

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 09/06/2022 12:07 (SGT)
Date of Accident 09/06/2022 09:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TUAS TOWARDS TUAS 6.3KM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR519J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUI XI TAO (XU XITAO)
NRIC No SXXXX520H
Email Address xitao79@hotmail.com
Mobile Phone No (Phone) +65-96732960
Alternative Phone No +65-96732960

VEHICLE PARTICULARS

Manufacturer Toyota
Model Previa
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV01004001
Cover Note Number -

DRIVER

Name of Driver CHUI XI TAO (XU XITAO)
NRIC No SXXXX520H

Date Of Birth	07/02/1979
Occupation	Indoor
Date Of Driving Pass	06/05/2000
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96732960
Alt. Phone Number	+65-96732960
Email Address	xitao79@hotmail.com
Address	97A UPPER THOMSON ROAD #13-02
Address complement	-
Postcode	574327
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	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?	Yes
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SJK1390R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MUHAMMAD IHSAN BIN MOHAMED HELMI
NRIC No	SXXXX947J
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	SMS3729H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOW WO KEON
NRIC No	SXXXX964B
Contact Number	(Phone) +65-97560488
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?	SJK1390R
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)**

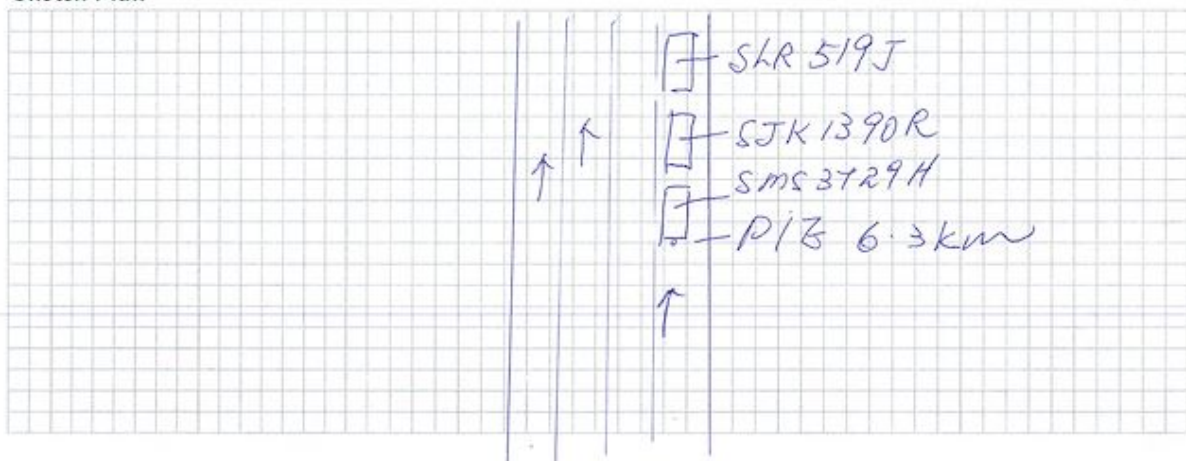
I understand, acknowledge, agree and consent that:

- (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

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1233 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

Location : PIE Towards Tvas 6.3 km, Lane 1
Time : 09:20 AM
Date : 9th June 2022

SLR 519J was travelling at speed limit 90 km/hr along Lane 1.
Preceding traffic slowed down to a standstill.
SLR 519J gradually slowed down to 0 km/hr and stopped.
SJK 1390K was noticed by SLR 519J driver to slow down behind as well.
A few seconds later, a huge thud from behind of SLR 519J was felt, and SLR 519J was moved forward.
Driver of SLR 519J decided to drive the car a few metres forward to see if vehicle SLR 519J was still driveable.
Driver got out of SLR 519J, and saw that SLR 519J was the first vehicle out of three in a chain collision.
There were 3 children in middle vehicle SJK 1390K, thus ambulance and Traffic police had to be called, according to TP.
Police report had to be filed as traffic accident involved children, according to TP.
Police report filed. Report number G/2022 0609/ 0049.
SLR 519J rear of car damaged. Front nil damage. Driver nil injuries.
End of report.

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-581601 Sin Ming Ind Est
Singapore 75643
Tel: 645-1735 Fax: 6453-7944
(Claims Section)

Witnessed by Reporting Centre
Personnel







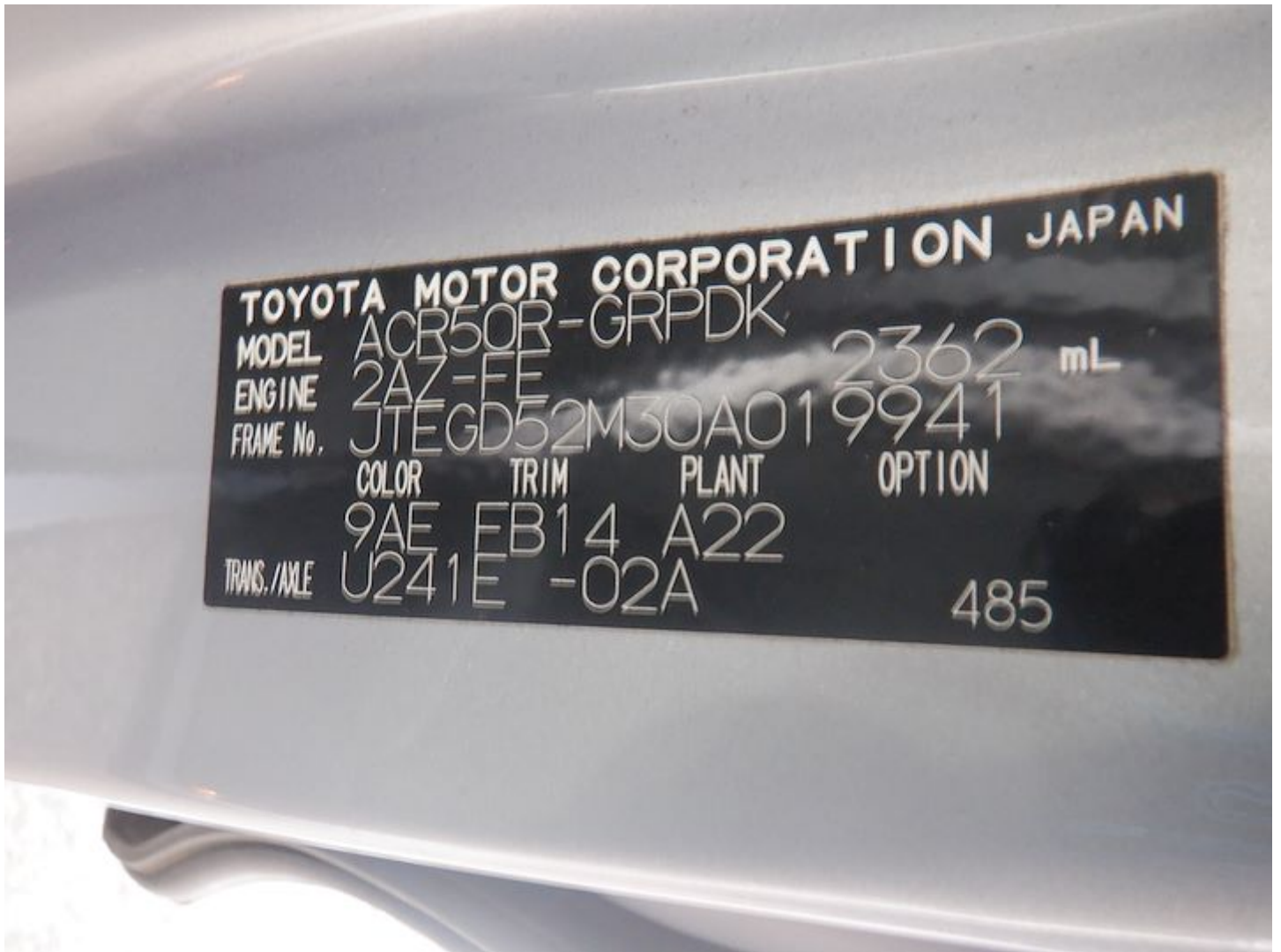




























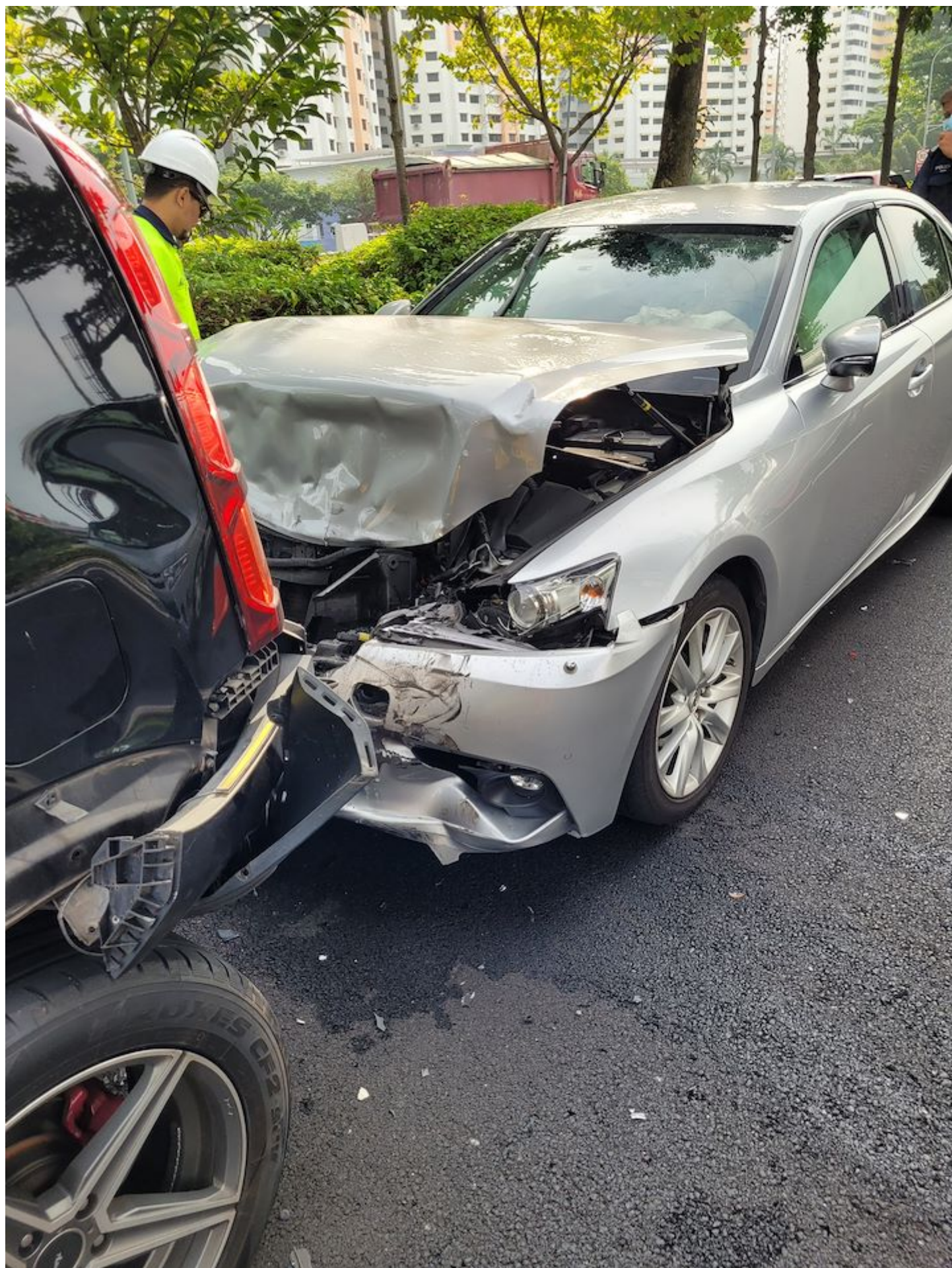















**SINGAPORE
POLICE FORCE**


E/20220609/7007

1 of 1

POLICE REPORT (NP299)

Report No. E/20220609/7007

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 09/06/2022 11:07	Vide Report No.	Station Diary No.
Name Of Informant CHUI XI TAO	Address 97A UPPER THOMSON ROAD #13-02 SINGAPORE 574327	
ID Type / ID No. NRIC NO / S7902520H	Contact No. Home/Office:	Mobile: 96732960
Nationality SINGAPORE CITIZEN	Email Address xitao79@hotmail.com	
Occupation Pilot	Sex Male	Age 43
	Date of Birth 07/02/1979	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 09/06/2022 09:20 - 09/06/2022 09:20	Location Of Incident 97A UPPER THOMSON ROAD #13-02 SINGAPORE 574327	

Brief details.

Case Report Number G/20220609/0049

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: 09/06/2022 11:07
Officer In-Charge Of Case:	Classification Of Case: