

# 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 ..... 17/05/2022 18:08 (SGT)  
Date of Accident ..... 15/05/2022 15:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS SLE (BEFORE MOULMEIN RD EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY8919L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GABRIEL CHAN ZHEN XUAN  
NRIC No ..... SXXXX427G  
Email Address ..... zxcchan@gmail.com  
Mobile Phone No ..... (Phone) +65-90699626  
Alternative Phone No ..... +65-90699626

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1317

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MP000909  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GABRIEL CHAN ZHEN XUAN  
NRIC No ..... SXXXX427G

Date Of Birth .....	10/01/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	01/03/2011
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90699626
Alt. Phone Number .....	+65-90699626
Email Address .....	zxgchan@gmail.com
Address .....	BLK 783B WOODLANDS RISE #13-29
Address complement .....	-
Postcode .....	732783
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NG YAN LING
Gender .....	Female

#### 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

PLEASE REFER TO POLICE REPORT T/20220516/7028

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNE2841J
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH XIANG WEN EMILY
NRIC No .....	TXXXX692D
Contact Number .....	(Phone) +65-83212846
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Liberty Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	GABRIEL CHAN ZHEN XUAN
Gender .....	Male
Phone No .....	(Phone) +65-90699626
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMY8919L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	NG YAN LING
Gender .....	Female
Phone No .....	(Phone) +65-91721423
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	SMY8919L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

*[Signature]*

Policyholder's Signature / Date & Time

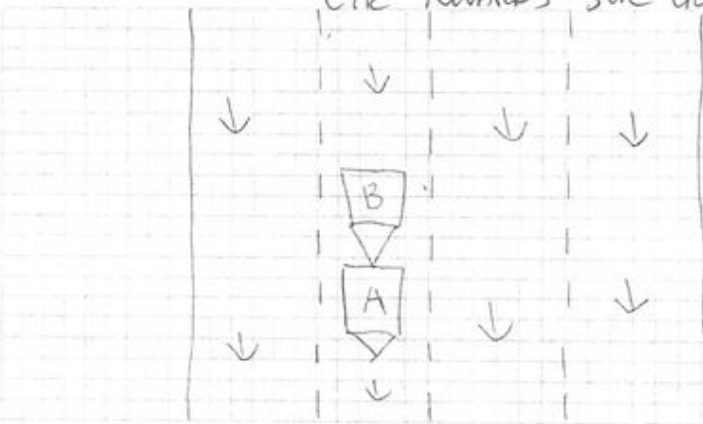
Sketch Plan

X

*[Signature]*

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

CTE TOWARDS SUE C/B/F MOUNTAIN RD EXIT



*[Signature]* 17/05/2022

Witnessed by Reporting Centre Personnel

A = SMY891AL  
B = SNE2841J

Describe Circumstances of the Accident

Refer to the Police report

Report NO : 7/20220516/7028

Declaration

We declare the foregoing particulars are true in every respect.

X




Policyholder's Signature / Date & Time

X



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

 17/05/2022

Witnessed by Reporting Centre Personnel
























**SINGAPORE  
POLICE FORCE**


T/20220516/7028

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

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Report No. T/20220516/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/05/2022 20:15	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GABRIEL CHAN ZHENXUAN	Address: 783B WOODLANDS RISE #13-29 SINGAPORE 732783		
ID Type / ID No.: NRIC NO / S9001427G	Contact No.:	Mobile: 90699626	
Nationality: SINGAPORE CITIZEN	Email:	ZXGCHAN@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 10/01/1990	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation:	Driving Licence Information: Class: 2B,3	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2022 15:30	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMY8919L	Car	HONDA	FIT BASIC 1.3 CVT	White	Slightly Damaged	1
SNE2841J	Car	SSANGYONG	Tivoli	Black	Slightly Damaged	4




**SINGAPORE  
POLICE FORCE**

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



T/20220516/7028

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Report No. T/20220516/7028

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY8919L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP000909	29/03/2022	28/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	GABRIEL CHAN ZHENXUAN	ID No.	S9001427G	
Related Vehicle	SMY8919L (Car)	Contact No.	90699626	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	16/05/2022	Date	16/05/2022	
No. of Days granted Medical Leave	05	Degree of	Slight	
Passenger				
Name	NG YAN LING	ID No.	S9217823D	
Related Vehicle	SMY8919L (Car)	Contact No.	91721423	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	16/05/2022	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Serious	
Driver				
Name	TOH XIANG WEN EMILY	ID No.	T0005692D	
Related Vehicle	SNE2841J (Car)	Contact No.	83212846	
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	



**SINGAPORE  
POLICE FORCE**



T/20220516/7028

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

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Report No. T/20220516/7028

**CONTINUATION OF REPORT**

Brief Details.

On 15/5/2022 at about 1530hrs, I was driving my White Honda Fit (SMY8919L) along CTE towards SLE, Lane 2. My wife (Ng Yan Ling, S9217823D) was in the front passenger seat.

Somewhere after Kampong Java Tunnel and before Moulmein Road Exit, there was a road closure for roadworks occurring at Lane 1. Many vehicles were filtering out of the lane at the last metre of the road closure, causing a congestion at Lane 2. I then slowed my vehicle down gradually to a stop due to the congestion and to maintain a safe distance from the vehicle ahead.

Suddenly, we felt an impact coming from the back of our vehicle, which caused our vehicle to surge forward for about 5 meters even while my foot was on the brake pedal. Upon reviewing our rear car cam, we noticed the vehicle behind us, Ssangyong Tevoli (GetGo Rental, SNE2841J), driven by Toh Xiang Wen Emily (T0005692D), had failed to apply brake in time despite maintaining an initial safe distance from us. Emily also had 4 other passengers with her at the time. We exchanged particulars amicably and left the scene so as not to create a congestion.

Due to this impact, my wife and I both suffered whiplash and woke up the next day feeling nausea and pain in various parts of our upper body. Thus, we sought treatment at Mount Elizabeth Novena on 16/5/2022. I was awarded 5 days of medical leave, while my wife was hospitalised as a CT scan revealed that there is a blood clot at the right hemisphere of her brain.



**SINGAPORE  
POLICE FORCE**

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



T/20220516/7028

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Report No. T/20220516/7028

**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 / TPB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
16/05/2022 20:15

Classification Of Case: