

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	04/07/2022 19:03 (SGT)
Reported by	Both
Date of Accident	02/07/2022 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TWDS ECP B4 AIRPORT RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE7899X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH MING HUA
NRIC No	SXXXX190E
Email Address	ohminghua@gmail.com
Mobile Phone No	(Phone) +65-83100088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00150112201

DRIVER

Name of Driver	OH MING HUA
NRIC No	SXXXX190E
Date Of Birth	07/03/1981
Occupation	Indoor

Date Of Driving Pass	24/12/2013
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83100088
Alt. Phone Number	-
Email Address	ohminghua@gmail.com
Address	BLK 224A SUMANG LANE
Address complement	#07-145
Postcode	821224
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	OH BENG LYE
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

PLS REFER TO THE POLICE REPORT:T/20220703/7007

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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK48Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ1287M
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	OH MING HUA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKE7899X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	OH BENG LYE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKE7899X
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' 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.

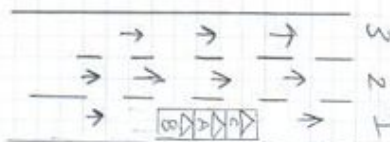

Policyholder's Signature / Date & Time


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

ROSLINDA BINTE A WANAB
Witnessed by Reporting Centre
Personnel 04/07/22

Sketch Plan

KPE TWDS ECA BY AIRPORT RD EXIT



A: SKF 7899X
B: SGK 48Y
C: SLJ 1287M

Describe Circumstances of the Accident

On the stated time and date,

I was travelling along kpe towards ECP before Airport Road exit at lane 1 with my brother.

As the first vehicle stop at lane 1 completely due to jam. I slow down gradually as well. Suddenly I felt on huge impact from rear portion.

Causing my vehicle to thrust forward and hit onto the vehicle in front. When I got down my vehicle.


I realised vehicle (SGK 48Y) has collided into my rear portion. I was the second vehicle (SKE 78GA) and first vehicle is (SLJ 1287m).

This is a 3 car chain collision.

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

ROSLINDA BINTE A WATIA
Witnessed by Reporting Centre Personnel 04/07/22



**SINGAPORE
POLICE FORCE**



T/20220703/7007

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

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Report No. T/20220703/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE7899X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001501 12201	28/06/2022	27/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	OH BENG LYE	ID No.	S1577579C
Related Vehicle	SKE7899X (Car)	Contact No.	96236366
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	OH MING HUA	ID No.	S8108190E
Related Vehicle	SKE7899X (Car)	Contact No.	83100088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated time and date.

I was traveling along KPE towards ECP before airport road exit on lane 1 with my brother.

As the vehicle in front of me stop due to traffic jam. I myself gradually stop as well. Then out of sudden I felt an huge impact from the rear potion of my vehicle. Causing my vehicle to thrust forward and hit onto the vehicle in front.

When I got down my vehicle, I realized vehicle(SGK48Y) has collided onto my rear potion.

I was the second vehicle(SKE7899X) and the first vehicle is (SLJ1287M). And vehicle (SGK 48Y) was the third vehicle.

This is a 3 car chain collision accident.



**SINGAPORE
POLICE FORCE**



T/20220703/7007

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

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Report No. T/20220703/7007

CONTINUATION OF REPORT

Me and my brother attended medical care and was given 5 days mc.













