

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	18/04/2022 11:52 (SGT)
Date of Accident	14/04/2022 07:25 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	TOWARDS JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE5454Z
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW IK GIM
NRIC No	SXXXX534D
Email Address	JOMCHEW@GMAIL.COM
Mobile Phone No	(Phone) +65-96969797
Alternative Phone No	+65-96969797

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00250472100
Cover Note Number	-

DRIVER

Name of Driver	CHEW IK GIM
NRIC No	SXXXX534D

Date Of Birth	14/01/1978
Occupation	Indoor
Date Of Driving Pass	28/07/1995
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96969797
Alt. Phone Number	+65-96969797
Email Address	JOMCHEW@GMAIL.COM
Address	BLK 301D PUNGGOL PLACE
Address complement	#08-223
Postcode	824301
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220414/7023

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	SLL3365Y
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	CHAN CHEE CHONG
NRIC No	SXXXX912A
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 IK GIM
Gender	Male
Phone No	(Phone) +65-96969797
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AREA (SLIGHT)
Injured person in which vehicle?	SNE5454Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

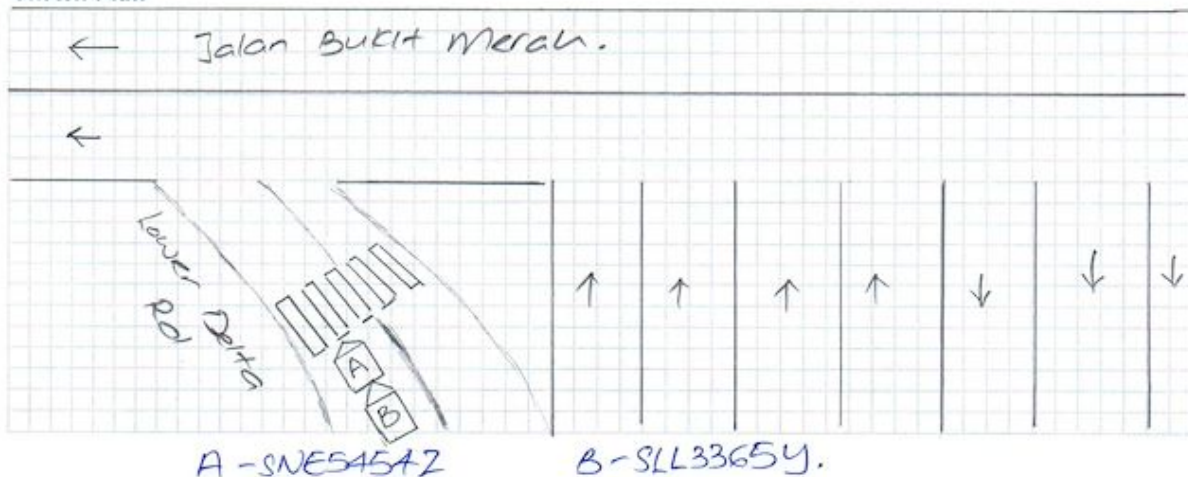
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. The 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.
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

 18/4/22
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


Refer to Police Report T/20220414/7023 attached.

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

 18/4/22
Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20220414/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220414/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2022 16:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW IK GIM			Address: 301D PUNGGOL PLACE #08-223 SINGAPORE 824301		
ID Type / ID No.: NRIC NO / S7802534D			Contact No.: Home/Office: Mobile: 96969797		
Nationality: SINGAPORE CITIZEN			Email: JOMCHEW@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 14/01/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT MANAGER			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: 14/04/2022 07:25	Type of Location: FILTER LANE
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL3365Y	Car	KIA		Red		0
SNE5454Z	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220414/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220414/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE5454Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002504 72100	30/11/2021	29/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHEE CHONG	ID No.	S1699912A
Related Vehicle	SLL3365Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHEW IK GIM	ID No.	S7802534D
Related Vehicle	SNE5454Z (Car)	Contact No.	96969797
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/04/2022	Date	14/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 14.04.2022 AT ABOUT 0725HRS, I STOPPED MY CAR BEHIND THE ZEBRA CROSSING OF FILTER LANE OF LOWER DELTA ROAD TOWARDS JALAN BUKIT MERAH TO GIVE WAY TO PEDESTRIANS TO CROSS THE ROAD. 2 SECONDS AFTER MY VEHICLE HAS STOPPED, SLL3365Y COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I FELT PAIN ON MY NECK AREA AND SOUGHT MEDIAL ASSISTANCE FROM DR+ MEDICAL & PAINCARE UPPER THOMSON AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220414/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220414/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
14/04/2022 16:30

Classification Of Case: