

# 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 ..... 15/02/2022 14:14 (SGT)  
Date of Accident ..... 09/02/2022 16:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS B4 CTE EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA9523U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROBINSON CAR RENTAL PTE LTD  
Company Reg No ..... 20041404W  
Email Address ..... car.rental@sianghock.com.sg  
Mobile Phone No ..... (Phone) +65-98126972  
Alternative Phone No ..... +65-98126972

### VEHICLE PARTICULARS

Manufacturer ..... Ssangyong  
Model ..... ACTYON SPORTS D/CAB 2.0 MT ABS A/BAG 2WD  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D-21097504MFCV/9  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHONG KWAI CHUEN  
NRIC No ..... S1227975B

|                                                                    |                             |
|--------------------------------------------------------------------|-----------------------------|
| Date Of Birth .....                                                | 17/08/1957                  |
| Occupation .....                                                   | Outdoor                     |
| Date Of Driving Pass .....                                         | 09/09/2006                  |
| Driving experience .....                                           | 15 YEARS AND 5 MONTHS       |
| Gender .....                                                       | Male                        |
| Mobile Number .....                                                | (Phone) +65-98126972        |
| Alt. Phone Number .....                                            | -                           |
| Email Address .....                                                | car.rental@sianghock.com.sg |
| Address .....                                                      | BLK 106B CANBERRA STREET    |
| Address complement .....                                           | #05-463                     |
| Postcode .....                                                     | 752106                      |
| Is the driver the policyholder? .....                              | No                          |
| If No, Relationship of the Driver with the Insured .....           | Employee                    |
| 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 .....   | No Collision |
| Weather Conditions ..... | Raining      |
| Road Surface .....       | Wet          |

#### OTHER INFORMATION

|                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------|----|
| Was any foreign vehicle involved in the accident? .....                                                   | No |
| Number of vehicles involved in the accident .....                                                         | 1  |
| Was anybody injured in the Accident? .....                                                                | No |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -  |
| Was any other vehicle or property damaged? .....                                                          | No |
| 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 .....                       | Central Division Headquarters                                                  |
| Police Station Phone No .....                   | (Phone) +65-18002240000                                                        |
| Alt. Police Station Phone No .....              | (Fax) +65-62200877                                                             |
| Police Station Address .....                    | 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 |
| Was notice of intended Prosecution given? ..... | No                                                                             |
| If yes, against whom? .....                     | -                                                                              |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20220215/7011

#### ATTACHMENT(S)

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

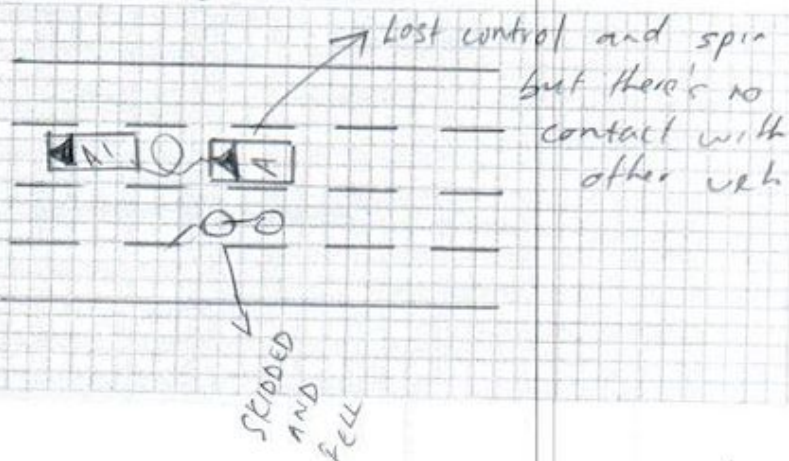
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWAS THAS BY CTE EXTI

A - GBA95234





## Describe Circumstances of the Accident

Refer to police Report No: A/2020215/7011

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



A/20220215/7011

1 of 1

**POLICE REPORT (NP299)**

Report No. A/20220215/7011

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

|                                                              |                                                             |                     |
|--------------------------------------------------------------|-------------------------------------------------------------|---------------------|
| Date/Time Report Made<br>15/02/2022 11:27                    | Vide Report No.                                             | Station Diary No.   |
| Name Of Informant<br>CHONG KWAI CHUEN                        | Address<br>106B CANBERRA STREET #05-463 SINGAPORE<br>752106 |                     |
| ID Type / ID No.<br>NRIC NO / S1227975B                      | Contact No.<br>Home/Office:                                 | Mobile:<br>98126972 |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>CHONGKC.2000@GMAIL.COM                     |                     |
| Occupation<br>DRIVER                                         | Sex<br>Male                                                 | Age<br>64           |
| Institution/School Name                                      | Date of Birth<br>17/08/1957                                 | Race<br>Chinese     |
| Date/Time Of Incident<br>09/02/2022 16:00 - 09/02/2022 16:10 | Location Of Incident<br>PAN ISLAND EXPRESSWAY               |                     |

**Brief details.**

ON 09/02/2022 I WAS DRIVING MY COMPANY VEHICLE (GBA9523U) ALONG PIE TOAWARD TUAS BEFORE CTE EXIT DUE TO WET ROAD MY CAR LOST CONTROL AND SPIN BUT I AM VERY SURE THAT I DID NOT HIT ON TO ANY OTHER CAR OR MOTOR BIKE. THERE A BIKE WHO SAW MY VEHICLE LOST CONTORL BUT HE SELF SLIPPED BEHIND ME BUT THERE ARE NO CONTACT FOR THE BOTH VHEICLE.

|                                                              |                                                                                                                                        |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>15/02/2022 11:27                                                                                                         |
| Officer In-Charge Of Case:                                   | Classification Of Case:                                                                                                                |

































**SINGAPORE  
POLICE FORCE**



A/20220215/7011

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| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>CHONGKC.2000@GMAIL.COM                     |                     |
| Occupation<br>DRIVER                                         | Sex<br>Male                                                 | Age<br>64           |
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|                                                              |                                                                                                                                        |
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| Officer In-Charge Of Case:                                   | Classification Of Case:                                                                                                                |