

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 23/05/2022 17:44 (SGT)
Date of Accident 19/05/2022 17:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ7189K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLAZE MOTORING PTE LTD
Company Reg No 2XXXXX362N
Email Address cj@blazemotoring.com.sg
Mobile Phone No (Phone) +65-88588862
Alternative Phone No +65-88588862

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1499

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 21-MR003051-R01
Cover Note Number -

DRIVER

Name of Driver CHONG CHUN JIE
NRIC No SXXXX196H

Date Of Birth	10/07/1986
Occupation	Indoor
Date Of Driving Pass	12/01/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96677396
Alt. Phone Number	-
Email Address	cj@blazemotoring.com.sg
Address	BLK 123 MCNAIR ROAD
Address complement	#06-17
Postcode	320123
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : F/20220520/7053.

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	GV9886C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM TOW TUAN
NRIC No	SXXXX156A
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	SMG1726S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOAY SAY VEE, EUDORA
NRIC No	SXXXX565J
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	CHONG CHUN JIE
Gender	Male
Phone No	(Phone) +65-96677396
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ7189K
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:

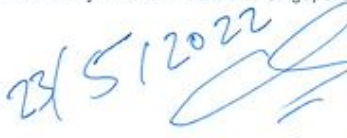
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.



23/5/2022

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



R 23/05/22
 Witnessed by Reporting Centre Personnel

Sketch Plan

A = SJQ 7189K
 B = GV 9886C
 C = SMG 1726S



Ang mo kio
 Ave 3

Describe Circumstances of the Accident

— Pls refer to the police report: F/20220520/7053. —

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

R 23/5/22
Witnessed by Reporting Centre Personnel

























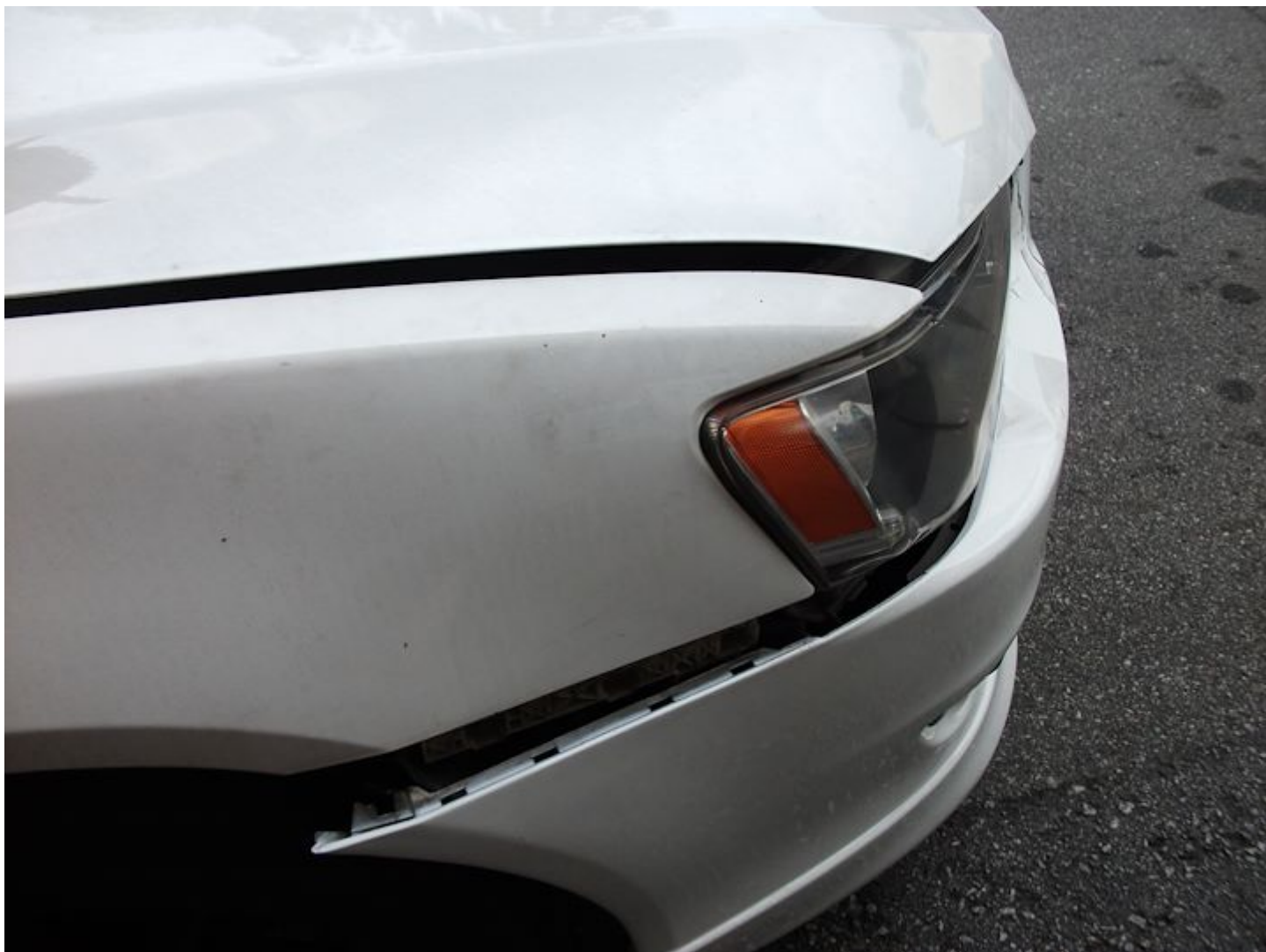




















**SINGAPORE
POLICE FORCE**



F/20220520/7053

1 of 2

POLICE REPORT (NP299)

Report No. F/20220520/7053

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 20/05/2022 17:11	Vide Report No.	Station Diary No.
Name Of Informant CHONG CHUN JIE	Address 123 MCNAIR ROAD #06-17 SINGAPORE 320123	
ID Type / ID No. NRIC NO / S8620196H	Contact No. Home/Office:	Mobile: 96677396
Nationality SINGAPORE CITIZEN	Email Address theycallmecj@live.com.sg	
Occupation car rental compayny	Sex Male	Age 35
Institution/School Name	Date of Birth 10/07/1986	Race Chinese
Date/Time Of Incident 19/05/2022 17:00 - 19/05/2022 17:20	Location Of Incident ANG MO KIO AVENUE 3	

Brief details.

I was involved in a car accident , the accident was at ang mo kio ave 3 towards cte(city) , i was the driver of (SJQ7189K) , the car infront of me (SMG1726S) slowed down so i also slowed down, suddenly a vehicle (GV9886C) bang me from the back and the impact caused me to hit the vehicle infront of me . I felt pain and i went to consult a doctor and was given 4 days MC .

Subjects Involved	
Victim	
Person Name	CHONG CHUN JIE

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2022 17:11
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220520/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220520/7053

ID Type	NRIC NO	ID No	S8620196H
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	car rental comapny	Address	123 MCNAIR ROAD #06-17 SINGAPORE 320123
Mobile No	96677396	Is Informant A Victim?	Yes
Person Name	CHONG CHUN JIE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2022 17:11
Officer In-Charge Of Case:	Classification Of Case: