

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 11/04/2022 13:04 (SGT)
Date of Accident 06/04/2022 08:53 (SGT)
Exact Location of Accident Singapore
Additional Location Information KJE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ4899R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No 2XXXXX882D
Email Address PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No (Phone) +65-96253682
Alternative Phone No +65-91998131

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
Variant HYBRID 1.5 AUTO
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5126469337
Cover Note Number 5126469337-000116

DRIVER

Name of Driver TAN SEE KEONG (CHEN SHIQIANG)
NRIC No SXXXX036Z

Date Of Birth	17/05/1971
Occupation	Outdoor
Date Of Driving Pass	24/07/1990
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83331971
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 286 CHOA CHU KANG AVENUE 3 #03-316
Address complement	-
Postcode	680286
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	SLQ1172Z
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV5410P
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN KYE KIT
NRIC No	SXXXX239J
Contact Number	(Phone) +65-96564695
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 3

Vehicle Registration Number	SMA1252Z
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MABEL LONG SI LING
NRIC No	SXXXX488C
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	TAN SEE KEONG (CHEN SHIQIANG)
Gender	Male
Phone No	(Phone) +65-83331971
Address	BLK 286 CHOA CHU KANG AVENUE 3 #03-316
Address Complement	-
Post Code	680286
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SMJ4899R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I was travelling at KJE heavy traffic was stopping and behind car hit my rear and I hit the car in front.

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



SKETCH PLAN**IMPORTANT NOTICE**

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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")

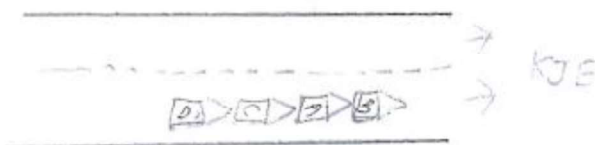
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMJ4899R
B: SLA11722
C: SLV5410P
D: SMA12522













SINGAPORE POLICE FORCE		1002209072098		1 of 3		
Police Station Of Origin: Choa Chu Kang N.P.C. 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999						
Report No: 1202204072588						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 07/04/2022 16:48		Vide Report No.:		Station Diary No.: 70		
Informant's Particulars						
Name of Informant: TAN SEE KEONG		Address: APT BLK 286 CHOA CHU KANG AVENUE 3 #03-316 SINGAPORE 680286				
ID Type / ID No.: NRIC NO / S7116036Z		Contact No.: Home/Office: Mobile: 83331971				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 50	Date of Birth: 17/05/1971	Type of Informant: Driver			
Race: Chinese		Language:		Institution / School Name:		
Occupation: Private-hire car driver		Driving Licence Information: Class: 2A.3.4.5		Date of Expiry:		
General Information of the Accident						
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2022 08:25	Type of Location: Straight Road		
Location: KRANJI EXPRESSWAY						
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No		
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5410P	Car				Slightly Damaged	1
SMJ4899R	Car				Slightly Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No						
How of Pedestrian Crossing: NA						

102020407/2068
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Report No: 102020407/2068

SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7699999

CONTINUATION OF REPORT


Driver Name	TAN SEE KEONG	ID No.	S7116036Z
Related Vehicle	SMU4899R (Car)	Contact No.	83331971
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: 2A,3,4,5 Date of Expiry: NIL
Date Treatment	07/04/2022	Date Discharge	07/04/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.
On 06/04/2022 around 0824hrs, while I was driving my vehicle bearing plate number SMU4899R along KJE towards Tuas at lane 1. When out of the sudden a car in front of me suddenly jammed break, which resulted me to jam break. I manage to avoid hitting on to the front car however the car bearing plate number SLU5410P behind me did not manage to break in time and hit me from the back. Subsequently the car behind SLU5410P, did not break in time and hence crash on to SLU5410P.

All 3 of us then alighted the car to exchange particulars and agreed to go for private settlement. No police nor ambulance came. I went to see doctor on 07/04/2022 as I felt discomfort and hence went to see doctor at National University Polyclinics at Bukit Batok and was given 4 days of MC. I am lodging this report for insurance purposes. No fatal injuries, no damage to government properties.

SLU5410P
Chan Kye Kit
S1762239J
96564695

S9412488C
Mabel Long Si Ling

 **SINGAPORE
POLICE FORCE**

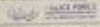


Police Station Of Origin:
Choa Chu Kang N.P.C.
30 Choa Chu Kang Street 52 #01-02
SINGAPORE 680096
Tel No: 1800-7620999

CONTINUATION OF REPORT

7 of 7
Report No: T08224B0001

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.

<p> SINGAPORE POLICE FORCE</p> <p>Signature of Officer Recording The Report: J.P. SGT 2 CHEN CHOW KOON</p> <p>SIGNATURE </p>	<p>Signature Of Informant: </p> <p>Date/Time: 07/04/2022 16:48</p> <p>Classification Of Case:</p>
<p>Signature Of Interpreter: Not applicable</p> <p>Officer In Charge Of Case: TP / AET / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204</p>	

NP 168

