

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	18/01/2022 11:47 (SGT)
Date of Accident	18/01/2022 07:53 (SGT)
Exact Location of Accident	Sengkang W Rd, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2908J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA EE CHIEN
NRIC No	SXXXX430F
Email Address	jonathanchua630@gmail.com
Mobile Phone No	(Phone) +65-91809123
Alternative Phone No	+65-91809123

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00003992100
Cover Note Number	-

DRIVER

Name of Driver	CHUA EE CHIEN
NRIC No	SXXXX430F

Date Of Birth	01/02/1969
Occupation	Outdoor
Date Of Driving Pass	02/12/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91809123
Alt. Phone Number	+65-91809123
Email Address	jonathanchua630@gmail.com
Address	14 TUFU AVENUE
Address complement	-
Postcode	787221
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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SLV8782R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM TIAN HOE
NRIC No	SXXXX414Z
Contact Number	-
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	SLQ62P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	CHUA EE CHIEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST
Injured person in which vehicle?	SJV2908J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

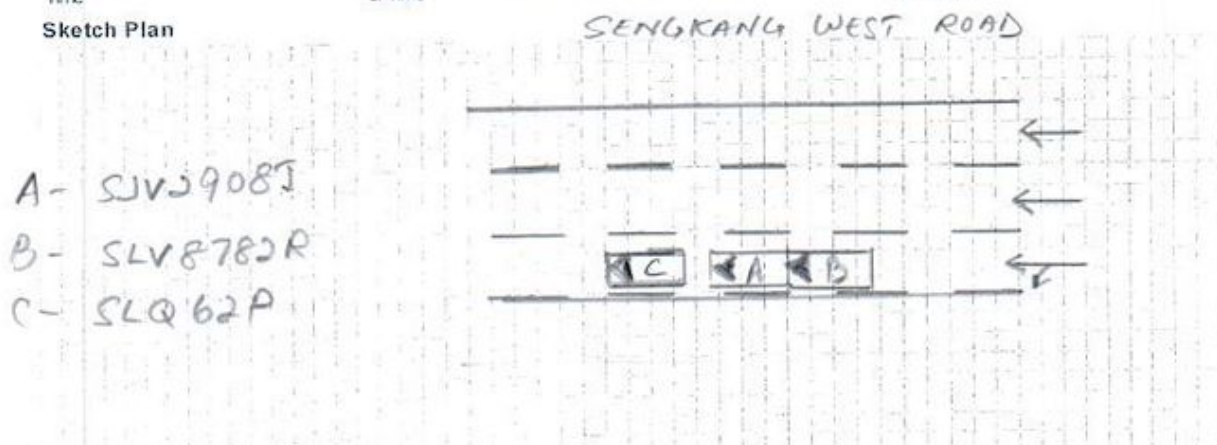
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Quing
18/01/2022
Policyholder's Signature / Date & Time

Sym 18/01/22
Driver's Signature (If driver is not the policyholder) / Date & Time

Sym 18/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was travelling from Sengkang West Road towards TPE on the extreme left lane. In front of my veh jammed brake and I followed suit. Suddenly I felt the impact from rear and my veh jerk forward and hit onto the rear portion of veh BC

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

 18/01/22
Witnessed by Reporting Centre Personnel







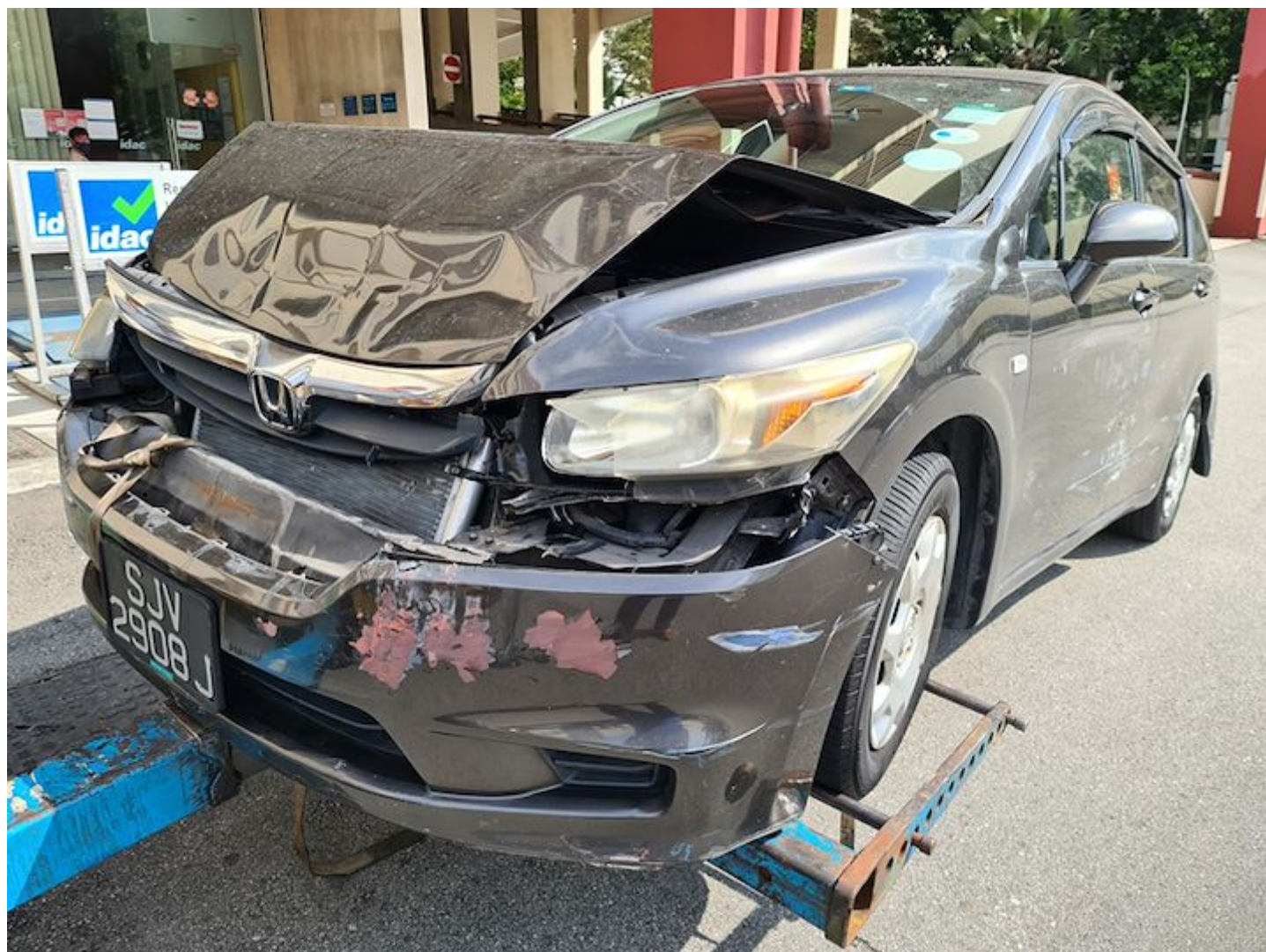

























**SINGAPORE
POLICE FORCE**


T/20220118/2051

1 of 4

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20220118/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2022 14:53	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CHUA EE CHIEN	Address: 14 TU FU AVENUE SINGAPORE 787221		
ID Type / ID No.: NRIC NO / S6903430F	Contact No.: Home/Office: Mobile: 91809123		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 01/02/1969	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Civil engineer (general)	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2022 07:50	Type of Location: Slip Road
Location: SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SJV2908J	Car	HONDA	STREAM 1.8X A	Grey	Seriously Damaged	0
SLQ62P	Car	PORSCHE	CAYENNE V6 3.0I	White	Slightly Damaged	0
SLV8782R	Car	HONDA	CIVIC 1.6 VTI CVT	Maroon	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20220118/2051

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SINGAPORE 460526
Tel No: 1800-4429999

Report No. T/20220118/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV2908J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000039 92100	19/01/2021	18/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA EE CHIEN	ID No.	S6903430F
Related Vehicle	SJV2908J (Car)	Contact No.	91809123
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/01/2022	Date Discharge	18/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Lim Naizhi, Dayna	ID No.	S8412316A
Related Vehicle	SLQ62P (Car)	Contact No.	97341368
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	Lim Tian Hoe	ID No.	S1696414Z
Related Vehicle	SLV8782R (Car)	Contact No.	NIL
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/20220118/2051

Police Station Of Origin:
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SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20220118/2051

CONTINUATION OF REPORT

Brief Details.

On 18/01/2021 at around 7:50am, I was driving along Sengkang West Road, just past Sengkang West Way, and was turning left into TPE. I was in the left most lane as I wanted to enter CTE from TPE. As I was approaching the turn, the car in front of me suddenly jammed her brakes. I also jammed my brakes to try and avoid the car in front of me. I was unsure how the accident happened as it went past so fast, but I realized that my car was in the middle of an accident, with one car on the front and rear part of my car.

I went out of my car to make a check on the two other drivers that were involved in the accident and they informed me that they were fine. I then made a check on my car and saw that both the front and back part of my car was damaged badly. I then checked the two other vehicles and saw that the front car had damages on the back part of her car, whereas the rear car had damages on the front part of his car.

I then exchanged particulars with the two other parties. One of them, namely Lim Tian Hoe (S1696414Z, vehicle number: SLV8782R), informed me that he had to rush off as such I was unable to get his contact number. The other driver, namely Lim Naizhi, Dayna (S8412316A, contact number: 97341368, vehicle number: SLQ62P), managed to exchange particulars with me as she was waiting for her husband to come. After he arrived and took photos of the damages, Dayna and her husband left the scene. I then called for the tow truck services to bring my car back to the workshop for inspection and to do the necessary repairs.

I would like to state that I started to feel uncomfortable and heavy in my chest area during the accident, as such I went to Mount Alvernia Hospital to make a check after I sent my car to the workshop. The doctor then gave me 3 days' MC as a result of the accident.

I then proceeded to lodge a report for insurance purposes.



SINGAPORE POLICE FORCE

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T/20220118/2051

4 of 4

Report No. T/20220118/2051

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 ARI HAIKAL BIN SUBTU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
18/01/2022 14:53

Classification Of Case:



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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN09221/0002 Vehicle Registration No: SJV 2908 J
 Name (as shown in NRIC): Chua Ee Chien NRIC/FIN/Passport No: SG903430F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 14 Tu Fu Avenue Singapore (787221)
 Contact (Tel): _____ Mobile No.: 9180 9123
 Email Address: jonathanchua630@gmail.com
 Date of Accident: 18/01/2022 Time of Accident: 07:53
 Place of Accident: Sengkang West Road towards TPE.
 Insurance Company: CTI

(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 in police report.


 Policyholder / Driver's Signature
 Date: 18 Jan 2022.


 Reporting Centre Personnel's Signature
 Name: Renee Sia
 NRIC/FIN No.: _____
 Date: 19/01/2022