm

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

  
Witnessed by Reporting Centre Personnel

PIE TOWARDS TUNAS BEFORE EXIT 26A

Vehicle A - SMG907AL  
Vehicle B - SKJ6105J  
Vehicle C - SCEB106P



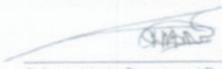
SKETCH PLAN #2

Describe Circumstances of the Accident

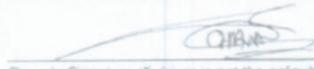
Refer to Police Report # T/20211124/7013

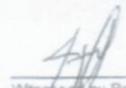
Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

23/11/2021  
3:45 pm

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

  
Witnesses by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20211124/7013

1 of 4

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

Report No. T/20211124/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2021 13:18	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

**Informant's Particulars**

Name of Informant: CHAN CHIEW YONG		Address: 13 TELOK KURAU ROAD #03-10 SINGAPORE 423912	
ID Type / ID No.: NRIC NO / S1810887I		Contact No.: Home/Office: Mobile: 84987784	
Nationality: SINGAPORE CITIZEN		Email: CYCHAN2007@GMAIL.COM	
Sex: Female	Age: 54	Date of Birth: 22/09/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Traditional chinese medicine physician		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2021 14:15	Type of Location: PIE towards Tuas direction, nearest exit is 26A about 200m ahead.
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit: 80 Km/h
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	Conditio	No of
SCE8106P	Car	SUBARU		Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

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



T/20211124/7013

2 of 4

Report No. T/20211124/7013

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKJ6105J	Car	VOLVO			Slightly Damaged	0
SMG9074L	Car	HONDA	VEZEL 1.5X CVT	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCE8106P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	210040970606	20/04/2021	19/04/2022
SMG9074L	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP1000002409	03/01/2021	02/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE BOK SOON	ID No.	S1582011Z	
Related Vehicle	SCE8106P (Car)	Contact No.	96791686	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	MR ANG	ID No.	NIL	
Related Vehicle	SKJ6105J (Car)	Contact No.	98536298	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE  
POLICE FORCE**

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



T/20211124/7013

3 of 4

Report No. T/20211124/7013

## CONTINUATION OF REPORT

Driver			
Name	CHAN CHIEW YONG	ID No.	S1810887I
Related Vehicle	SMG9074L (Car)	Contact No.	84987784
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/11/2021	Date	23/11/2021
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I was travelling along PIE towards Tuas direction, nearest exit is 26A about 100-200m ahead. I was in first lane, apparently the volvo car SKJ6105J in front of me urgently stopped due to roadwork ahead. I immediately braked and stopped my car successfully, which avoided car collision. However the Subaru car SCE8106P behind me could not brake on time and hit my car. Thus my car was pushed forward and hit the volvo car in front. Mr Lee, the Subaru driver apologized to me on the spot for causing the car accident.

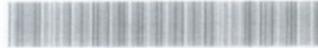
My left forehead and left eyebrow area knocked onto my front rear- mirror caused bruises, both my lower limbs suffered bruise and mild cuts, my neck and left arm were very stiff, my head was a bit tight due to the great hit impact from the back car. Thus I went to Mt Elizabeth Hospital A&E for consultation on same day. I was given 4 days Medical Leave from 23rd to 26 Nov 2021.

My car's front and back camera has recorded the accident scene, the video format is .JDR and it cannot be uploaded. But I have passed the video to Allianz Accident Reporting Centre on 23 Nov 2021.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T/20211124/7013

4 of 4

Report No. T/20211124/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404

NP166

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
----------------------------------------------------------------------------------------------------------------------------------------------

Date/Time: 24/11/2021 13:18
--------------------------------

Classification Of Case:
-------------------------