

# 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 ..... 30/05/2022 18:48 (SGT)  
Date of Accident ..... 28/05/2022 15:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS AFTER TOH GUAN EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE8617B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA BEE LAY  
NRIC No ..... SXXXX503B  
Email Address ..... bervyn\_chua95@hotmail.com  
Mobile Phone No ..... (Phone) +65-81396446  
Alternative Phone No ..... +65-92991991

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1986

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00098162200  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BERVYN CHUA KOK LEE  
NRIC No ..... SXXXX191F

Date Of Birth .....	09/11/1995
Occupation .....	Indoor
Date Of Driving Pass .....	06/11/2015
Driving experience .....	6 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92991991
Alt. Phone Number .....	-
Email Address .....	bervyn_chua95@hotmail.com
Address .....	BLK 979 JURONG WEST STREET 93 #09-321
Address complement .....	-
Postcode .....	640979
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? .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN ZI 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 SKETCH PLAN AND POLICE REPORT T/20220529/7073

#### 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 .....	SMG6554M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ERIC YANG WENG ZHOU
Contact Number .....	(Phone) +65-98358172
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 .....	GBK8828U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN QIM LIK
Contact Number .....	(Phone) +65-91759727
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 .....	BERVYN CHUA KOK LEE
Gender .....	Male
Phone No .....	(Phone) +65-92991991
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNE8617B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	TAN ZI LING
Gender .....	Female
Phone No .....	(Phone) +65-93691580
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNE8617B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

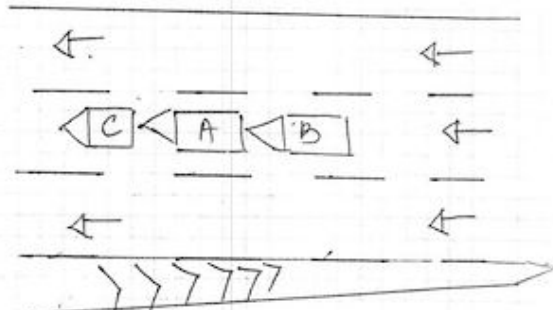
*[Signature]* 30/05/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A : SNE 8617B.

Vehicle B : SMG 6554M.

Vehicle C : GBK 8828Y.



## Describe Circumstances of the Accident

On the stated date & Time, I was driving on the stated venue. The traffic was quite heavy at that time. Suddenly the front vehicle stopped & I follow suite. The vehicle behind me SM66554M could not stop in time & hit onto my vehicle SNE8617B causing my vehicle to move forward and hit onto the vehicle in front of me G1BK88284

POLICE REPORT 7/20220529/7013

Vehicle A : SNE8617B

Vehicle B : SM66554M

Vehicle C : G1BK88284.

## 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



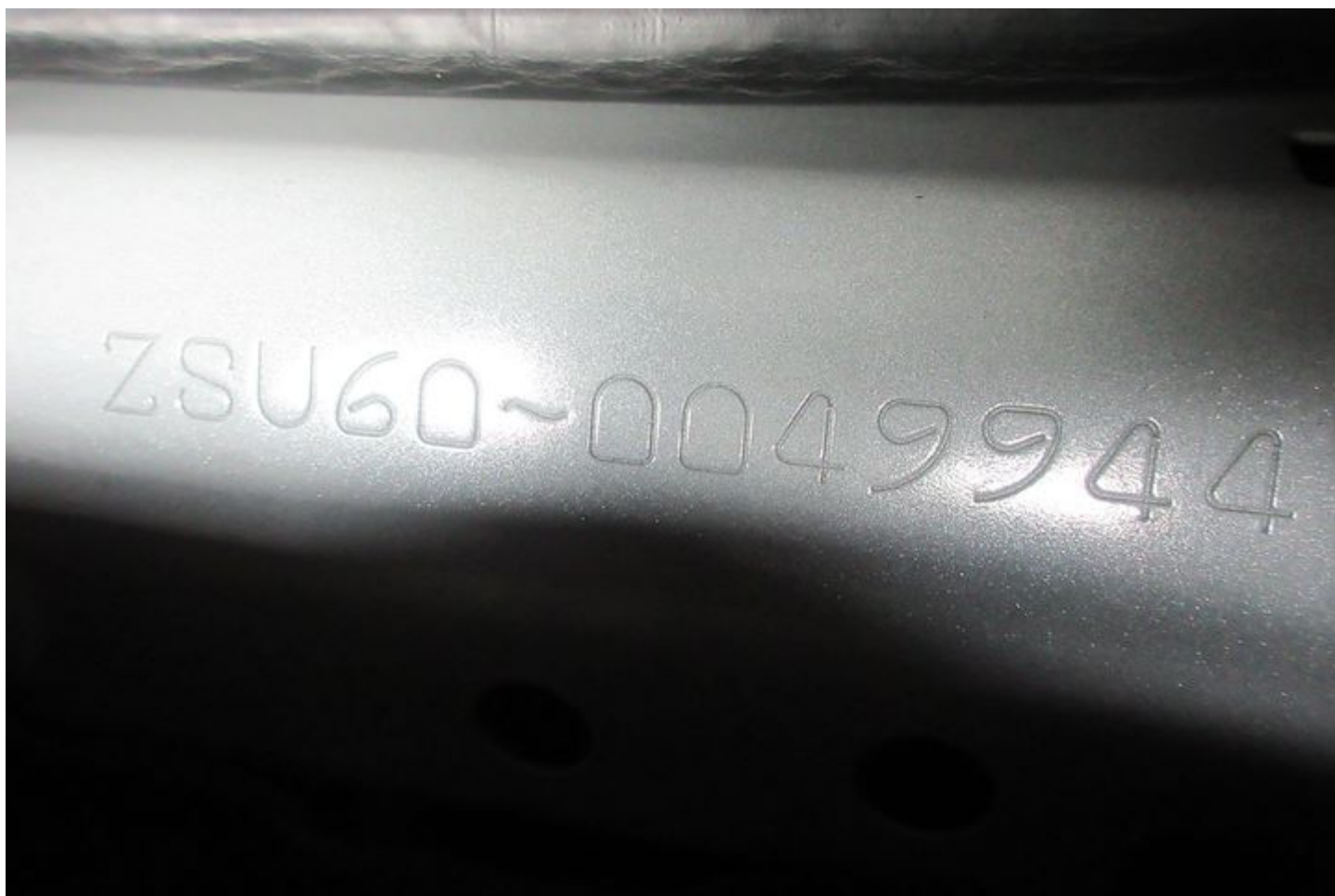






























































**SINGAPORE  
POLICE FORCE**



T/20220529/7073

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

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Report No. T/20220529/7073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/05/2022 23:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BERVYN CHUA KOK LEE		Address: 979 JURONG WEST STREET 93 #09-321 SINGAPORE 640979			
ID Type / ID No.: NRIC NO / S9541191F		Contact No.: Home/Office: Mobile: 92991991			
Nationality: SINGAPORE CITIZEN		Email: BERVYN_CHUA95@HOTMAIL.COM			
Sex: Male	Age: 26	Date of Birth: 09/11/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3,4		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 15:40	Type of Location: PIE
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNE8617B	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220529/7073

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

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Report No. T/20220529/7073

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	TAN ZI LING		ID No. S9631619D
Related Vehicle	SNE8617B (Car)		Contact No. 93691580
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	29/05/2022		Date 29/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	BERVYN CHUA KOK LEE		ID No. S9541191F
Related Vehicle	SNE8617B (Car)		Contact No. 92991991
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3,4 Date of Expiry: NIL
Date	28/05/2022		Date 29/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 28/5/2022 at about 1540hrs, I was driving vehicle (SNE8617B) on a straight road along PIE towards Tuas with my girlfriend namely Tan Zi Ling. The traffic was heavy and the front vehicle stopped and i followed suit. Suddenly, i felt a hard impact from the rear of my vehicle and the great impact causes my vehicle to move forward and hit onto the vehicle (GBK88282U) in front of me. I alighted from my vehicle and realised a black vehicle (SMG6554M) could not stopped in time and hit onto my vehicle. I was involved in a 3 cars chain collision at PIE toward Tuas near Toh Guan Road Exit. We check on each other and exchanged our particulars. The next day, my girlfriend and i felt some pain on our head and neck area hence we proceed to a 24hrs clinic to have a check. My girlfriend and i were given each 3 days MC by the doctor hence we need to make a traffic police report.



**SINGAPORE  
POLICE FORCE**

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



T/20220529/7073

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Report No. T/20220529/7073

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
29/05/2022 23:26

Classification Of Case: