

## 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	29/06/2022 15:01 (SGT)
Reported by	Driver
Date of Accident	25/06/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MACPHERSON RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND8761Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA AH GUAN (CAI YAYUAN)
NRIC No	SXXXX377G
Email Address	STALLOB96@GMAIL.COM
Mobile Phone No	(Phone) +65-90306666
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY ASCENT HYBRID CVT
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	2487

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA606896

### DRIVER

Name of Driver	CHUA YU HANG
NRIC No	SXXXX596G
Date Of Birth	27/06/1996
Occupation	Indoor

Date Of Driving Pass	12/03/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93253522
Alt. Phone Number	-
Email-Address	STALLOB96@GMAIL.COM
Address	BLK 328 SEMBAWANG CRESCENT #05-08
Address complement	-
Postcode	750328
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	Collision - Change/cross lane
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)	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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO CLIPS PASS TO HIS OWN WORKSHOP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4387S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEK HENG SIANG
NRIC No	SXXXX581G
Contact Number	(Phone) +65-82680518
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	CHUA YU HANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	HEADACHE & CHEST PAIN.
Were seat belts worn?	SND8761Y
Was this injured conveyed to hospital by ambulance?	Yes
	No

SKETCH PLAN

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7. By the lodgment 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 insure-(s) who have insured vehicle(s) involved in this accident (all insure-(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 insure-(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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

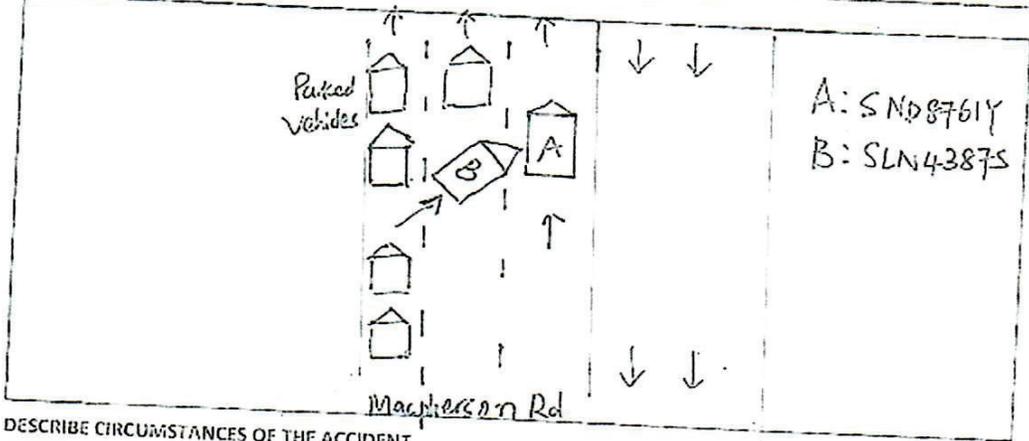
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

SKETCH PLAN

Date of accident: 25/06/22 Time: 1350 Location: Macpherson Rd  
 My Vehicle A: SND8761Y Vehicle B: SLN4387S Vehicle C:



A: SND8761Y  
 B: SLN4387S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No.  
 T/20220625/2022

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
 My workshop: Tropical Success Auto Centre  
 Email address: tsac303@singnet.com.sg  
 & myself:  
 Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION  
 I/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:

Reporting Centre Person's Signature  
 Name:  
 NRIC/IN No:





**SINGAPORE  
POLICE FORCE**



T/20220625/2089

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Report No. T/20220625/2089

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

Driver Name	CHUA YU HANG	ID No.	S9621596G
Related Vehicle	SND8761Y (Car)	Contact No.	93253522
Hospital/Clinic	GREENLIFE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2022	Date Discharge	25/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	LEK HENG SIANG	ID No.	S0143581G
Related Vehicle	NIL	Contact No.	82680518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/06/2022 at about 1350hrs, I was driving my car (SND8761Y) along Macpherson Road. I cannot remember which road I am heading towards.

There were 3 lanes on the road, I was driving on the right most lane. Suddenly while I was moving, I noticed the middle lane on left there was another car (SLN4387S) signaling right and trying to cut into my lane. As I have the right of way, I continued forward at the same speed. As I was about to past the said car, suddenly I heard a loud bang and my car jerked to the right. I hit my head on the window and felt some slight pain on my head. I exited my car and noticed the said car's head had collided with the side of my car.

I quickly make a check with the driver of the said car. Both of us did not suffer from any visible injuries however I was having a very bad headache. We exchanged our particulars and left separately. His name is Lek Heng Siang, S0143581G and his contact number is 82680518. He informed that he did not see my car coming and proceeded to cut into my lane and hence the accident. My car had several scratches on the rear left region. The other car's front bumper was slightly dislodged.

I continued to feel the headache and also slight chest pain from the whip lash as I was driving back, I decided to see a doctor. The clinic I went is Greenlife Clinc & Surgery PTE LTD and the doctor gave me 3 days MC from 25/06/2022 to 27/06/2022. That is all.



**SINGAPORE  
POLICE FORCE**



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Report No. T/20220625/2089

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Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
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757633  
Tel No: 1800-5549999



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**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: L / SGT 3 MUHAMMAD FAIDHI BIN ROZZID 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436

Signature Of Informant: 
Date/Time: 25/06/2022 21:33
Classification Of Case: