

# 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 ..... 25/05/2022 15:24 (SGT)  
Date of Accident ..... 24/05/2022 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CENTRAL EXPRESSWAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE5461M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN CHING CHING  
NRIC No ..... SXXXX398D  
Email Address ..... TAN\_CHING\_CHING@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96369007  
Alternative Phone No ..... +65-96369007

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... BENZ / C 180 KOMPRESSOR  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SP2001407488-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHIA ZHI YANG  
NRIC No ..... SXXXX928E

Date Of Birth .....	14/01/1995
Occupation .....	Indoor
Date Of Driving Pass .....	16/03/2015
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90789070
Alt. Phone Number .....	-
Email Address .....	WAYNECHIAZY@GMAIL.COM
Address .....	26 BUKIT BATOK ST 52 #23-02
Address complement .....	-
Postcode .....	659247
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JLB8220
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	TAN CHING CHING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Marina Bay Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002229999
Alt. Police Station Phone No .....	(Fax) +65-64359276
Police Station Address .....	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SLL908D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	SHB3192D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 3

Vehicle Registration Number .....	JLB8220
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Work Permit No .....	5XXXX3049
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	JLB8220
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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 = 8HB3192D

B = 3LL809D

C = JLB8220

D = 3KE5461M

### Describe Circumstances of the Accident

Refer to police report

## Declaration

I/We declare the foregoing particulars are true in every respect.

Michigan

Policyholder's Signature / Date &  
Time

*[Signature]*

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

Spice

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220525/2018

1 of 3

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Report No. T/20220525/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/05/2022 10:55		Vide Report No.: E/20220524/0130		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: CHIA ZHI YANG			Address: APT BLK 33 EUNOS CRESCENT #10-238 SINGAPORE 400033		
ID Type / ID No.: NRIC NO / S9501928E			Contact No.: Home/Office:		Mobile: 90789070
Nationality: SINGAPORE CITIZEN			Email: waynechiazzy@gmail.com		
Sex: Male	Age: 27	Date of Birth: 14/01/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Tax accountant			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/05/2022 18:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JLB8220	Motorcycle				Seriously Damaged	0
SHB3192D	Car			Yellow	Slightly Damaged	0
SKE5461M	Car	MERCEDES BENZ	C180	Grey	Slightly Damaged	1
SLL809D	Car	MITSUBISHI		Silver	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220525/2018

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Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Report No. T/20220525/2018

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE5461M	ALLIANZ INSURANCE SINGAPORE PTE. LTD.			

**Brief Details.**

I was involved in a road traffic accident yesterday 24/05/2022 which was attended by Traffic Police and an ambulance vide E/20220524/0130. The injured motorist (JLB 8220) was conveyed by an ambulance to the hospital, conscious.

On 24/05/2022 at about 630pm, I was driving together with my mom along Central Expressway on the second lane heading towards Ayer Rajah Expressway when I saw one motorist (JLB 8220) colliding onto the rear right of a silver color car (SLL809D) on the third lane of the Central Expressway which was also filtering out towards Jalan Bukit Merah exit. As it happened quite fast and the motorist (JLB 8220) and his bike had fallen onto the second lane I was in, I was unable to fully brake in time thus colliding onto the bike (JLB 8220) which then caused the motorist to slide into the third lane.

My mother and I immediately checked on the motorist and realized that the motorist was bleeding and had injuries on his right arm and facial injuries. I called for Police whereas my mother called for an ambulance. At the same time, I discovered that the silver color car driver (SLL809D) had collided onto a yellow taxi (SHB 3192D).

I am making this report as I was advised by the Traffic Police to lodge a report.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999



T/20220525/2018

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Report No. T/20220525/2018

**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: A / SGT 3 NUR FARHANA BINTI ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2022 10:55
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
NP168	
 SINGAPORE POLICE FORCE	
SIGNATURE	