

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
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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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.

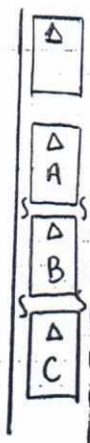


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



AKTE towards AMK

A = GBK 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.



Policyholder'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.:
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Informant's Particulars

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		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Logistic coordinator			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

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 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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
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
Passenger			
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
Passenger			
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**



T/20220712/7019

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Report No. T/20220712/7019

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

CONTINUATION OF REPORT



**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

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

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:

VEHICLE NO: GBK 1906 Z

MAKE & MODEL : NISSAN NV200

AUTO / MANUAL

DATE OF ACCIDENT	09 / 07 / 2022	CC 1598
TIME OF ACCIDENT	2:25 AM / <u>PM</u>	
LOCATION OF ACCIDENT	CTE towards Ang Mo Kio before Clementine Avenue	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	PIXEL TECH PTE LTD	
EMAIL	isaacchui1117@yahoo.com.sg	MOBILE: 6280 6513
NRIC	A1994066212	
CLAIM TYPE	<u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO	CHINA	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO	DMCVSNW00006092201	
NAME OF DRIVER	AS ABOVE / IF NO, CHUI TAU PENG	
NRIC	S2568180J	
DATE OF BIRTH	17 / 11 / 1962	
ANY PASSENGER	<u>YES</u> / NO : 02	
NAME OF PASSENGER	Tan Lay Hwa (F), Chui Ru Wei (F)	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	31 / 05 / 1984	
GENDER	<u>Male</u> / Female	
CONTACT NO	Mobile: 97986657	Office: Home:
EMAIL	isaacchui1117@yahoo.com.sg	
ADDRESS	61 TAI SENG AVENUE #04-13/14 S(534167)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes - Reg No.:	INSURER:
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes, Who? Chui Tau peng, Tan Lay Hwa, Chui Ru Wei	
CONTACT NO		
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLQ 9182 S	Any Passenger : 02
NAME	ER SWEE HUAT	
CONTACT NO	9073 3118	
VEHICLE C NO	SLP 8864 U	Any Passenger : - NA - (98430257)
VEHICLE D NO	Any Passenger :	
VEHICLE E NO	Any Passenger :	
VEHICLE F NO	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / <u>NO</u>	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	<u>YES</u> / <u>NO</u>	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0412A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00006092201

Engine No.: K9KE628D709846

Cha. No.: VSKYBAM20Z0180105

1. Index Mark and Registration
Number of Vehicle

GBK1906Z

AUTOSAFE
=====

2. Name of Policy Holder

PIXEL TECH PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

30/01/2022
(00:00:00)

Excess Sect I . S\$450.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/01/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: 
SAFE HARBOUR ENSURANCE
Authorised Officer


Authorised Signatory