

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	10/11/2022 11:15 (SGT)
Reported by	Both
Date of Accident	09/11/2022 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES RD TOWARDS KPE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2491R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIANG HUAT
NRIC No	S7240370C
Email Address	PATRICKCHUA1972@GMAIL.COM
Mobile Phone No	(Phone) +65-96189278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0022127

DRIVER

Name of Driver	CHUA CHIANG HUAT
NRIC No	S7240370C
Date Of Birth	31/10/1972
Occupation	Outdoor

Date Of Driving Pass	12/02/1999
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96189278
Alt. Phone Number	-
Email Address	PATRICKCHUA1972@GMAIL.COM
Address	14 UPPER SERANGOON CRESCENT #16-36 S.534029
Address complement	-
Postcode	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	PASSENGER
Gender	Male

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

REFER ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK4090G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	CHUA CHIANG HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK2491R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Please Refer Police Report No: T/20221109 /7035

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20221109/7035

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

1 of 3

Report No. T/20221109/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2022 13:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHIANG HUAT			Address: 14 UPPER SERANGOON CRESCENT #16-36 SINGAPORE 534029		
ID Type / ID No.: NRIC NO / S7240370C			Contact No.: Home/Office: Mobile: 96189278		
Nationality: SINGAPORE CITIZEN			Email: patrickchua1972@gmail.com		
Sex: Male	Age: 50	Date of Birth: 31/10/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 09/11/2022 09:45	Type of Location: Straight Road
Location: DEFU LANE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK4090G	Van					0
SMK2491R	Car	HONDA	CITY 1.5 SV CVT	Blue	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221109/7035

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

2 of 3

Report No. T/20221109/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK2491R	ETIQA INSURANCE BERHAD	M0022127	20/04/2022	31/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SMK2491R (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	NIL		Degree of NIL
Driver			
Name	CHUA CHIANG HUAT		ID No. S7240370C
Related Vehicle	SMK2491R (Car)		Contact No. 96189278
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	09/11/2022		Date 09/11/2022
No. of Days granted Medical Leave	05		Degree of Serious

Brief Details.

ON 09.11.2022 AT ABOUT 0950HRS. I WAS TRAVELLING ALONG KPE TUNNEL. I WAS STATIONARY DUE TO THE FRONT TRAFFIC SUDDENLY I FELT AN IMPACT. THE VEHICLE B (GBK 4090G) COLLISION ONTO THE REAR PORTION OF MY VEHICLE (SMK 2491R).

I FELT PAIN IN MY WHIPLASH, CHEST WALL AND LOWER BACK AFTER THE ACCIDENT. I SEEK MEDICAL ATTENTION FROM "WONG FAMILY CLINIC & SURGERY PTE LTD" ON 09.11.2022 AND RECEIVED 5 DAYS MC FROM 09 NOV 2022 TO 13 NOV 2022.

I HAD VIDEO FROM MY IN-CAR CAMERA.



**SINGAPORE
POLICE FORCE**

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



T/20221109/7035

3 of 3

Report No. T/20221109/7035

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time:
09/11/2022 13:38

Classification Of Case:



etiQa

Insurance

INTERVIEW FORM

Name (Driver) : Chua Chiang Huat

Policy No : M 0022127

Vehicle No : SMK 2491R

Place of Accident : KPE Tunnel

Insured Driver's relationship with Insured : owner

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : 2 passenger (1 Driver, 1 Passenger)

Injury to Insured and/or Insured driver, please indicate which hospital:
Wong Family Clinic & Surgery Hc Ltd

Third Party Vehicle No (if any) : G1BK 40906

No of passenger(s) in Third Party Vehicle : -

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
head to rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
-

Traffic Police report (enclosed) : ☒ Yes / ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Intan Kamil

Driver (Name & Signature) / Date
 I, affirm that the above information is given to my best knowledge

Attended by (Name & Signature) / Date
Wase

Workshop Name: _____

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