

## 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 .....	30/07/2022 15:28 (SGT)
Reported by .....	Driver
Date of Accident .....	29/07/2022 14:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE7723J
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	INNOSTRIVE PTE LTD
Company Reg No .....	202039005E
Email Address .....	CHEESIONG1706@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91797662
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
Variant .....	ALPHARD 7-SEATER 2.5S C-PKG CVT
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 .....	2493

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5126651559

#### DRIVER

Name of Driver .....	SIA CHEE SIONG
NRIC No .....	S8271986E
Date Of Birth .....	28/11/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	16/02/2012
Driving experience .....	10 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91797662
Alt. Phone Number .....	-
Email Address .....	CHEESIONG1706@HOTMAIL.COM
Address .....	BLK 216B BOON LAY AVENUE
Address complement .....	#02-211
Postcode .....	642216
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) .....	4
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 .....	NG WAI SENG
Gender .....	Male

#### PASSENGER 2

Name .....	LOW MENG CHAO
Gender .....	Female

#### PASSENGER 3

Name .....	BELLA WU
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

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 ..... SHA4353E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... QUEK NIAN TZE JAMES  
 Contact Number ..... (Phone) +65-97258995  
 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 ..... SMX7053X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... CHAN CHEE KAI  
 Contact Number ..... (Phone) +65-81122138  
 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 ..... SIA CHEE SIONG  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNE7723J  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No




SKETCH PLANIMPORTANT NOTICE

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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:

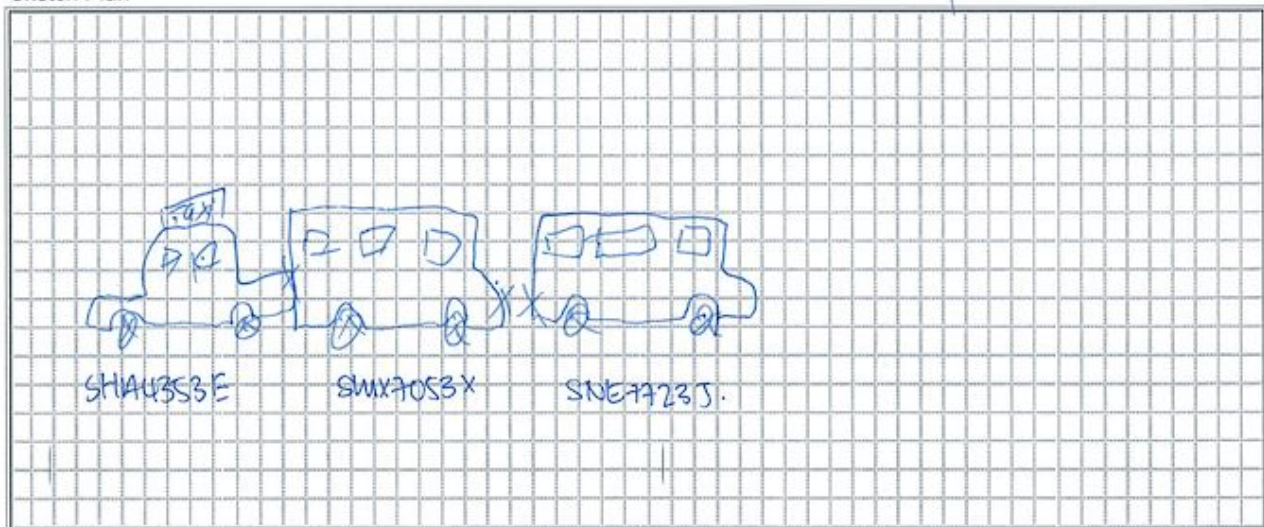
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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), which may be sited outside of Singapore, for one or more of the above Purposes.



 29/7/22  29/7/2022

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	
VEHICLE NO: SNE 7723 J	ACCIDENT DATE & TIME: 29/7/2022 2.20pm
CONTACT NUMBER: 91797662	E-MAIL: cheesong1706@hotmail.com
LOCATION: PIE Near Toa Pah Yoh	cheesong1706@hotmail.com
<p>On 29 July 2022 at around 2:20pm, I was driving Black Alford carplate SNE7723J near PIE Toa Pah Yoh. There are two passengers and a baby onboard. There is traffic jam so the car is slow moving and all of a sudden I feel an impact from behind the car. I stop the car and go down have a look. It is found that a black car with carplate SMX7053X has knock my car from behind. As a result my car is dented behind this SMX7053X has another car which is a taxi with carplate SHA 4353E. As a result of this accident, I have to see a doctor, I feel my back injured and doctor give me 3 days MC.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

 		
29/7/22	22/7/2022	
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**



T/20220729/2092

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No: T/20220729/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/07/2022 21:22	Video Report No.:	Station Diary No.: 97
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**Informant's Particulars**

Name of Informant: SIA CHEE SIONG			Address: APT BLK 216B BOON LAY AVENUE #02-211 SINGAPORE 642216		
ID Type / ID No.: NRIC NO / S8271986E			Contact No.: Home/Office: Mobile: 91797662		
Nationality: SINGAPORE CITIZEN			Email: cheesiong1706@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 28/11/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2022 14:20	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4353E	Car		PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SMX7053X	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Black	Slightly Damaged	0
SNE7723J	Car	TOYOTA	ALPHARD 7-SEATER 2.5S C-PKG CVT	Black	Slightly Damaged	3




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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20220729/2092

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Report No. T/20220729/2092

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIA CHEE SIONG	ID No.	S8271986E
Related Vehicle	SNE7723J (Car)	Contact No.	91797662
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/07/2022	Date Discharge	29/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29/07/2022 at about 1420hrs, I was driving V1) SNE7723J along PIE towards Tuas on the right-most lane. I was driving V1 at a speed of 10km/h as there was a traffic jam ongoing. I noticed a car in front of me had came to a stop and thus I stopped V1 too.

Suddenly, V2) SMX7053X who was stationary behind me had collided onto the rear of V1. I went and made a check and noticed that the rear of V1 was dented. I noticed that V3) SHA4353E was the one who collided with V2 which was stationary. The collision caused V2 to move and collide onto V1's rear. The owner of V3 mentioned that he had problems with the brake and thus he was unable to stop in time.

On the same day, I had also received an MC for 3 days after this incident as I felt a pain on my back from the impact. There were no Traffic Police or Ambulance at the scene.

The following are the details of the drivers involved in the accident:

V2) SMX7053X, Chan Chee Kai S7564055B 81122138

V3) SHA4353E Quek Nian Tze James S1818922D 97258995



**SINGAPORE  
POLICE FORCE**



T/20220729/2092

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No: 1800-2689999

3 of 3

Report No. T/20220729/2092

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/  
SCSGT(1) SYAIFUL AMRUL BIN  
BORHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/07/2022 21:22

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168





























