

# 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 .....	13/07/2022 17:56 (SGT)
Reported by .....	Driver
Date of Accident .....	09/07/2022 14:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TOWARDS ANG MO KIO BEF CLEMENCEAU AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK1906Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PIXEL TECH PTE LTD
Company Reg No .....	1XXXXX621Z
Email Address .....	ISAACCHUI1117@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-62806513
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00006092201

### DRIVER

Name of Driver .....	CHUI TAU PENG
NRIC No .....	SXXXX180J
Date Of Birth .....	17/11/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	31/05/1984
Driving experience .....	38 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97986657
Alt. Phone Number .....	-
Email Address .....	ISAACCHUI1117@YAHOO.COM.SG
Address .....	288D BUKIT BATOK STREET 25 #06-36
Address complement .....	-
Postcode .....	653288
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	3
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 .....	TAN LAY HWA
Gender .....	Female

#### PASSENGER 2

Name .....	CHUI RU WEI
Gender .....	Female

#### 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

#### REFER TO POLICE REPORT

#### 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 .....	SLQ9182S
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 .....	SLP8864U
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 .....	CHUI TAU PENG
Gender .....	Male
Phone No .....	(Phone) +65-97986657
Address .....	288D BUKIT BATOK STREET 25 #06-36
Address Complement .....	-
Post Code .....	653288
Approximate Age Years Old .....	59
Injuries Sustained .....	CHEST AND BACK PAIN
Injured person in which vehicle? .....	GBK1906Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	TAN LAY HWA
Gender .....	Female
Phone No .....	(Phone) +65-97986657
Address .....	288D BUKIT BATOK STREET 25 #06-36
Address Complement .....	-
Post Code .....	653288
Approximate Age Years Old .....	24
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK1906Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	CHUI RU WEI
Gender .....	Female
Phone No .....	(Phone) +65-97986657
Address .....	288D BUKIT BATOK STREET 25 #06-36
Address Complement .....	-
Post Code .....	653288
Approximate Age Years Old .....	26
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK1906Z
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 Police for investigation.
6. The 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.
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.

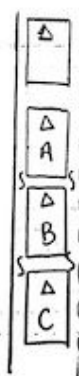


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



NOTE towards AMK

A = GIBK 1906 Z  
B = SLQ 9182 S  
C = SLP 8864 U

Describe Circumstances of the Accident

PER POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.



Policy holder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 13/07/22  
Witnessed by Reporting Centre Personnel

























# SINGAPORE POLICE FORCE



T/20220712/7019

1 of 4

Report No. T/20220712/7019

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2022 12:58		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUI TAU PENG			Address: 288D BUKIT BATOK STREET 25 #06-36 SINGAPORE 653288		
ID Type / ID No.: NRIC NO / S2568180J			Contact No.: Home/Office:		Mobile: 97986657
Nationality: MALAYSIAN			Email: isaacchui1117@yahoo.com.sg		
Sex: Male	Age: 59	Date of Birth: 17/11/1962	Type of Informant: Driver		Institution / School Name:
Race: Chinese			Language: English		
Occupation: Logistic coordinator			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2022 14:25	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBK1906Z	Van					0
SLP8864U	Car					0
SLQ9182S	Car					2



**SINGAPORE  
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T/20220712/7019

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Report No. T/20220712/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUI TAU PENG	ID No.	S2568180J
Related Vehicle	GBK1906Z (Van)	Contact No.	97986657
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	CHUI RU WEI	ID No.	S9702466I
Related Vehicle	GBK1906Z (Van)	Contact No.	82186335
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	TAN LAY HWA	ID No.	S1650662A
Related Vehicle	GBK1906Z (Van)	Contact No.	83482111
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along CTE Towards Ang Mo Kio before Clemenceau Avenue exit on 09/07/2022 at about 2.25pm. Due to the vehicle Infront jam break, i follow thur. Suddenly i feel an impact from behind, when i alighted my vehicle bearing car plate number GBK1906Z. I realize it was a chain collision involving a total of 3 vehicles. I was hit by vehicle bearing car plate number SLQ9182S. Behind him was vehicle bearing car plate number SLP8864U. We exchanged particulars, took photos and left the scene afterwards. I suffered back and chest injury, so i went to see a doctor and was given a 3 days MC. My passengers also suffered injury due to the impact. That's all.



**SINGAPORE  
POLICE FORCE**

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



T/20220712/7019

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Report No. T/20220712/7019

CONTINUATION OF REPORT



# SINGAPORE POLICE FORCE

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



T/20220712/7019

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Report No. T/20220712/7019

## 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 / ANG YI TING, STEPHANIE Contact No.: 65476414

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 12/07/2022 12:58
Classification Of Case: