

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 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 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	01/08/2022 13:01 (SGT)
Reported by	Both
Date of Accident	30/07/2022 17:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY) BEFORE ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7103S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PEI CHING, LOLETA
NRIC No	SXXXX588Z
Email Address	letaish@gmail.com
Mobile Phone No	(Phone) +65-87809100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00001532200

DRIVER

Name of Driver	NG PEI CHING, LOLETA
NRIC No	SXXXX588Z
Date Of Birth	03/06/1978
Occupation	Indoor

Date Of Driving Pass	12/04/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87809100
Alt. Phone Number	-
Email Address	letaish@gmail.com
Address	BLK 799 YISHUN RING ROAD #12-3418
Address complement	-
Postcode	760799
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	6
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	CHAN SHU KIN
Gender	Male

PASSENGER 2

Name	CHAN SIEW FONG
Gender	Female

PASSENGER 3

Name	JAYNE CHAN ZI YU
Gender	Female

PASSENGER 4

Name	JOELLE CHAN XI ER
Gender	Female

PASSENGER 5

Name	AMAC LOCELYN TAGOCTOC
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

PLEASE REFER TO POLICE REPORT T/20220731/7014

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	SMT3775T
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	SHA5984C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	NG PEI CHING, LOLETA
Gender	Female
Phone No	(Phone) +65-87809100
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	CHAN SHU KIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3	
Name of injured person	AMAC LOCELYN TAGOCTOC
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	JAYNE CHAN ZI YU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5	
Name of injured person	JOELLE CHAN XI ER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6	
Name of injured person	CHAN SIEW FONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
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



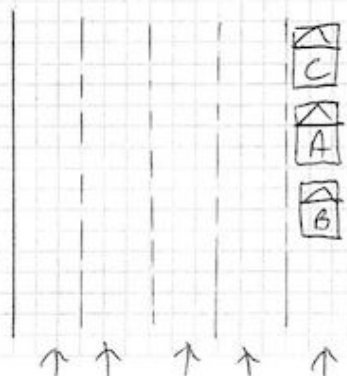
Driver's Signature (if driver is not the policyholder) / Date & Time

 01/08/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (CITY) Before Amk Ave 1.



Veh A : SMR7103S

Veh B : SM T 3775T

Veh C : SHA 5984C


Describe Circumstances of the Accident

* PIS refer to Police Report.
1/20220731/7014

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

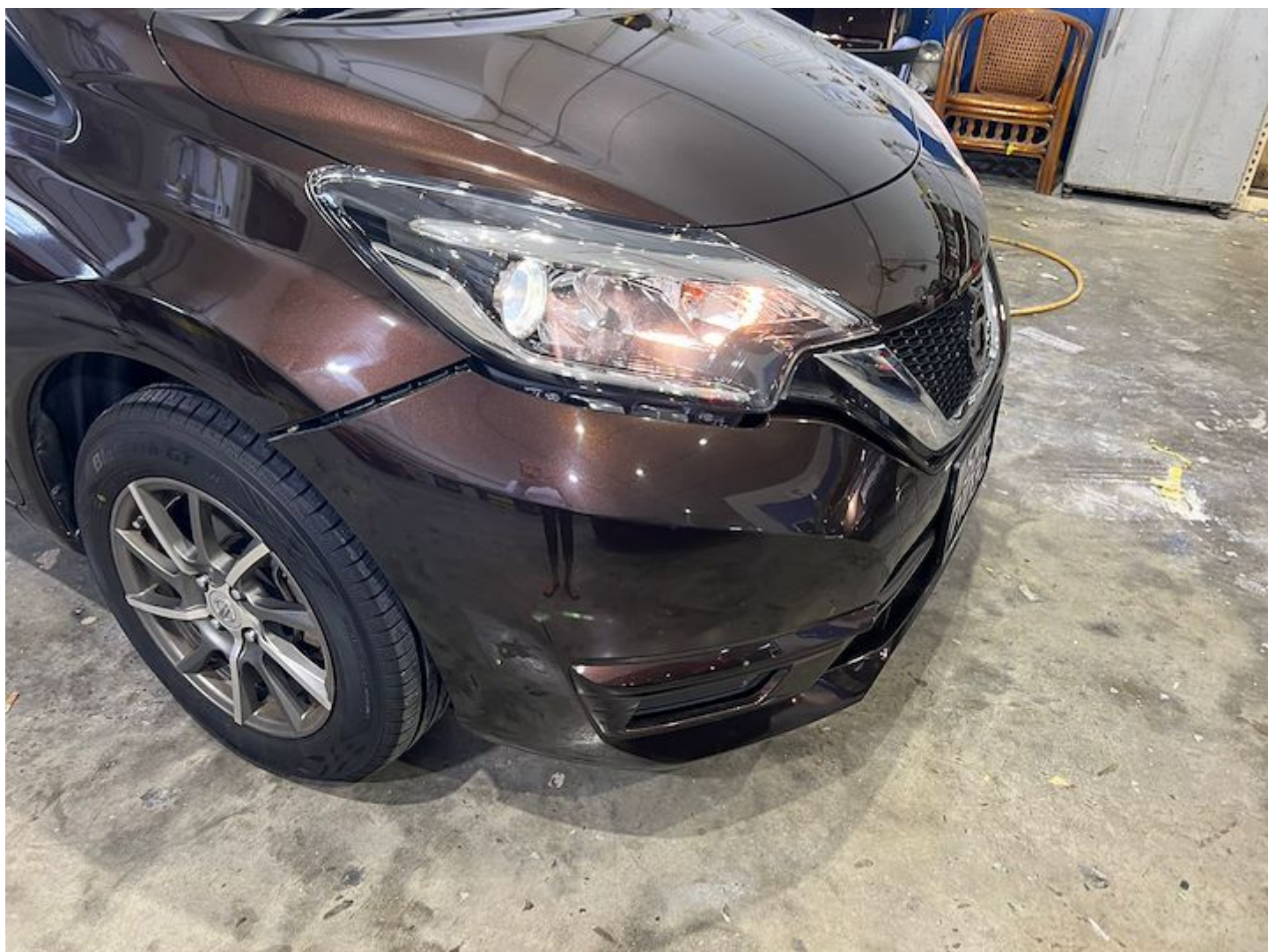

Witnessed by Reporting Centre Personnel







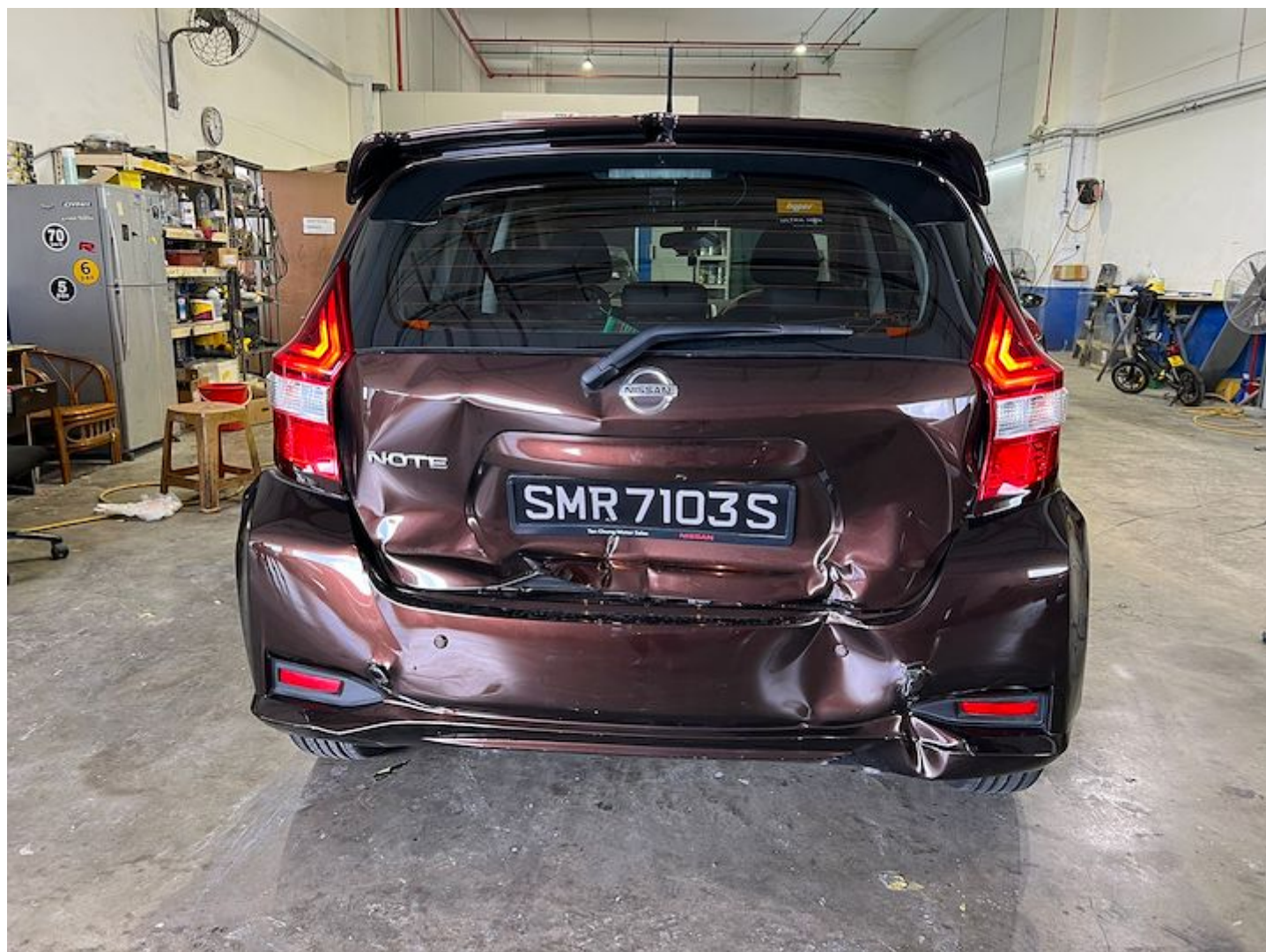


















**SINGAPORE
POLICE FORCE**



T/20220731/7014

1 of 5

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

Report No. T/20220731/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2022 14:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG PEI CHING, LOLETA			Address: 799 YISHUN RING ROAD #12-3418 SINGAPORE 760799		
ID Type / ID No.: NRIC NO / S7816588Z			Contact No.: Home/Office:		Mobile: 87809100
Nationality: SINGAPORE CITIZEN			Email: LETAISH@GMAIL.COM		
Sex: Female	Age: 44	Date of Birth: 03/06/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Planner			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 17:00	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR7103S	Car	NISSAN	NOTE 1.2 CVT	Brown		5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7103S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000015 32200	18/01/2022	17/01/2023



**SINGAPORE
POLICE FORCE**



T/20220731/7014

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

Report No. T/20220731/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG PEI CHING, LOLETA	ID No.	S7816588Z
Related Vehicle	SMR7103S (Car)	Contact No.	87809100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	CHAN SHU KIN	ID No.	S2745752E
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	AMAC JOCELYN TAGOCTOC	ID No.	G8966968K
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220731/7014

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

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Report No. T/20220731/7014