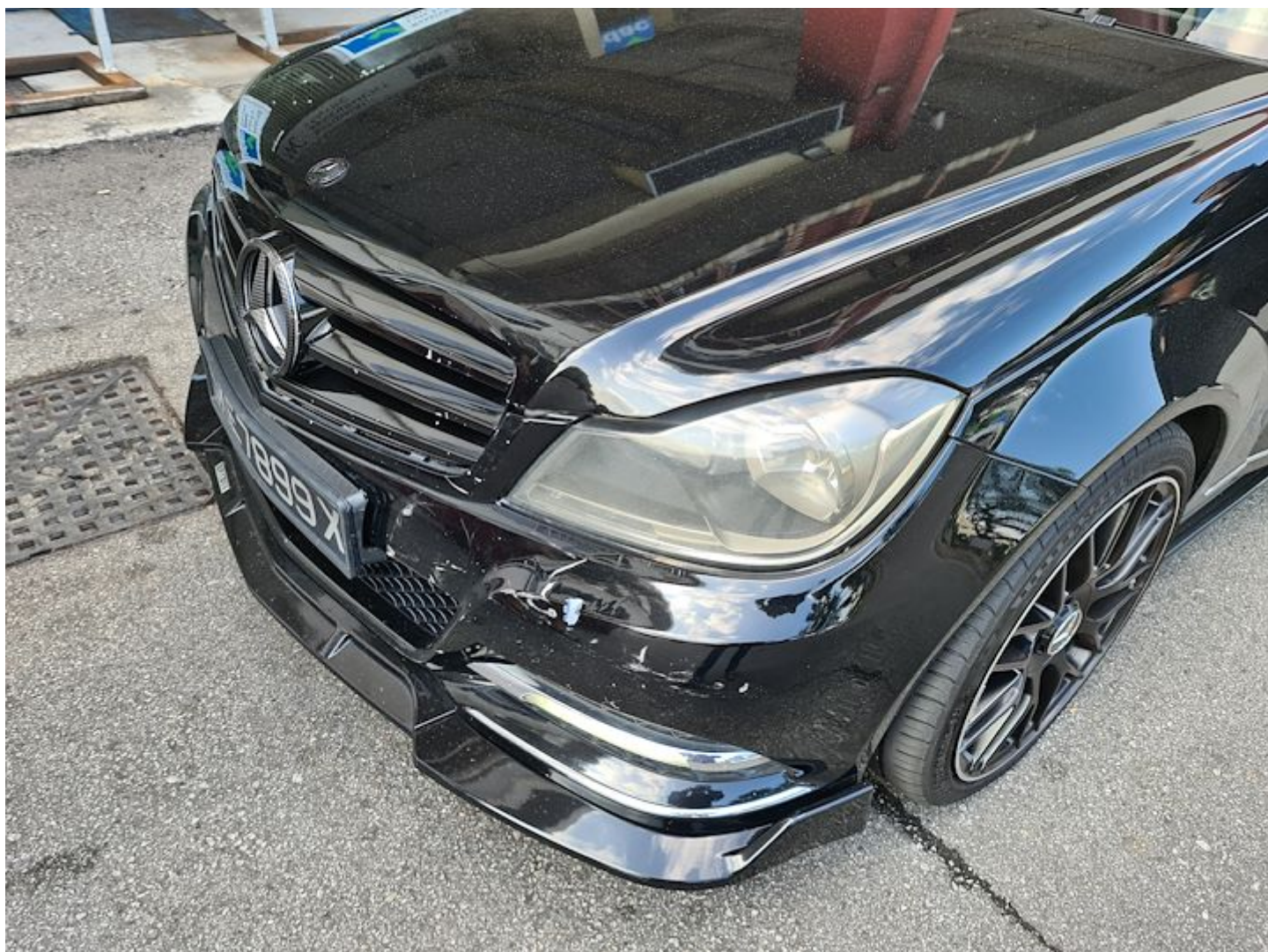






















**SINGAPORE
POLICE FORCE**



T/20220703/7007

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

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Report No. T/20220703/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 12:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: OH MING HUA			Address: 224A SUMANG LANE #07-145 SINGAPORE 821224		
ID Type / ID No.: NRIC NO / S8108190E			Contact No.: Home/Office: Mobile: 83100088		
Nationality: SINGAPORE CITIZEN			Email: OHMINGHUA@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 07/03/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2022 18:50	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR 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	Condition	No of
SGK48Y	Car				Slightly Damaged	0
SKE7899X	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Black		0
SLJ1287M	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220703/7007

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

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Report No. T/20220703/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE7899X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001501 12201	28/06/2022	27/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	OH BENG LYE	ID No.	S1577579C
Related Vehicle	SKE7899X (Car)	Contact No.	96236366
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	OH MING HUA	ID No.	S8108190E
Related Vehicle	SKE7899X (Car)	Contact No.	83100088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

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I was traveling along KPE towards ECP before airport road exit on lane 1 with my brother.

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**SINGAPORE
POLICE FORCE**



T/20220703/7007

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

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Report No. T/20220703/7007

CONTINUATION OF REPORT

Me and my brother attended medical care and was given 5 days mc.

**SINGAPORE
POLICE FORCE**

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



T/20220703/7007

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Report No. T/20220703/7007

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
03/07/2022 12:25

Classification Of Case: