

## 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 .....	30/06/2022 19:46 (SGT)
Reported by .....	Driver
Date of Accident .....	29/06/2022 15:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS TUAS AFTER ADAM EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBH1888H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SEAH BOON HOWE, JEFFREY
NRIC No .....	SXXXX126F
Email Address .....	JEFFREYSEAH1888@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98451888
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prado
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2693

#### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA567298

#### DRIVER

Name of Driver .....	CHUA SUI YIN
NRIC No .....	SXXXX033G
Date Of Birth .....	13/08/1976
Occupation .....	Indoor

Date Of Driving Pass .....	23/12/1997
Driving experience .....	24 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98751888
Alt. Phone Number .....	-
Email Address .....	FITFIT_DYLAN@YAHOO.COM.SG
Address .....	BLK 9 TOH YI DRIVE #05-325
Address complement .....	-
Postcode .....	590009
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 .....	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) .....	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 .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC6662K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	JACKY
Contact Number .....	(Phone) +65-90617025
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 .....	SLP4213A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANDY
Contact Number .....	(Phone) +65-91090773
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 SUI YIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SBH1888H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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## 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  
(Name as in NRIC/ID card)

Sketch Plan

A: SBH 1888 H  
B: GBC 6662 K  
C: SLP 4213 A

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

I WOULD LIKE TO ADD THAT I HAVE  
5 DAYS MC AS A RESULT OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

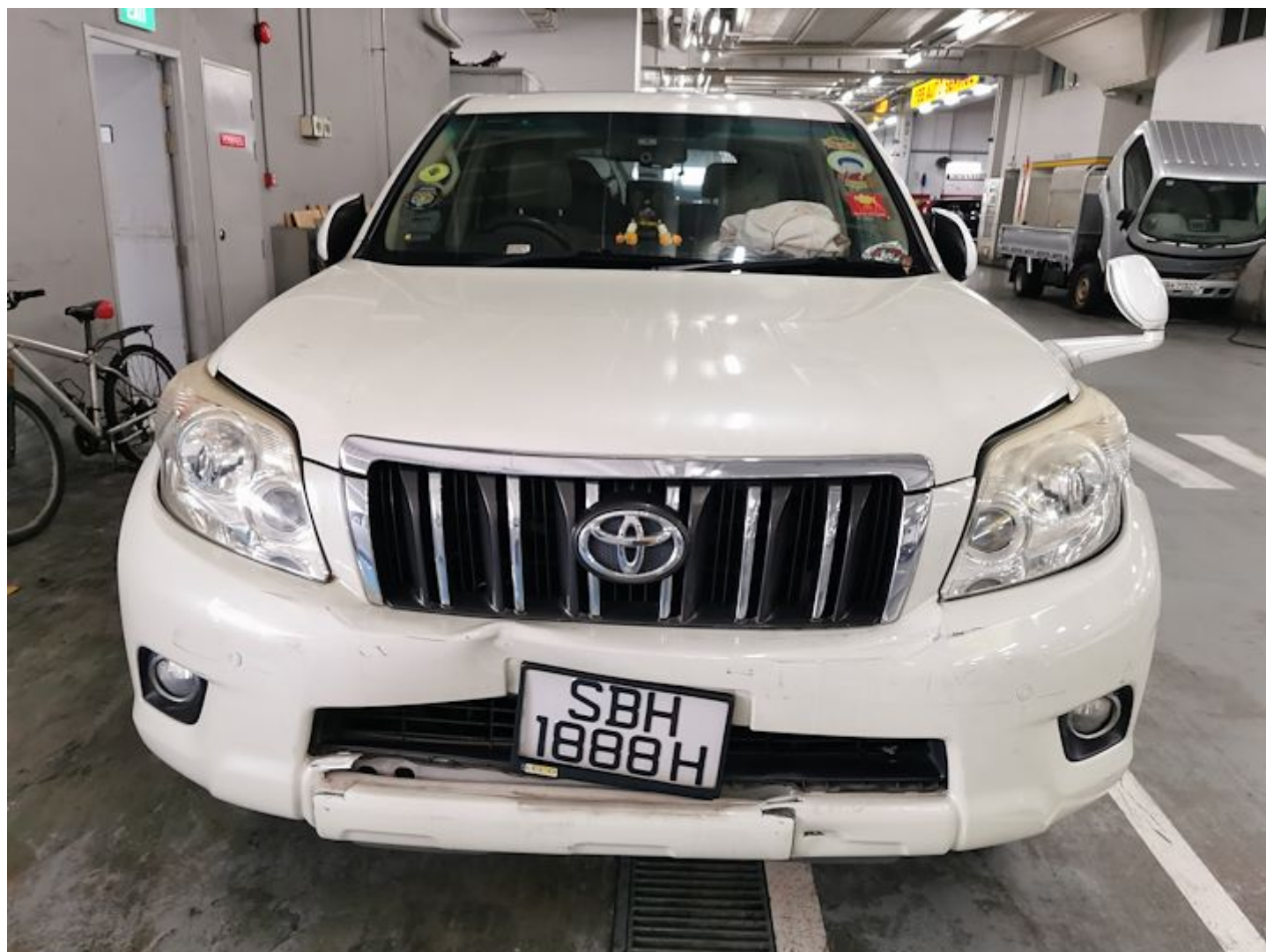
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)







































**SINGAPORE  
POLICE FORCE**



J/20220630/7014

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**POLICE REPORT (NP299)**

Report No. J/20220630/7014

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 30/06/2022 09:17		Vide Report No.		Station Diary No.	
Name Of Informant CHUA SUI YIN		Address 9 TOH YI DRIVE #05-325 SINGAPORE 590009			
ID Type / ID No. NRIC NO / S7624033G		Contact No. Home/Office: Mobile: 98751888			
Nationality SINGAPORE CITIZEN		Email Address fitfit_dylan@yahoo.com.sg			
Occupation Sales and related associate professionals		Sex Female	Age 45	Date of Birth 13/08/1976	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 29/06/2022 15:00		Location Of Incident PIE towards Tuas aft adam exit			

**Brief details.**

This 10 feet lorry with vehicle number GBC6662K collided with vehicle SLP4213A in the middle of the PIE expressway lane 2 from the right. I was travelling at the speed of 80km/hr once i saw the accident ahead and apply emergency brake but couldn't stop in time and i collided with vehicle number GBC6662K.

<b>Subjects Involved</b>	
<b>Victim</b>	
Person Name	CHUA SUI YIN

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: 30/06/2022 09:17
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Batok NPP Kiosk 1



**SINGAPORE  
POLICE FORCE**



J/20220630/7014

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220630/7014

ID Type	NRIC NO	ID No	S7624033G
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	Sales and related associate professionals	Address	9 TOH YI DRIVE #05-325 SINGAPORE 590009
Mobile No	98751888	Is Informant A Victim?	Yes
Person Name CHUA SUI YIN (Informant)			

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: 30/06/2022 09:17
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Batok NPP Kiosk 1