CONTINUATION OF REPORT

Passenger			
Name	JOELLE CHAN XI ER	ID No.	T0938955A
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	JAYNE CHAN ZI YU	ID No.	T1220994G
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	CHAN SIEW FONG	ID No.	S0151478D
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I was driving my family on board vehicle SMR7103S.

The names are below:

1. Chan Shu Kin - husband
2. Chan Siew Fong - mom
3. Jayne Chan Zi Yu - daughter
4. Joelle Chan Xi Er - daughter
5. Amac Jocelyn Tagoctoc - helper

We were travelling straight on CTE towards City.

As the vehicle in front stopped I gradually follow suit. I stopped about 1 car length away from the front vehicle.



**SINGAPORE
POLICE FORCE**



T/20220731/7014

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Report No. T/20220731/7014

CONTINUATION OF REPORT

Suddenly I felt a huge impact from behind.
The impact propelled my vehicle forward to hit onto the front vehicle.
The impact causes my head to hit onto my headrest.
I then quickly check on my family.
My husband hit his right knee onto the gloves compartment.
My helper hit her head onto the headrest and her face on the front seat.
I then alighted and realised that i was involved in a 3 vehicles chain collision and I am the 2nd car.

The order of the vehicles are as follows:

1. SHA5984C
2. SMR7103S
3. SMT3775T

After a while we all felt pain on our bodies
We then proceeded to Lion health Clinic & Surgery downstairs my place to seek treatment and we were
all given 5 days MC.



**SINGAPORE
POLICE FORCE**

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20220731/7014

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Report No. T/20220731/7014

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:
31/07/2022 14:18

Classification Of Case: