

## 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	01/11/2021 15:12 (SGT)
Date of Accident	31/10/2021 13:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1101P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAI YAN LIANG
NRIC No	S9033681I
Email Address	yanliang.nai@manulife.com.sg
Mobile Phone No	(Phone) +65-91187193
Alternative Phone No	+65-91187193

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00173612100
Cover Note Number	-

#### DRIVER

Name of Driver	NAI YAN LIANG
NRIC No	S9033681I

Date Of Birth .....	15/09/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	22/03/2018
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91187193
Alt. Phone Number .....	+65-91187193
Email Address .....	yanliang.nai@manulife.com.sg
Address .....	88 TANAH MERAH KECHIL AVE
Address complement .....	#07-20
Postcode .....	465518
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211031/2056

#### 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 .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD3510J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-



Vehicle Category .....	Taxi
Name of Driver .....	LIM SHENG CHUAN RAYMOND
NRIC No .....	S8018459Z
Contact Number .....	(Phone) +65-88083250
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 .....	SLZ3947U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KESUMA BIN SUPAAR
NRIC No .....	S8430903F
Contact Number .....	(Phone) +65-91514409
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 .....	NAI YAN LIANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMH1101P
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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SMH1101P  
B - SHD3510J  
C - SLZ3947U

DIE TWOS THAS

A C A B

Describe Circumstances of the Accident

*P/s refer to the police report T/20211031/2056*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
12 Nov  
Policyholder's Signature / Date & Time

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

*[Signature]* 01/11/21  
Witnessed by Reporting Centre Personnel



SINGAPORE  
POLICE FORCE



T/20211031/2056

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20211031/2056

## CONTINUATION OF REPORT

**Brief Details.**

On the 31/10/2021 at about 1315hrs, I was driving my vehicle SMH1101P along PIE at around 13.5km mark on lane 2. The traffic flow was moderate and it was raining heavily when the vehicle SLZ3947U in front of me jammed brake. I in turn applied my brake and stop in time however a taxi SHD3510J had hit my vehicle from the rear.

The front vehicle claimed that I had hit onto him however there were no damaged on my front portion and his rear portion. We all exchanged particulars and left.

Subsequently at about 1500hrs, I started to feel giddiness thus went to seek medical treatment at CGH. I received 07 days of Medical Leave. Medical Certificate number EMD2021189729.



















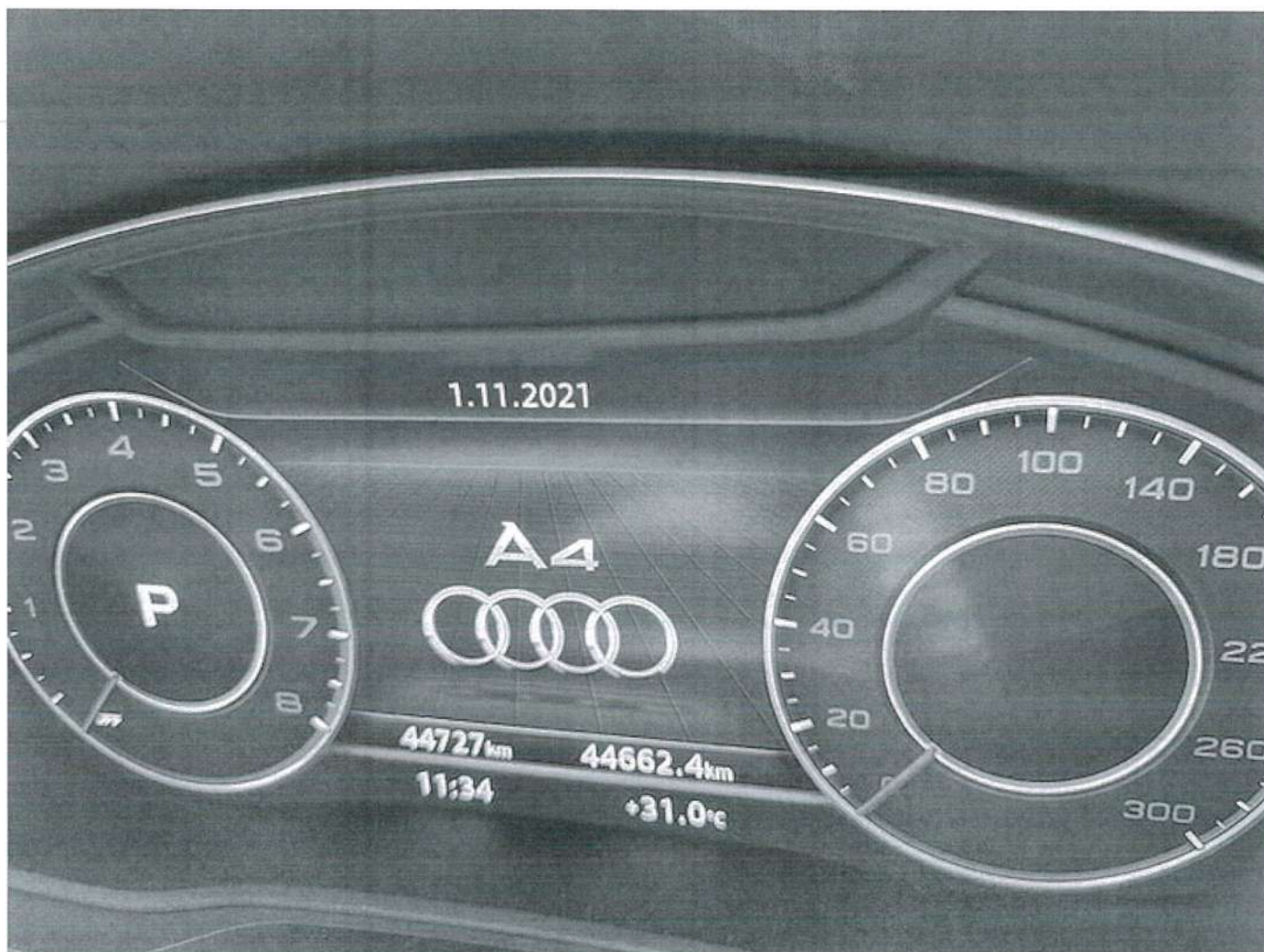














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T/20211031/2056

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Changi N.P.C  
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Report No. T/20211031/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2021 18:27		Vide Report No.:		Station Diary No.: 35	
<b>Informant's Particulars</b>					
Name of Informant: NAI YAN LIANG			Address: 88 TANAH MERAH KECHIL AVENUE #07-20 SINGAPORE 465518		
ID Type / ID No.: NRIC NO / S90336811			Contact No.: Home/Office: Mobile: 91187193		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 15/09/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2021 13:15	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: MULTIPLE COLLISION				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3510J	Car				Slightly Damaged	0
SLZ3947U	Car				No Damage	1
SMH1101P	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211031/2056

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Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20211031/2056

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH1101P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001736 12100	24/09/2021	23/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	Lim Sheng Chuan Raymond		ID No.	S8018459Z
Related Vehicle	SHD3510J (Car)		Contact No.	88083250
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	
<b>Driver</b>				
Name	Kesuma Bin Supaar		ID No.	S8430903F
Related Vehicle	SLZ3947U (Car)		Contact No.	91514409
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	
<b>Driver</b>				
Name	NAI YAN LIANG		ID No.	S9033681I
Related Vehicle	SMH1101P (Car)		Contact No.	91187193
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	31/10/2021	Date Discharge	NIL	
No. of Days granted Medical Leave	07	Degree of Injury	Slight	



SINGAPORE  
POLICE FORCE



T/20211031/2056

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Report No. T/20211031/2056

## 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 /  
SI MUHAMMAD HAFIDZ BIN  
ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/10/2021 18:27

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE