

# 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 .....	03/12/2021 16:06 (SGT)
Date of Accident .....	02/12/2021 18:25 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	SLE TOWARDS CTE BEFORE MANDAI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJC7746B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHRISTOPHER CHIN TECK LOONG
NRIC No .....	SXXXX542G
Email Address .....	SAMUELFREDERICK18@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92369684
Alternative Phone No .....	(Home) +65-92369684

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5119218179-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SAMUEL CHIN KAI JIE
NRIC No .....	SXXXX975I

Date Of Birth .....	12/04/1997
Occupation .....	Indoor
Date Of Driving Pass .....	12/12/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92369684
Alt. Phone Number .....	-
Email Address .....	SAMUELFREDERICK18@GMAIL.COM
Address .....	APT BLK 166 YISHUN RING ROAD #09-723
Address complement .....	-
Postcode .....	760166
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 ATTACHED

#### 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 .....	SMH8365Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMA569S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SAMUEL CHIN KAI JIE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJC7746B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



### Describe Circumstances of the Accident

Please refer to the police report (T/20211202/7031)

### 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

MACf  
Witnessed by Reporting Centre  
Personnel





















































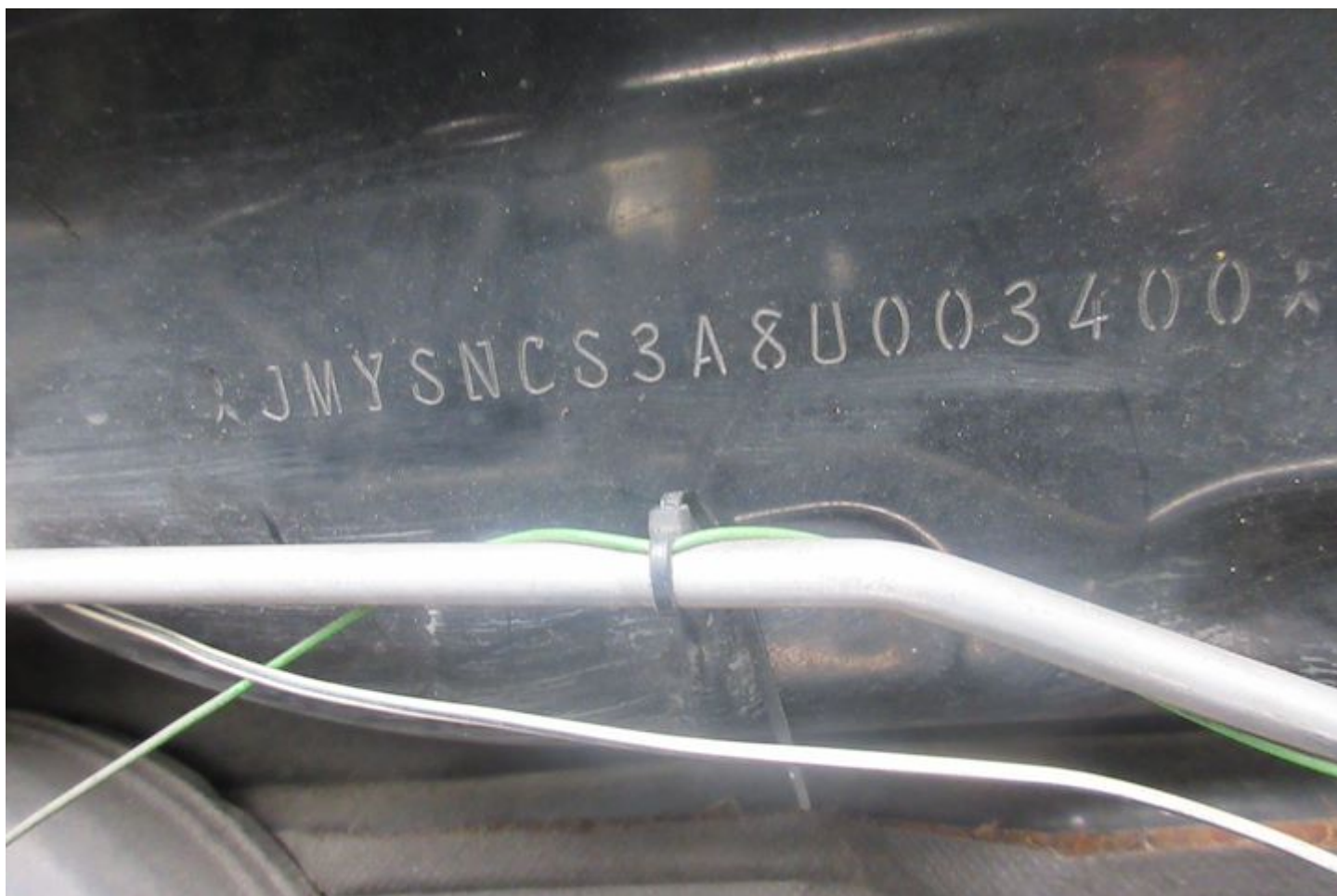


















**SINGAPORE  
POLICE FORCE**



T/20211202/7031

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

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Report No. T/20211202/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2021 20:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SAMUEL CHIN KAI JIE		Address: 14 LENTOR PLAIN SINGAPORE 786516	
ID Type / ID No.: NRIC NO / S9711975I		Contact No.: Home/Office: Mobile: 92369684	
Nationality: SINGAPORE CITIZEN		Email: samuelfrederick18@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 12/04/1997	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Aeronautical engineering technician		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2021 18:25	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 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
SJC7746B	Car					0
SMA569S	Car					0
SMH8365Z	Car					0



**SINGAPORE  
POLICE FORCE**



T/20211202/7031

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

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Report No. T/20211202/7031

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAMUEL CHIN KAI JIE	ID No.	S9711975I
Related Vehicle	SJC7746B (Car)	Contact No.	92369684
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	02/12/2021
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details.**

i was driving vah A on the mention date n time . The veh in front stopped n i stopped a few second later i felt an impact. when i alight i notice the veh (SMH8365Z) could not stop in time n hit the rear of my veh (SJC7746B) causing it to move forward n hit the veh ( SMA569S) in front. I was given 4 days MC by mount alvernia hospital after i felt neck n shoulder pain.



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Tel No: 65470000



T/20211202/7031

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Report No. T/20211202/7031

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
02/12/2021 20:54

Classification Of Case: