

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	19/08/2022 17:56 (SGT)
Reported by	Both
Date of Accident	19/08/2022 10:00 (SGT)
Exact Location of Accident	540 Sims Ave, Singapore 387603
Additional Location Information	PIE Exit CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9471Y
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Morgan Chua Hug Teck
NRIC No	S9244383C
Email Address	Morgan_Chua@hotmail.com
Mobile Phone No	(Phone) +65-90126132
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00002602200

DRIVER

Name of Driver	Morgan Chua Hug Teck
NRIC No	S9244383C
Date Of Birth	27/11/1992
Occupation	Outdoor

Date Of Driving Pass	13/03/2017
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90126132
Alt. Phone Number	-
Email Address	Morgan_Chua@hotmail.com
Address	Blk 932 Yishun Central 1 #08-95
Address complement	-
Postcode	760932
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)	2
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	Kulissara Lamod
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

As per police report.

Note: Vehicle will be repair at Lian Her MotorWorks by owner.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT8989S
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	YQ3754C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	Morgan Chua Hug Teck
Gender	Male
Phone No	(Phone) +65-90126132
Address	Blk 932 Yishun Central 1 #08-95
Address Complement	-
Post Code	760932
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ9471Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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)

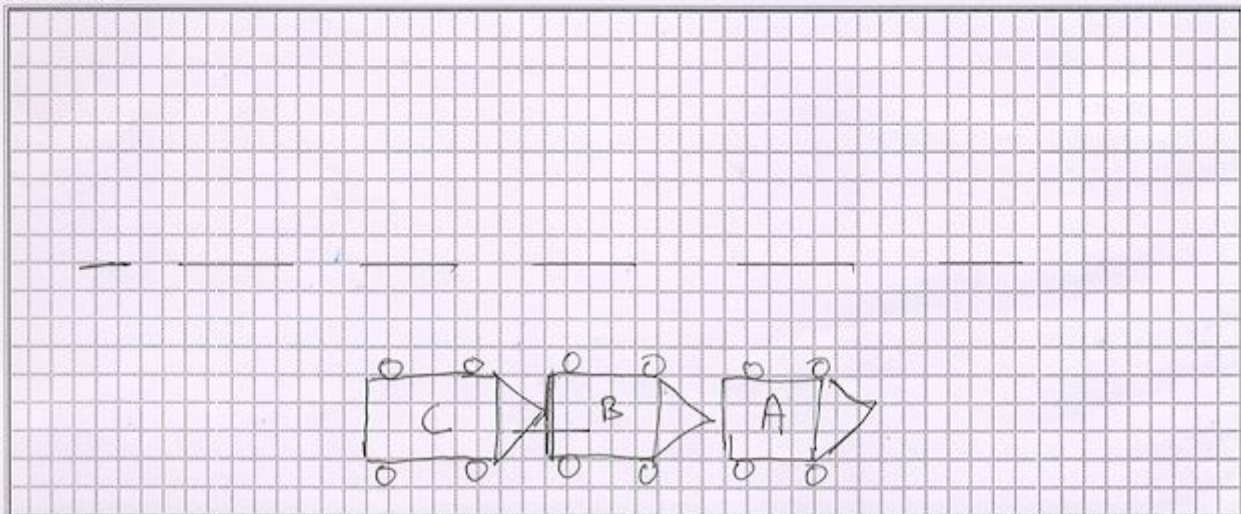
I understand, acknowledge, agree and consent that:

- (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), 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
(Name as in NRIC/ID Card)

Sketch Plan

0 - SK 228J0003

Describe Circumstance of the Accident

AS PER POLICE REPORT

I (Owner/In-charge/Driver) MORWAN CHUN, NRIC NO: S9644383C Vehicle No: SK294914
 will be sending my above stated damaged vehicle to Company name: LIAN HER MOTORWORKS
 for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell
 Engineering Pte Ltd.

Declaration

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

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



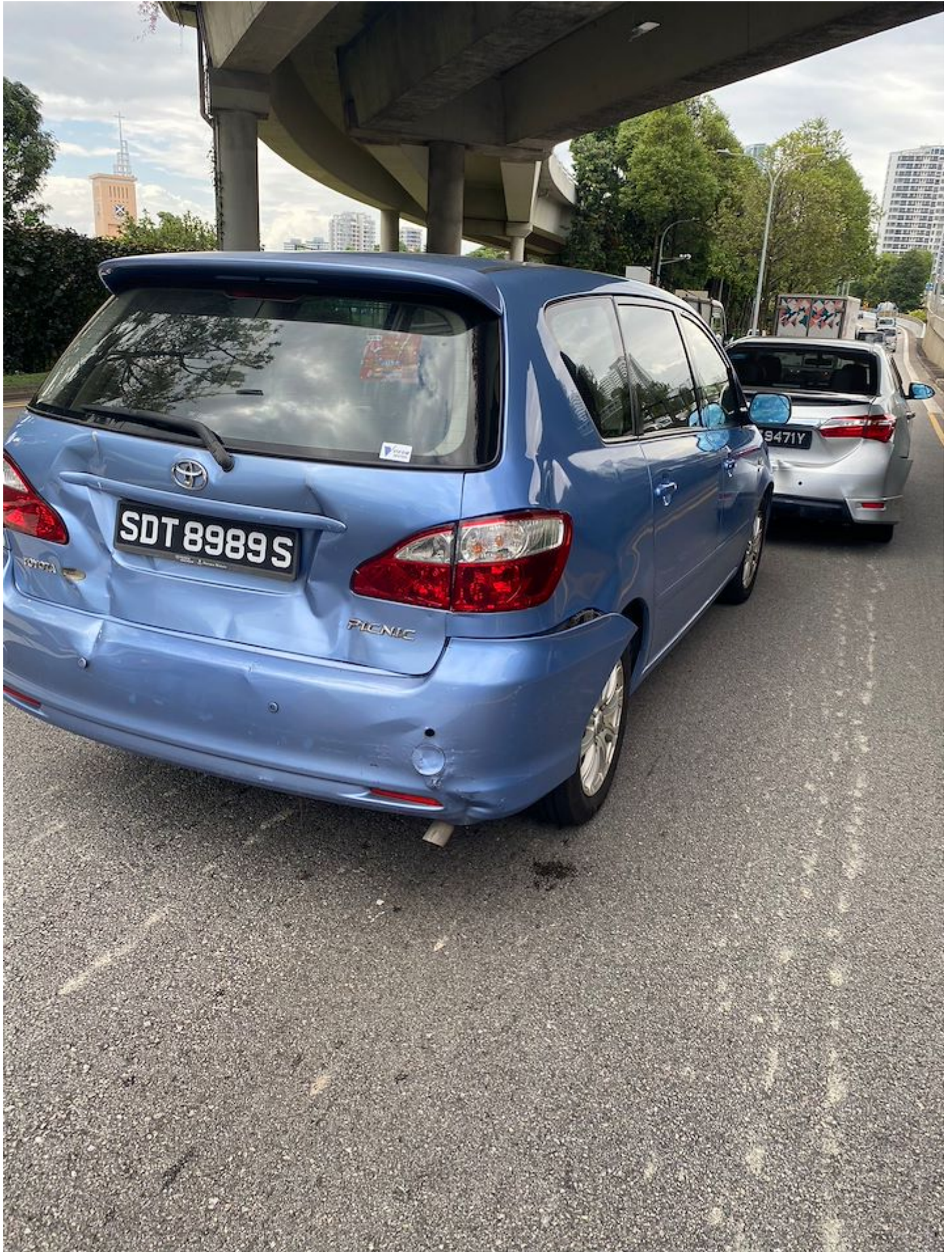














**SINGAPORE
POLICE FORCE**



T/20220819/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20220819/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2022 15:17	Vide Report No.:	Station Diary No.: 62
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MORGAN CHUA HUG TECK			Address: APT BLK 932 YISHUN CENTRAL 1 #08-95 SINGAPORE 760932		
ID Type / ID No.: NRIC NO / S9244383C			Contact No.: Home/Office: Mobile: 90126132		
Nationality: SINGAPORE CITIZEN			Email: morgan_chua@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 27/11/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 19/08/2022 10:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDT8989S	Car	TOYOTA		Blue	Slightly Damaged	0
SKZ9471Y	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	1
YQ3754C	Lorry	ISUZU		Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220819/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220819/20

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9471Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000026 02200	17/02/2022	16/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIAN		ID No.	S1775147F
Related Vehicle	SDT8989S (Car)		Contact No.	96798186
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MORGAN CHUA HUG TECK		ID No.	S9244383C
Related Vehicle	SKZ9471Y (Car)		Contact No.	90126132
Hospital/Clinic	DOCTORS INC. MEDICAL GROUP		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/08/2022		Date Discharge	19/08/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	SUN WAN LI		ID No.	G2216401K
Related Vehicle	YQ3754C (Lorry)		Contact No.	87317628
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220819/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20220819/2064

CONTINUATION OF REPORT

Brief Details.

On 19/08/2022 at about 1000 hours, i was travelling along PIE(Airport) exiting from CTE(AYE) on the right lane of 2 lane road towards Sims Way. Traffic flow was moderate. While i was driving my vehicle, SKZ9A71Y, suddenly I felt an impact on my rear. There were 3 hits on my rear. I have an in-built camera in the vehicle, and it is recorded. I have a passenger namely Kulissara Lamod and she do not want medical attention at that period. The vehicle behind me was SDT8989S and the lorry behind her was YQ3574C. All the drivers exchanged particulars and we left. I dropped my passenger at Buddha Temple, Macpherson area. Subsequently, I felt pain on my neck and back and went to seek treatment. I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220819/2064

4 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220819/2064

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:

F /

SGT 3 ZULAIKHA BINTE
MOHAMED NASIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

19/08/2022 15:17

Classification Of Case:

NP168

