

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

26/7/22

Time of Accident:

0915 (AM) / PM

Location of Accident:

PIE (Changi) After paya lebar Exit

Country/State of Loss:

Singapore

Type of Accident:

Head To Head

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

-

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

-

No. of vehicles Involved in the accident (include own vehicle)

02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

-

Was notice of Prosecution given?

Yes / No

If yes, against whom?

-

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SG9492K

Vehicle Category: _____

Vehicle Manufacturer: _____ Vehicle Model: Honda Vezel

Transmission: Manual / Auto Cc: 1.5

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 02

Passenger Name: Mark (Gojek passenger)

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Swee Heng Motor Leasing Pte Ltd

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 199702636M

Email: Sweehengmotorleasing@gmail.com

Mobile No: 9889 5558

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Chee Soon Boon

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S 7630236G

Date of Birth: 25/09/1976

Driving Pass Date: 27/08/2012

Mobile No: 9622 4622

Email: -

Address 1: Blk 308A Punggol Walk #03-456

Address 2: Postal Code: 821308

Occupation: Indoor / Outdoor

Driver Owner Relationship: Driver

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: -

Handling Insurer: -

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: GBD 4333T

(ii) Vehicle Category: -

(iii) No. of passengers (including driver) -

Passenger Name: -

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____ Chee Soon Boon

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? _____ SKG9992K

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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, who 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

Describe Circumstance of the Accident

Handwritten notes in the accident description area:

- TO
- Refer
- Police Report
- 1/20220726/7034

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 I/R/O/D card)



SINGAPORE POLICE FORCE



T/20220726/7034

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

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Report No. T/20220726/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 16:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEE SOON BOON			Address: 120 GEYLANG EAST CENTRAL #04-68 SINGAPORE 380120		
ID Type / ID No.: NRIC NO / S7630236G			Contact No.: Home/Office: Mobile: 96224622		
Nationality: SINGAPORE CITIZEN			Email: airwestie@yahoo.com		
Sex: Male	Age: 45	Date of Birth: 25/09/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Phv		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2022 09:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD4333T	Lorry				Seriously Damaged	0
SKG9992K	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220726/7034

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

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Report No. T/20220726/7034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEE SOON BOON	ID No.	S7630236G
Related Vehicle	SKG9992K (Car)	Contact No.	96224622
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/07/2022	Date	26/07/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 26/07/2022 at around 0915am I was travelling in my vehicle SKG9992K along PIE towards Changi Airport direction on lane 2 just after Paya Lebar exit. On Paya Lebar flyover, a lorry in front of me bearing VRN (GBD4333T) make a lane change to the left (lane 3). I was on lane 2 going straight when suddenly the left lane lorry brake and skidded right into my path and collided onto my vehicle front and left portion. The impact was so huge and my vehicle could not move after that. After the accident we took photos and exchange particulars and proceed to call towing. After the accident I felt pain and discomfort and consulted a doctor for the injuries and I was given 5 days mc. I wish to state that it was raining and the floor was wet at the point of time



**SINGAPORE
POLICE FORCE**



T/20220726/7034

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

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Report No. T/20220726/7034

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
26/07/2022 16:28

Classification Of Case: