

## 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	4
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMY9979G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine Insurance Singapore 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), (T/20211204/7041)

### Declaration

**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/20211202/7031

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

1 of 3

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.:	
<b>Informant's Particulars</b>					
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: samueelfrederick18@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

2 of 3

Report No. T/20211202/7031

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SAMUEL CHIN KAI JIE	ID No.	S97119751
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.

**SINGAPORE  
POLICE FORCE**

T/20211202/7031

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

3 of 3

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 / TPB /  
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:





**SINGAPORE  
POLICE FORCE**



T/20211204/7041

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

1 of 3

Report No. T/20211204/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2021 23:59		Vide Report No.: T/20211201/7031		Station Diary No.:	
<b>Informant's Particulars</b>					
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 18:30	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
SMY9979G	Car					0





**SINGAPORE  
POLICE FORCE**



T/20211204/7041

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

2 of 3

Report No. T/20211204/7041

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
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 would like to add on that it was a 4 veh chain accident involved instead of 3 chain accident veh. 1st veh SMA569S 2nd SJC 7746B 3rd veh SMH8365Z 4th veh SMY9979G respectively. I was shock by the incident n did not take the 4th veh details therefore i would like to admend the report.



**SINGAPORE  
POLICE FORCE**

T/20211204/7041

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

3 of 3

Report No. T/20211204/7041

**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 / TP1B /  
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:  
04/12/2021 23:59

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SY0A21C30002 Vehicle Registration No: SIC 7746B  
Name (as shown in NRIC) : Christopher Chin Teck Loong NRIC/FIN/Passport No : 916095426  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 642 Choa Chu Kang Street 64 # 09-79 Singapore (680642)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9105 9542  
Email Address : samuel frederick 18@hotmail.com  
Date of Accident : 02.12.2021 Time of Accident : 18:25pm  
Place of Accident : SLE towards CTE Before Mandai  
Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add other vehicle property 3 : SMY 9979G

Amend Sketch Plan

Add amendment police report

M  
Policyholder / Driver's Signature  
Date:

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