

# 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 .....	15/11/2022 15:03 (SGT)
Reported by .....	Driver
Date of Accident .....	12/11/2022 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	STADIUM DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA6062J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHNG TENG PING EVAN
NRIC No .....	SXXXX678C
Email Address .....	evangelchng@gmail.com
Mobile Phone No .....	(Phone) +65-93870446
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Odyssey
Variant .....	-
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 .....	2400

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VP05030825

### DRIVER

Name of Driver .....	EVANGEL CHNG
NRIC No .....	SXXXX899D
Date Of Birth .....	22/05/1996
Occupation .....	Indoor

Date Of Driving Pass .....	08/04/2016
Driving experience .....	6 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81183764
Alt. Phone Number .....	-
Email Address .....	evangelchng@gmail.com
Address .....	29H ELIAS TERRACE
Address complement .....	-
Postcode .....	519853
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	HO ZHONG XIAN LARRY
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

PLS REFER TO THE POLICE REPORT:T/20221115/7030

#### 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 .....	SMN1024Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEN DEYING(CHEN YANYAN)
NRIC No .....	SXXXX531Z
Contact Number .....	(Phone) +65-97912531
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 .....	EVANGEL CHNG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SLA6062J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

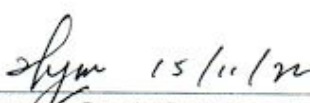
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

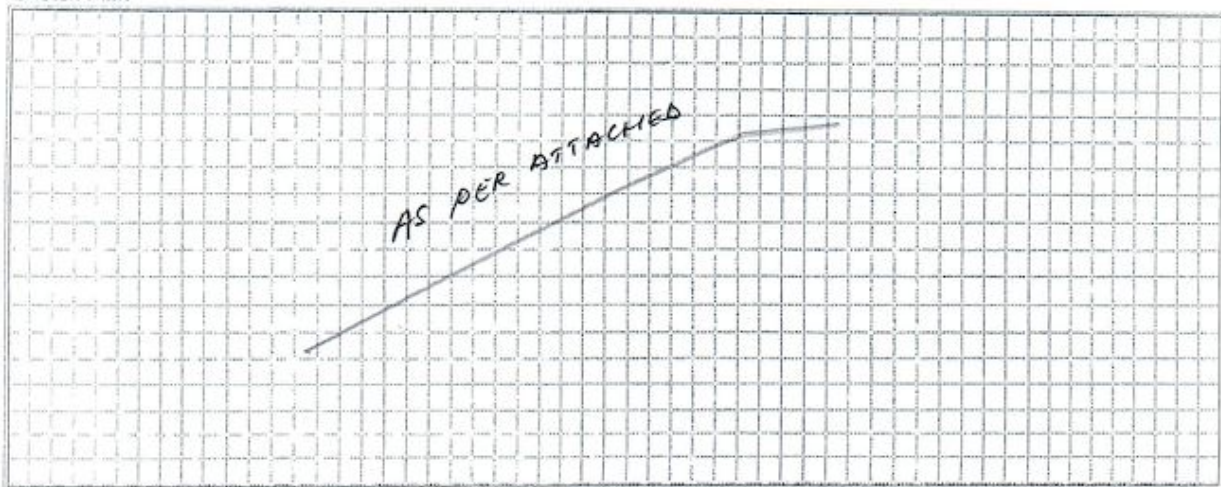
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
Policyholder's Signature / Date & Time

  
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**



v3Jun2022

1



11/15/22, 12:04 PM

Singapore - Google Maps

Google Maps Singapore

STADIUM DRIVE

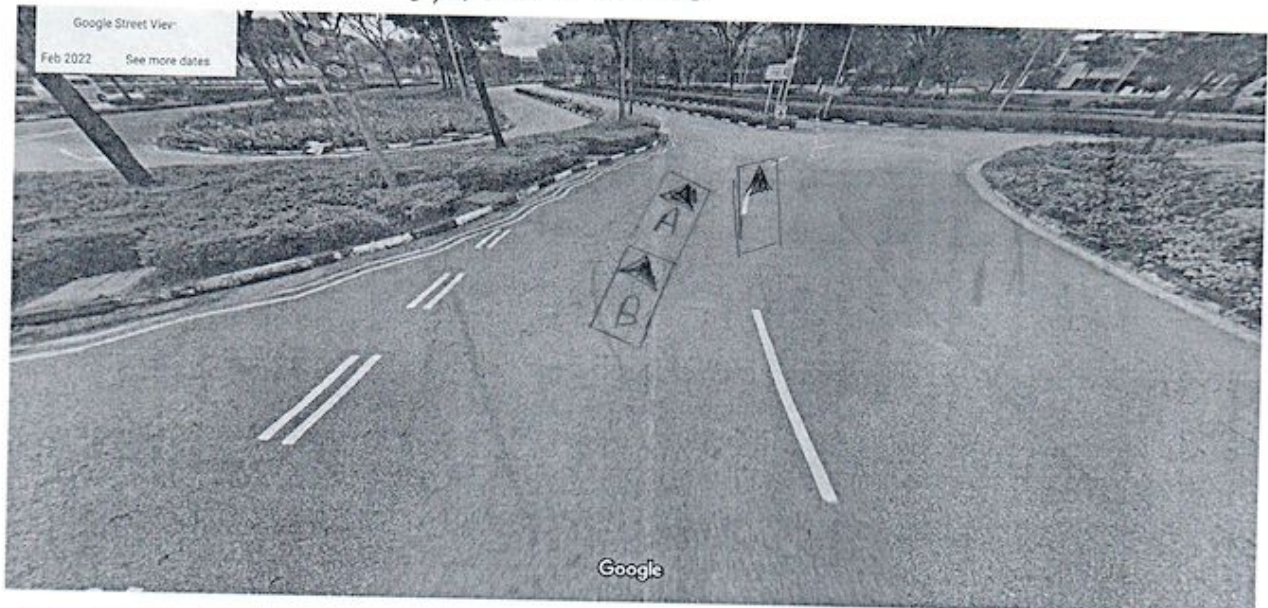


Image capture: Feb 2022 © 2022 Google




A - SCA6062J  
B - SMN1024Y

Describe Circumstance of the Accident

*Pls refer to the police report: T/2022/115/7030*

Declaration

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

		
15/11/2022	15/11/2022	15/11/22
Policyholder's Signature / Date & Time	Actual 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/20221115/7030

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

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Report No. T/20221115/7030

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EVANGEL CHNG	ID No.	S9618899D
Related Vehicle	SLA6062J (Car)	Contact No.	81183764
Hospital/Clinic	STREET 21 CLINIC (TAMPINES)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	CHEN DEYING (CHEN YANYAN)	ID No.	S8232531Z
Related Vehicle	SMN1024Y (Car)	Contact No.	97912531
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

Brief Details.

On 12th November at about 6.30pm, I was exiting Nicoll Highway and heading towards Kallang Wave Mall which required me to take the second exit at the roundabout entering from Nicoll Highway. While entering the roundabout, a Peugeot (SLM1699S) which was on the inner lane made a dangerous late and sharp turn and cut into my lane (the outer lane) to try to exit into Stadium Dr. The driver of the Peugeot (SLM1699S) totally had no regard for oncoming traffic, which caused me to brake to avoid hitting it. Unfortunately, the car behind mine (SMN1024Y) could not stop in time and collided into the rear of my car. The driver of SMN1024Y, Chen Deying, has also made a report and is able to testify against the driver of Peugeot (SLM1699S) for his dangerous act that had caused this accident. The driver of the Peugeot drove off quickly without stopping, upon seeing that he had caused an accident due to his/her negligent driving.

I suffered neck and back pain as a result of the collision and was granted 3 days medical leave by my doctor. There was also damage to the rear tailgate bumper and rear lamps of my vehicle.

Please note that I would like to provide my clear and uncompressed videos that exceed 2MB to assist in the investigation. Please contact me at 8118 3764 or evangelchng@gmail.com.







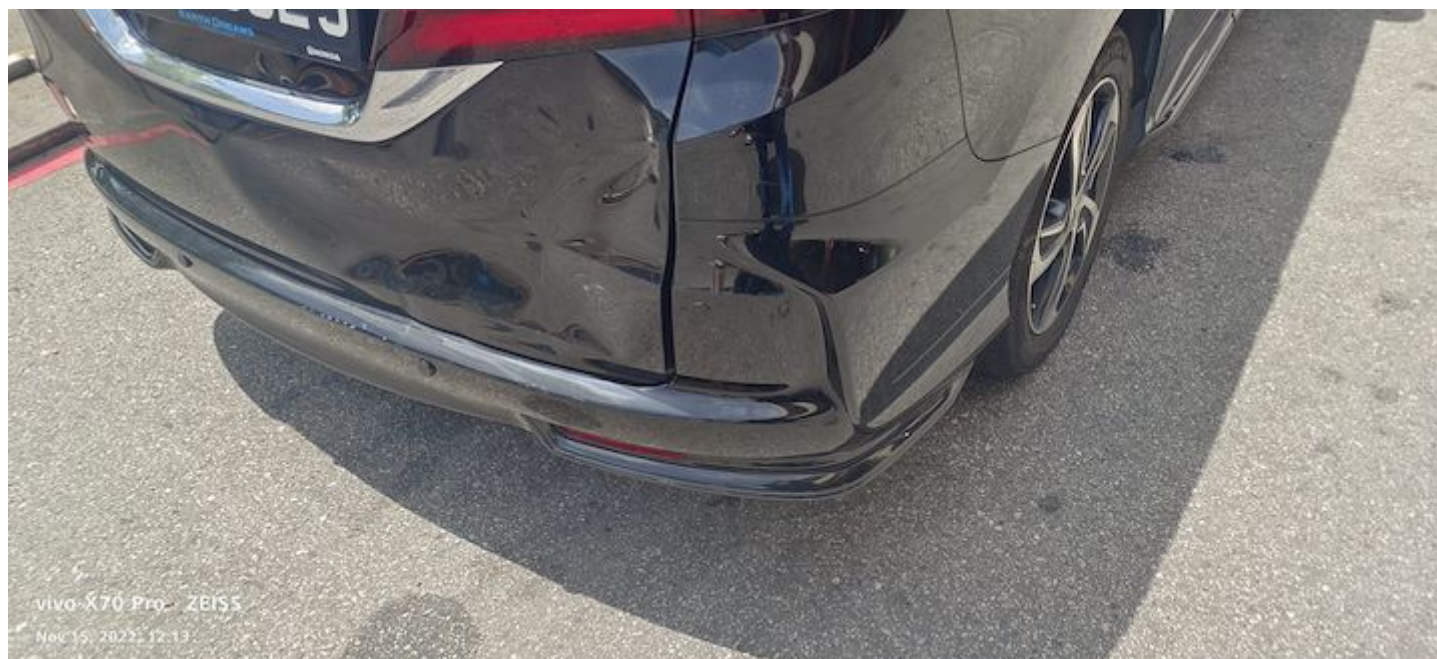


















**SINGAPORE  
POLICE FORCE**



T/20221115/7030

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

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Report No. T/20221115/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/11/2022 14:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: EVANGEL CHNG			Address: 29H ELIAS TERRACE SINGAPORE 519853		
ID Type / ID No.: NRIC NO / S9618899D			Contact No.: Home/Office:                      Mobile: 81183764		
Nationality: SINGAPORE CITIZEN			Email: EVANGELCHNG@GMAIL.COM		
Sex: Female	Age: 26	Date of Birth: 22/05/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2022 18:30	Type of Location: Roundabout
Location:  STADIUM DRIVE				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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	Conditio	No of
SLA6062J	Car					0
SMN1024Y	Car	SUZUKI		Beige	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20221115/7030

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

2 of 4

Report No. T/20221115/7030

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EVANGEL CHNG	ID No.	S9618899D
Related Vehicle	SLA6062J (Car)	Contact No.	81183764
Hospital/Clinic	STREET 21 CLINIC (TAMPINES)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	CHEN DEYING (CHEN YANYAN)	ID No.	S8232531Z
Related Vehicle	SMN1024Y (Car)	Contact No.	97912531
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

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**SINGAPORE  
POLICE FORCE**



T/20221115/7030

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

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Report No. T/20221115/7030

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20221115/7030

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Report No. T/20221115/7030

**CONTINUATION OF REPORT**

Sketch 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 /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:  
15/11/2022 14:28

Classification Of Case: