

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	13/05/2022 17:39 (SGT)
Date of Accident	30/04/2022 18:00 (SGT)
Exact Location of Accident	301 Lor 6 Toa Payoh, Singapore 319392
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1984M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	199904194N
Email Address	sam@skyway.com.sg
Mobile Phone No	(Phone) +65-88084390
Alternative Phone No	(Office) +65-88084390

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D22MFL0004075
Cover Note Number	-

DRIVER

Name of Driver	CHAN CHER KENG GLENN
NRIC No	S7718000A

Date Of Birth	05/07/1977
Occupation	Indoor
Date Of Driving Pass	30/05/2001
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92387927
Alt. Phone Number	(Office) +65-92389727
Email Address	glennchanck77@yahoo.com
Address	442D FAJAR ROAD #06-34
Address complement	-
Postcode	674442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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	HELD BY POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX556K
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	-

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.

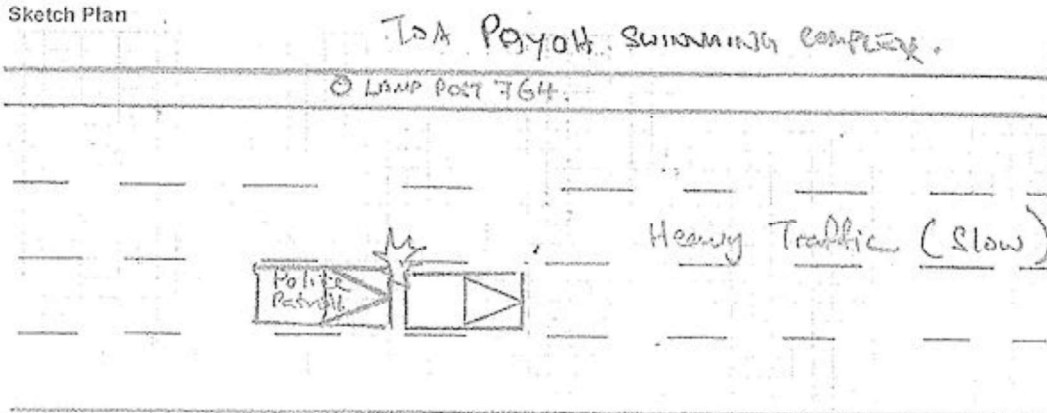


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer Police Report J/20220430/2091

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

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20220430/2091

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20220430/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2022 20:09	Vide Report No.: F/20220430/0147	Station Diary No.: 69
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Informant's Particulars

Name of Informant: CHAN CHER KENG GLENN			Address: APT BLK 442D FAJAR ROAD #06-34 SINGAPORE 674442		
ID Type / ID No.: NRIC NO / S7718000A			Contact No.: Home/Office: Mobile: 92387927		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/07/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 30/04/2022 18:00	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 746				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passenger
QX556K	Car				Slightly Damaged	2
SMZ1984M	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220430/2091

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20220430/2091

CONTINUATION OF REPORT

Driver			
Name	CHAN CHER KENG GLENN		ID No. S7718000A
Related Vehicle	SMZ1984M (Car)		Contact No. 92387927
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 30/04/2022, at about 1800hrs, I was driving slowly in the second lane on the PIE towards Changi Airport when suddenly I heard a loud bang at the rear of my car. I alighted my vehicle and saw that a police car had collided into my car. There were some damages to my vehicle, my rear bumper was scratched and there was a dent in the rear bumper.

The police officers also alighted from the vehicle and asked for my particulars and instructed for me to park at the side road shoulder. Inside my car there were 2 passengers. I waited at the road shoulder for further instructions.

The TP officers at the scene attended to me, advised me to make a police report and also seized the SD card of my in car camera.



**SINGAPORE
POLICE FORCE**



T/20220430/2091

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3



Report No. T/20220430/2091

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: G / SGT 2 NG HUI HUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2022 20:09
Officer In Charge Of Case: TP / DDGVT / SR STAFF SGT SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476209	Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No:

7/10220430/0147

I, _____

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of _____

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one SD card
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Chan Cher Key Glenn S7718000A

(Name, NRIC or Passport No. / Rank and No.)

of BLK 442D FAJAR ROAD #08-34 S(674442)

(Address / Police Station / NPC / NPP)

on 30/04/2022

(Date)

at _____

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)

Chan Cher Key Glenn S7718000A

(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____