

# 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 ..... 06/06/2022 18:29 (SGT)  
Date of Accident ..... 03/06/2022 18:20 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA7464U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CKEH PTE LTD  
Company Reg No ..... 2XXXXX332Z  
Email Address ..... ice0523@hotmail.com  
Mobile Phone No ..... (Phone) +65-81772271  
Alternative Phone No ..... (Office) +65-68419338

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ22-000587  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN CHENG HWA  
Passport No/FIN ..... FXXXX869W

Date Of Birth .....	15/09/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	20/12/2018
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81772271
Alt. Phone Number .....	-
Email Address .....	ice0523@hotmail.com
Address .....	BLK 8 LORONG 35 GEYLANG #05-02
Address complement .....	DAODE BUILDING
Postcode .....	387940
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	TAN HOCK LEONG
Gender .....	Male

#### 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/20220603/7034

#### 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 .....	SJH6096Z
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHAN CHENG HWA
Gender .....	Male
Phone No .....	(Phone) +65-81772271
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBA7464U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	TAN HOCK LEONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBA7464U
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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X



Policyholder's Signature / Date &amp; Time

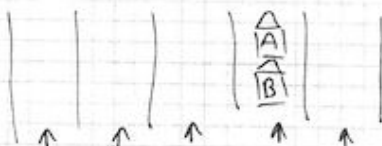
Sketch Plan

X

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

PAN ISLAND EXPRESSWAY

Witnessed by Reporting Centre Personnel



A: GBA 7464 U

B: SJH 6096 Z

## Describe Circumstances of the Accident

Refer to attached police report: 7/20220603/7034

## 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

06/06/2022

Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20220603/7034

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

1 of 3

Report No. T/20220603/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/06/2022 20:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHAN CHENG HWA		Address: APT BLK 8 LORONG 35 GEYLANG #05-02 DAODE BUILDING SINGAPORE 387940	
ID Type / ID No.: FIN NO / F8424869W		Contact No.: Home/Office: Mobile: 0125823338	
Nationality: MALAYSIAN		Email: ice0523@hotmail.com	
Sex: Male	Age: 44	Date of Birth: 15/09/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self Employed		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2022 06:20	Type of Location: Straight Road
Location:  PAN ISLAND 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: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBA7464U	Van	TOYOTA	HIACE	White	Slightly Damaged	1
SJH6096Z	Car	MITSUBISHI	Lancer EX	White	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220603/7034

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

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Report No. T/20220603/7034

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	TAN HOCK LEONG	ID No.	G2638045L
Related Vehicle	GBA7464U (Van)	Contact No.	85897729
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	03/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	CHAN CHENG HWA	ID No.	F8424869W
Related Vehicle	GBA7464U (Van)	Contact No.	0125823338
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/06/2022	Date	03/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

I was travelling on the 2nd lane when the car in front of me applied brakes, I followed suit and was subsequently rear ended by a vehicle SJH6096Z. I took photos, exchanged particulars and left the scene. I was advised to lodge an accident report on this said matter.



**SINGAPORE  
POLICE FORCE**



T/20220603/7034

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

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Report No. T/20220603/7034

**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:  
03/06/2022 20:08

Classification Of Case: