

# 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 ..... 07/09/2022 14:00 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 06/09/2022 16:00 (SGT)  
Exact Location of Accident ..... Jln Buroh, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNF904U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO RENT-A-CAR PTE LTD  
Company Reg No ..... 198105775H  
Email Address ..... dannyng@cdgrentacar.com.sg  
Mobile Phone No ..... (Phone) +65-91295089  
Alternative Phone No ..... (Office) +65-68820888

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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? ..... Yes  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D18MFL0003414\_03

### DRIVER

Name of Driver ..... CHIAN THIM CHOY  
NRIC No ..... S2571252H  
Date Of Birth ..... 25/04/1955  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/04/1976
Driving experience .....	46 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91295089
Alt. Phone Number .....	-
Email Address .....	dannyng@cdgrentacar.com.sg
Address .....	BLK 333 CLEMENTI AVENUE 2 #10-92
Address complement .....	-
Postcode .....	120333
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	5
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20220906/2101

#### 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 .....	SMP9518B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FELIX BURCZIK
Contact Number .....	(Phone) +65-91121150
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SDE6188D
Vehicle Manufacturer .....	Mercedes
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 3

Vehicle Registration Number .....	UNKNOWN
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 4

Vehicle Registration Number .....	UNKNOWN
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 .....	CHIAN THIM CHOY
Gender .....	Male
Phone No .....	(Phone) +65-91295089
Address .....	BLK 333 CLEMENTI AVENUE 2 #10-92
Address Complement .....	-
Post Code .....	120333
Approximate Age Years Old .....	67
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SNF904U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO NAZREEN

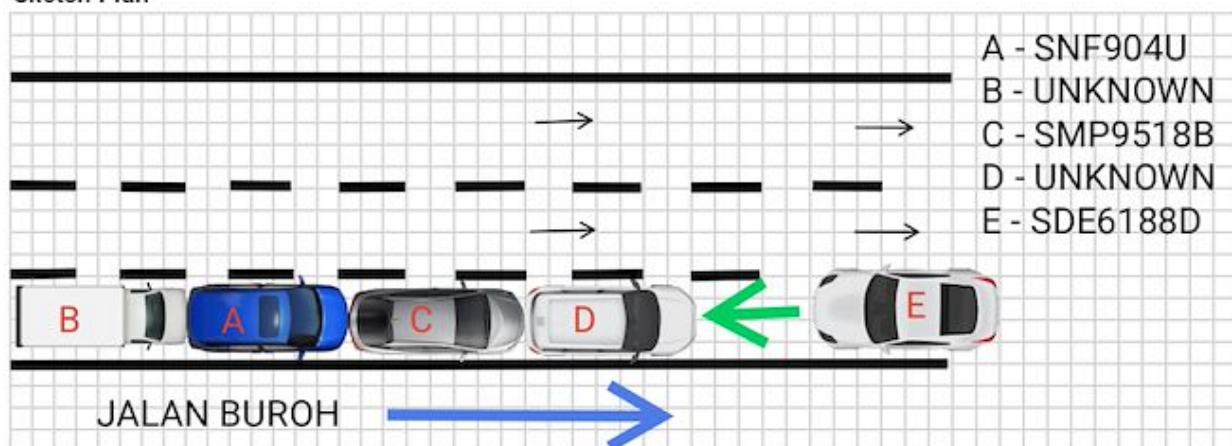


Policyholder's Signature / Date &  
Time

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

07/09/2022 1205HRS

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

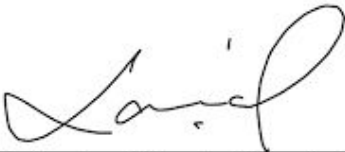
Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20220906/2101

**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  
  
 07/09/2022 1205HRS

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO NAZREEN







































**SINGAPORE  
POLICE FORCE**



T/20220906/2101

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220906/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2022 21:03		Vide Report No.: D/20220906/0074		Station Diary No.: 118	
<b>Informant's Particulars</b>					
Name of Informant: CHIAN THIM CHOY			Address: APT BLK 333 CLEMENTI AVENUE 2 #10-92 SINGAPORE 120333		
ID Type / ID No.: NRIC NO / S2571252H			Contact No.: Home/Office: Mobile: 91295089		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 25/04/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2022 16:00	Type of Location: X-Junction
Location:  WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE6188D	Car	MERCEDES BENZ		White	No Damage	0
SMP9518B	Car			Grey	Seriously Damaged	0
SNF904U	Car	TOYOTA	Noah	Black	Slightly Damaged	0




**SINGAPORE  
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T/20220906/2101

Police Station Of Origin:  
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20 Clementi Avenue 5 SINGAPORE 129858  
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Report No. T/20220906/2101

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SDE6188D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	FELIX BURCZIK	ID No.	NIL
Related Vehicle	SMP9518B (Car)	Contact No.	91121150
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHIAN THIM CHOY	ID No.	S2571252H
Related Vehicle	SNF904U (Car)	Contact No.	91295089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/06/2022 at about 1600hrs, I was driving my vehicle bearing the registration number of SNF904U along West Coast Highway Viaduct Intersection towards Jalan Buruh on a three lane road, on the extreme right lane. Suddenly, the vehicle in front of me, bearing the registration number of SMP9518B braked. I immediately braked and managed to stop in time. However, a lorry that was situated behind me collided onto my rear. Due to the impact, my vehicle moved forward and hit onto the rear of the vehicle bearing the registration number of SMP9518B.

I immediately came out of the vehicle and saw that there were a total of five vehicles that were involved in



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T/20220906/2101

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Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20220906/2101

**CONTINUATION OF REPORT**

the accident, including mine. The lorry which had collided onto my vehicle, immediately drove away towards Jalan Buroh. I saw that there was a vehicle (SDE6188D) that was facing in the opposite direction against the flow of traffic. The vehicle SDE6188D was in front of vehicle SMP9518B. I and the driver of vehicle SMP9518B immediately went to the driver of SDE6188D and asked him to come out of the vehicle. However, the driver of the vehicle SDE6188D refused to come out of the vehicle. I started to video the whole incident. The driver of vehicle SDE6188D drove against the flow of traffic and went towards Pandan Gardens directions. The driver of vehicle SMP9518B then called for the police.

As a result of the accident, my front license plate was slightly dented and the front right headlight was slightly dislodged. There was also a scratch on the rear of my vehicle. There was a dent on the rear of vehicle SMP9518B. Traffic Police came soon after and took down my particulars and my statement. I was advised to lodge a Traffic Accident report reference to D/20220906/0074. I wish to state that I was not injured during the accident but am feeling some pain near the neck area after the accident. I am lodging this report for the Traffic Police to investigate into the matter.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20220906/2101

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Report No. T/20220906/2101

**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:

D /  
STAFF SGT MOHAMED HABIB  
NOOR BIN ABDUL JABBAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/09/2022 21:03

Officer In Charge Of Case:

TP / HRT /  
SR STAFF SGT IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

NP168





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G2297000H Vehicle Registration No: SNF904U  
 Name (as shown in NRIC): COMFORTDELORO RENT-A-CAR PTE LTD NRIC/FIN/Passport No: 1XXXXXX775H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 06/09/2022 Time of Accident: 18:00  
 Place of Accident: Jln Buroh,  
 Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 19.09.2022

GIARMC Addendum Form

