

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	07/02/2022 18:04 (SGT)
Date of Accident	04/02/2022 08:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	B4 LOYANG AVE EXIT TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2442R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG SOCK HOON(WANG SHUFEN)
NRIC No	SXXXX506C
Email Address	chewmuncheokchewmuncheok@gmail.com
Mobile Phone No	(Phone) +65-96737888
Alternative Phone No	+65-96737888

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V01297/VPC/R01
Cover Note Number	-

DRIVER

Name of Driver	CHEW MUN CHEOK
NRIC No	SXXXX800I

Date Of Birth	18/04/1995
Occupation	Indoor
Date Of Driving Pass	29/02/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-96737888
Alt. Phone Number	-
Email Address	chewmuncheokchewmuncheok@gmail.com
Address	BLK 912 HOUGANG ST 91
Address complement	#05-48
Postcode	530912
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YAK POH KAR,RACHEL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20220204/7084

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ2908S
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ8453S
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	CHEW MUN CHEOK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMS2442R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

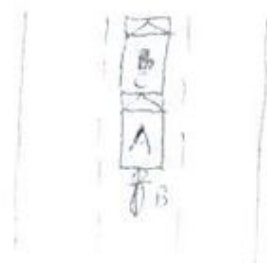
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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 insurers) 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 making 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

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

Witnessed by Reporting Centre Personnel



A: SMS2442R
B: FBJ2908S
C: SMJ8453S

Describe Circumstances of the Accident

A VEHICLE DRIVING ALONG THE TOWARD CHANG
 C VEHICLE SLOW DOWN, I FOLLOW SLOW DOWN.
 SUDDENLY B BIKE CANNOT STOP IN TIME, AND HIT ON MY
 REAR PORTION, MY VEHICLE PUSH FORWARD AND HIT THE C VEHICLE

Declaration

I/we declare the foregoing particulars are true in every respect

Declarant's Signature (Date & Time)

Declarant's Signature (Date & Time) or not the policyholder's Date & Time

Witness's Signature (Date & Time)

4/2/22

07/02/22



**SINGAPORE
POLICE FORCE**



G/20220204/7084

1 of 3

POLICE REPORT (NP299)

Report No. G/20220204/7084

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 04/02/2022 22:39	Vide Report No.	Station Diary No.
Name Of Informant CHEW MUN CHEOK	Address 912 HOUGANG STREET 91 #05-48 SINGAPORE 530912	
ID Type / ID No. NRIC NO / S9512800I	Contact No. Home/Office:	Mobile: 96737888
Nationality SINGAPORE CITIZEN	Email Address chewmuncheokchewmuncheok@gmail.com	
Occupation Cabin attendant/steward	Sex Male	Age 26
Institution/School Name	Date of Birth 18/04/1995	Race Chinese
Date/Time Of Incident 04/02/2022 08:00 - 04/02/2022 10:00	Location Of Incident TAMPINES EXPRESSWAY	

Brief details.

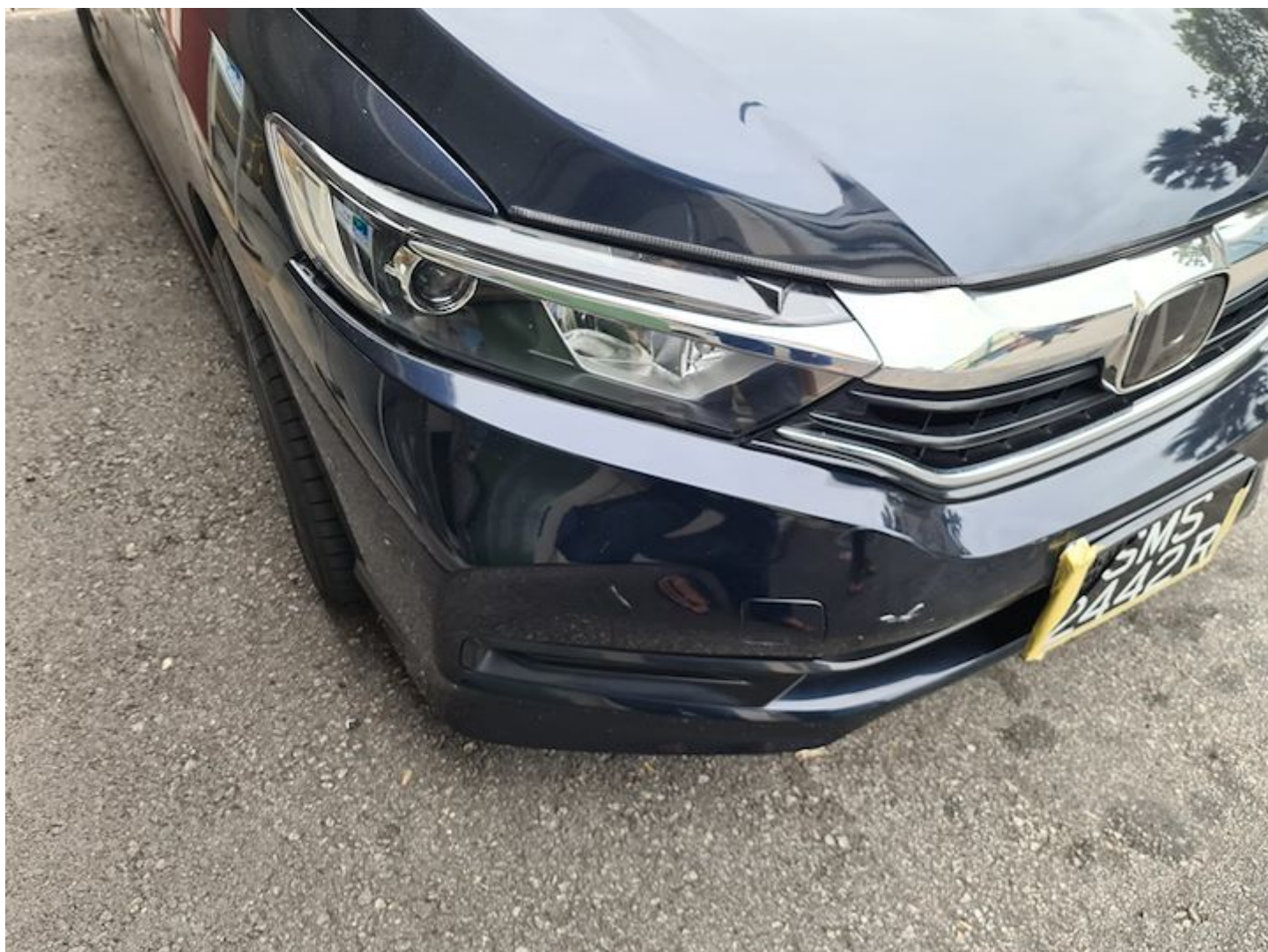
My vehicle driving along TPE toward Changi. Car in front slow down, I follow slow down. Suddenly, bike behind cannot stop in time and hit on my rear portion, my vehicle push forward and hit the car in front.

Subjects Involved			
Suspect			
Person Name	Suriatieasur (car driver in front)		
Gender	Female	Age	35-55

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:

















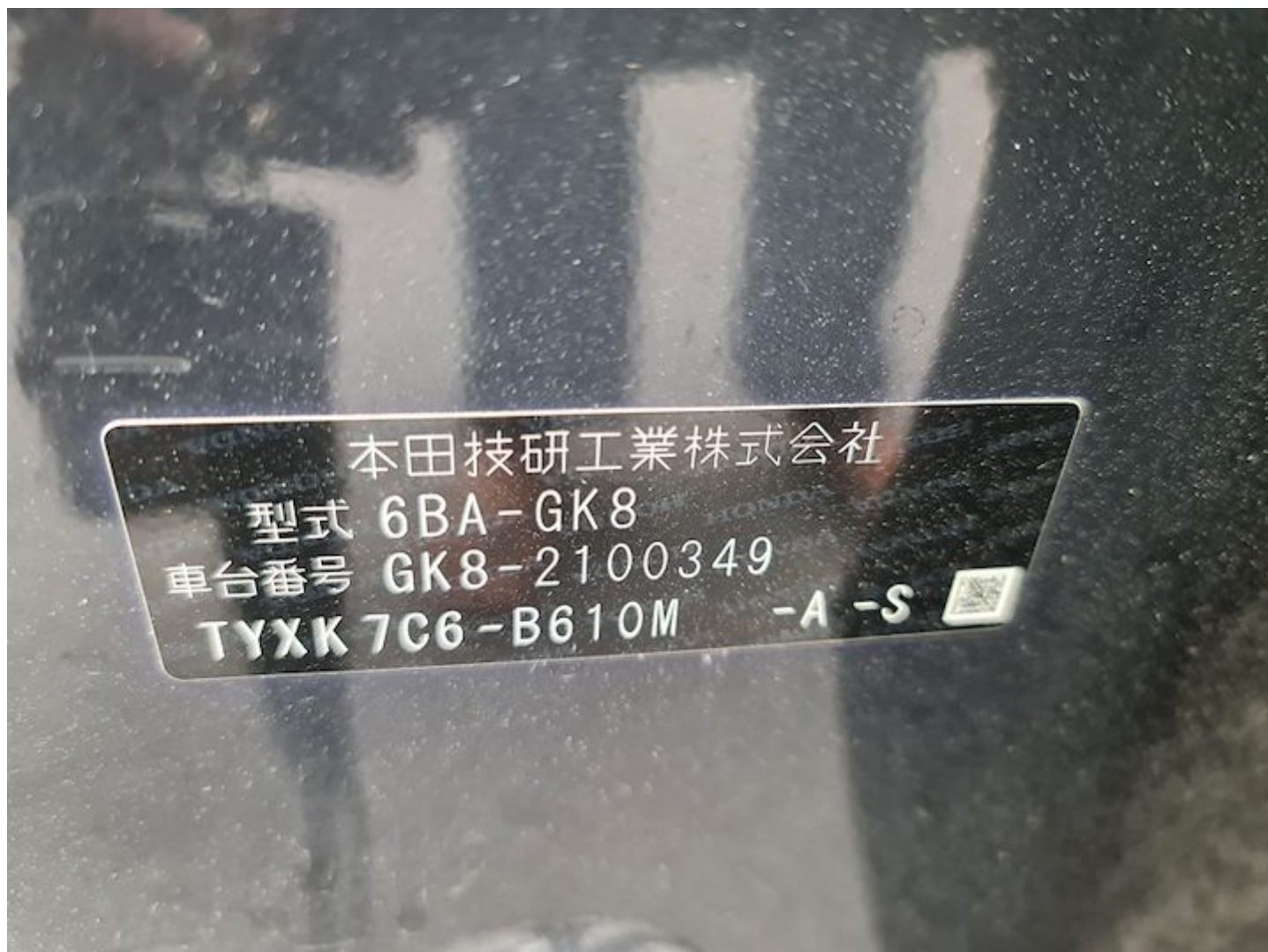


















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Brief details.

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Subjects Involved	
Suspect	
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Gender	Female
Age	35-55

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Signature Of Interpreter: Not applicable	Date/Time: 04/02/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220204/7084

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220204/7084

Race	Malay	Language	English
Mobile No	97971204		
Person Name	(motorist behind)		
Gender	Male	Age	30-50
Race	Malay	Language	English
Mobile No	87933914		
Victim			
Person Name	CHEW MUN CHEOK		
ID Type	NRIC NO	ID No	S9512800I
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Cabin attendant/steward	Address	912 HOUGANG STREET 91 #05-48 SINGAPORE 530912
Mobile No	96737888	Is Informant A Victim?	Yes
Person Name	Yak Poh Har, Rachel		
ID Type	NRIC NO	ID No	S9508003J
Gender	Female	Age	26
Race	Chinese	Language	English
Occupation	Cabin attendant/steward	Address	622B Punggol Central #13-278 SINGAPORE 822622
Home/Office No	66381309	Mobile No	91708038
Relation To Informant	Wife		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220204/7084

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220204/7084

Person Name	CHEW MUN CHEOK (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2022 22:39
Officer In-Charge Of Case:	Classification Of Case: