

# 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 ..... 27/06/2022 11:40 (SGT)  
Reported by ..... Both  
Date of Accident ..... 24/06/2022 08:50 (SGT)  
Exact Location of Accident ..... W Coast Hwy, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLA4657G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHO WEI YEE  
NRIC No ..... SXXXX709E  
Email Address ..... tschew77@hotmail.com  
Mobile Phone No ..... (Phone) +65-97434118  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Tiguan  
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 ..... 1390

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300272369 QMY

### DRIVER

Name of Driver ..... CHEW TAN SENG (ZHOU CHENSHENG)  
NRIC No ..... SXXXX309G  
Date Of Birth ..... 23/01/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	08/12/2009
Driving experience .....	12 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97434118
Alt. Phone Number .....	-
Email Address .....	tschew77@hotmail.com
Address .....	21 FORT ROAD #09-03
Address complement .....	-
Postcode .....	439089
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	AFTER RAIN
Road Surface .....	Wet

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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/20220624/7018

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD9735Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	XD1456G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	CHEW TAN SENG (ZHOU CHENSHENG)
Gender .....	Male
Phone No .....	(Phone) +65-97434118
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLA4657G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

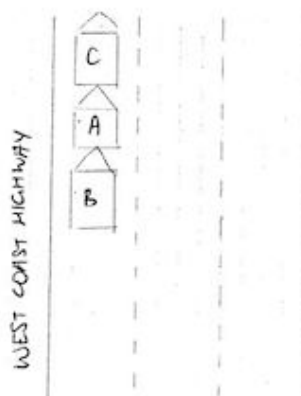
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

X   
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan



- Ⓐ SLA4657G
- Ⓑ XD9735Z
- Ⓒ XD1456G

## Describe Circumstances of the Accident

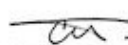
I WAS TRAVELLING ALONG WEST COAST HIGHWAY ON THE EXTREME  
LEFT HAND LANE. THE VEHICLE IN FRONT SLOWED DOWN AND CAME TO  
A STOP. I FOLLOWED TO SLOW DOWN AND STOP. SUDDENLY, I FELT AN  
IMPACT FROM THE REAR. THE IMPACT CAUSED MY VEHICLE TO  
SURGE FORWARD AND COLLIDE ONTO THE VEHICLE IN FRONT.  
I FELT UNWELL AND VISITED THE CLINIC AND WAS GIVEN 3  
DAYS MC.

POLICE REPORT 7/20220624/7018

## Declaration

We declare the foregoing particulars are true in every respect.

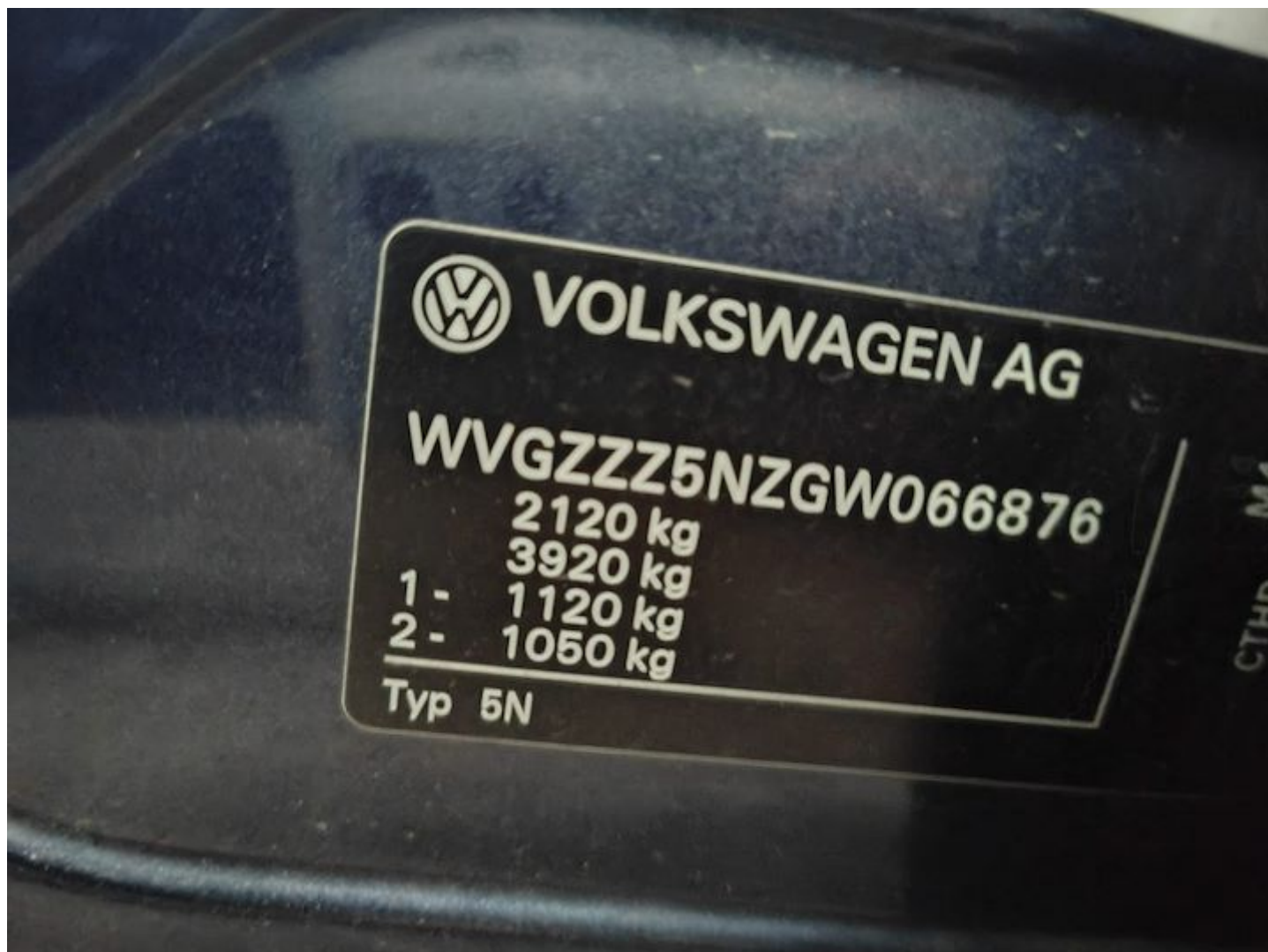
  
Policyholder's Signature / Date & Time

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

 27/06/2022  
Witnessed by Reporting Centre Personnel




























**SINGAPORE  
POLICE FORCE**


T/20220624/7018

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

1 of 3

Report No. T/20220624/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2022 12:14	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHEW TAN SENG			Address: 21 FORT ROAD #09-03 SINGAPORE 439089		
ID Type / ID No.: NRIC NO / S7702309G			Contact No.: Home/Office: Mobile: 97434118		
Nationality: SINGAPORE CITIZEN			Email: TSCHEW77@HOTMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/01/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2022 08:50	Type of Location: Bridge
Location:  WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SLA4657G	Car					0
XD1456G	PRIME MOVER WITH TRAILER					0
XD9735Z	PRIME MOVE WITH TRAILER					0



**SINGAPORE  
POLICE FORCE**

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



T/20220624/7018

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Report No. T/20220624/7018

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW TAN SENG	ID No.	S7702309G
Related Vehicle	SLA4657G (Car)	Contact No.	97434118
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2022	Date	24/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

I was travelling along West Coast Highway on the extreme left lane.  
The vehicle in front of me slowed down and came to a stop.  
I followed to slow down and stop.  
Suddenly, I felt an impact from the rear.  
The impact caused my vehicle to surge forward and collide onto the vehicle in front.

I felt unwell and visited Bok Family Clinic and was given 3 days MC (24.06.22 TO 26.06.22)

**SINGAPORE  
POLICE FORCE**

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



T/20220624/7018

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Report No. T/20220624/7018

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
24/06/2022 12:14

Classification Of Case: