

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	09/11/2022 17:58 (SGT)
Reported by	Both
Date of Accident	07/11/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS SLE BEFORE KPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5429C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GALVIN CHIA
NRIC No	S9915033E
Email Address	CHIAGALVIN77@GMAIL.COM
Mobile Phone No	(Phone) +65-81820548
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127053208

DRIVER

Name of Driver	GALVIN CHIA
NRIC No	S9915033E
Date Of Birth	22/04/1999
Occupation	Indoor

Date Of Driving Pass	12/07/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81820548
Alt. Phone Number	-
Email Address	CHIAGALVIN77@GMAIL.COM
Address	210 ANG MO KIO AVE 3 #09-1610 S.560210
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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)	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	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 RPORT AND POLICE REPORT

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	SJK6305E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG JUN QI
Contact Number	(Phone) +65-88064677
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	SMF3372X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	P V REDDY
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	GALVIN CHIA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SND5429C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)

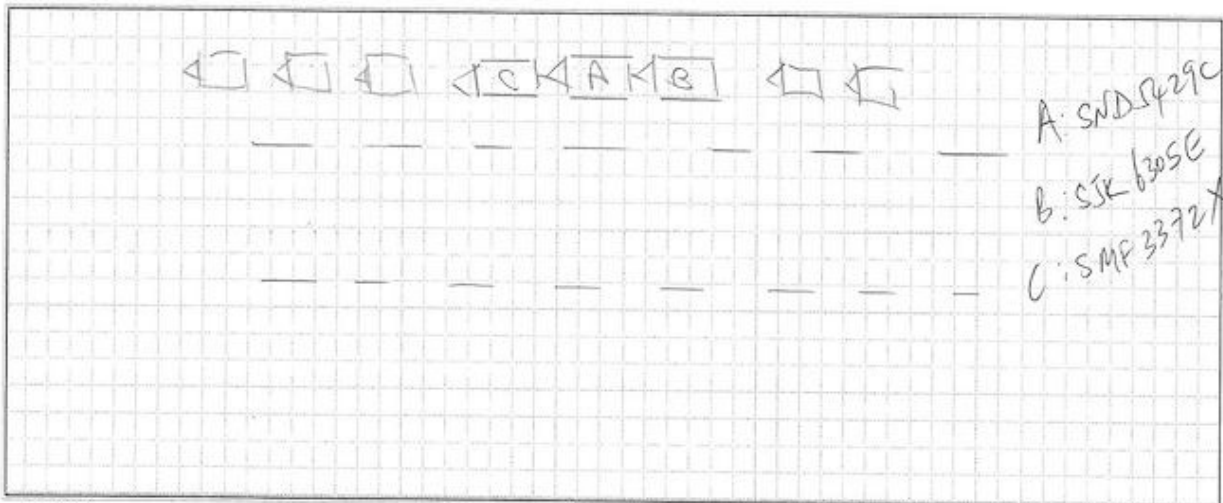
I understand, acknowledge, agree and consent that:

- (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.

CL
Policyholder's Signature / Date & Time

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


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

Sketch Plan


vJun2022

A - SNO5429C
B - SGK6305E
C - SMF3372X

Describe Circumstance of the Accident

On 7/11/2022 at around 7-30pm was driving along IPE towards SLE the traffic was heavy and the car in front stop I manage to stop suddenly the car from behind hit onto the rear of my car and due to the impact my car was push forward and hit onto the front car.

Declaration

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

el

Policyholder's Signature / Date & Time

el

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



lim SC

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



































**SINGAPORE
POLICE FORCE**



T/20221109/7053

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

1 of 3
Report No. T/20221109/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2022 16:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GALVIN CHIA			Address: 210 ANG MO KIO AVENUE 3 #09-1610 SINGAPORE 560210		
ID Type / ID No.: NRIC NO / S9915033E			Contact No.: Home/Office: Mobile: 88799090		
Nationality: SINGAPORE CITIZEN			Email: CHIAGALVIN77@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 22/04/1999	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: 07/11/2022 19:32	Type of Location: expressway
Location: TAMPINES NORTH DRIVE 2				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One 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	Conditio	No of
SJK6305E	Car	TOYOTA	vios	Silver	Slightly Damaged	0
SMF3372X	Car	MITSUBISHI	outlander	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221109/7053

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

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Report No. T/20221109/7053

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SND5429C	Car	HONDA	civic sir ek 4	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF3372X	nil	nil		
SND5429C	NTUC Income Insurance Co-Operative Limited	5127053208	29/04/2022	28/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GALVIN CHIA		ID No. S9915033E
Related Vehicle	SND5429C (Car)		Contact No. 88799090
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)		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	03	Degree of	Slight

Brief Details.

vehicle traveling lane 1 along TPE towards SLE in between tampines ikea and KPE exit. car (smf3372x) in front of me stop due to heavy traffic i also stop my car but car (sjk6305e) from behind hit my back and my car was push forward and hit the car in front of me.

**SINGAPORE
POLICE FORCE**

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



T/20221109/7053

3 of 3

Report No. T/20221109/7053

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

This report is lodged at Bishan NPC Kiosk 1
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 16:13

Classification Of Case: