

# 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 .....	05/12/2022 12:11 (SGT)
Reported by .....	Driver
Date of Accident .....	02/12/2022 09:00 (SGT)
Exact Location of Accident .....	Jurong West Ave 4, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLL1355P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SUREEN LIM HUI SHAN
NRIC No .....	S7823278A
Email Address .....	sureenlim@gmail.com
Mobile Phone No .....	(Phone) +65-96883744
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Voxy
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 .....	1986

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10509148R01

### DRIVER

Name of Driver .....	CHUA THIAN SOON
NRIC No .....	S7812209I
Date Of Birth .....	04/05/1978
Occupation .....	Indoor

Date Of Driving Pass .....	04/11/2003
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98468203
Alt. Phone Number .....	-
Email Address .....	oceandesmond@yahoo.com.sg
Address .....	BLK 989B JURONG WEST ST 93 #14-703
Address complement .....	-
Postcode .....	642989
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	4
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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	SJH4668L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AW KUM HIN
NRIC No .....	S0139302B
Contact Number .....	(Phone) +65-96867637
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 .....	GBE7054Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	AYYADURAI RAJKUMAR
NRIC No .....	G3253076T
Contact Number .....	(Phone) +65-83177392
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 .....	SHC3783T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NG KOON HUAT
NRIC No .....	S0705325H
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 THIAN SOON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLL1355P
Were seat belts worn? .....	-

Was this injured conveyed to hospital by ambulance? ..... -

SKETCH PLAN

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**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

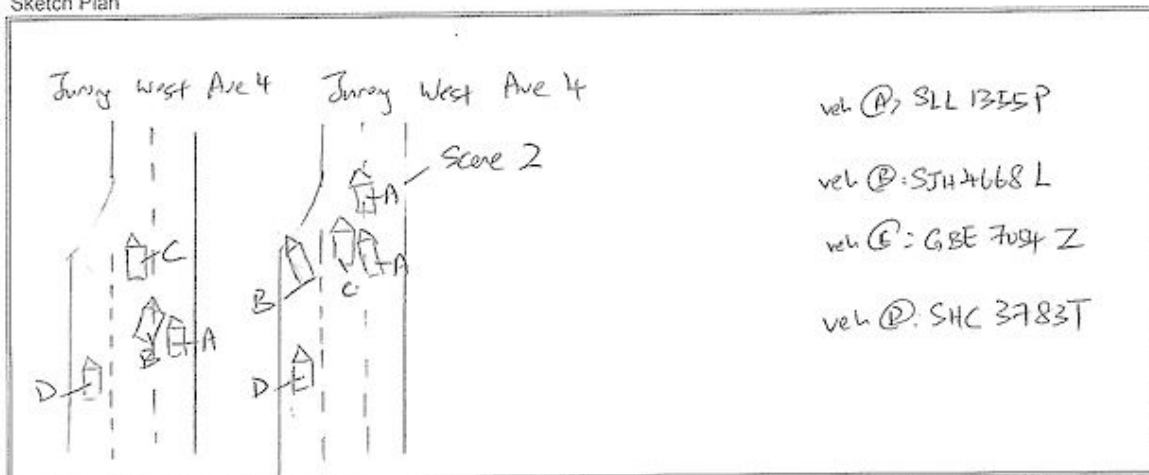
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

T  
\_\_\_\_\_  
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



vJun2022

1

Describe Circumstance of the Accident	
On 02/12/2022 @ abt 0900hrs. I was driving along Juncy West Ave 4 on the 1st lane. While driving, suddenly veh B (SJA 46682) cut into my lane from left & knocked onto my vehicle at left side. The impact causing my vehicle only can steer to left. I then loss control & move to left side & knocked onto veh C (GSE 70942). My vehicle then stop after knocked onto veh C. After the collision, I came down from my vehicle & realize veh D was stopped, the driver told us that he was also involved in this accident. The impact causing me uncomfortable & I will go to see doctor to get treatment. That's all.	
<input type="checkbox"/> Claim own policy <input checked="" type="checkbox"/> Claim third party <input type="checkbox"/> Claim OD / TP at other workshop <input type="checkbox"/> For record purpose Policy No. <u>P1050946 R/H</u> Insurer <u>Budget (C)</u> Veh No. <u>SL132P</u>	
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.	

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

  
 SINGAH TEE MOTOR & PANEL SVC PTE LTD  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)





































**SINGAPORE  
POLICE FORCE**



T/20221205/2020

1 of 3

Report No. T/20221205/2020

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/12/2022 10:23	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: CHUA THIAN SOON		Address: APT BLK 989B JURONG WEST STREET 93 #14-703 SINGAPORE 642989	
ID Type / ID No.: NRIC NO / S7812209I		Contact No.: Home/Office:                      Mobile: 96883744	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 04/05/1978	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Process engineer		Driving Licence Information: Class: 3                      Date of Expiry:	

General information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2022 09:00	Type of Location: Straight Road
Location:  JURONG WEST AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7054Z	Lorry				Slightly Damaged	2
SHC3783T	Car				Slightly Damaged	0
SJH4668L	Car				Slightly Damaged	0
SLL1355P	Car				Seriously Damaged	0





**SINGAPORE  
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2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20221205/2020

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Report No. T/20221205/2020

**CONTINUATION OF REPORT**

**Brief Details.**

V1) SLL1355P (Toyota / Voxy)  
V2) SJH4668L (Toyota / Vios)  
V3) GBE7054Z (lorry)  
V4) SHC3783T (Comfort Taxi)

On 02/12/2022 at around 0900hrs, I was driving my car, V1 along Jurong West Avenue 4 towards Pioneer Road North. The weather was clear and the road surface was dry. I was driving at an estimated speed of 40-50km/h at that point of time.

As I just passed the junction of Jurong West Avenue 4 and Jalan Bahar / Jalan Boon Lay, I was involved in an accident between the above mentioned vehicles. I was driving on the most right lane of the three lanes road and V2 which was from Jalan Boon Lay entered Jurong West Avenue 4 via the filter lane on my left. The second and third lane merged into one lane however V2 made a lane change into my lane. V2 side swiped my car which caused my car to steer to the left lane and eventually hit onto V3 which was ahead of V2. We all then stopped our vehicles as to make a check on the damages and injuries. V4 was also involved in the accident with V2 however I am unsure regards to the details.

I made a check and discovered that my car sustained major damages to my front left side area. I sought medical treatment personally and was issued with 3 days Medical Certificate from 02/12/2022 to 04/12/2022 (MC No:0D-PN0000233962 / My Family Clinic, Pioneer) and 4 days Outpatient Sick Leave from 04/12/2022 to 07/12/2022 (Ref: 1114085221 / National University Hospital).

I have the footages of the accident. Traffic Police came to accident location. No ambulance came to scene and no one was conveyed to hospital.





**SINGAPORE  
POLICE FORCE**



T/20221205/2020

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2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20221205/2020

**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:

J /

SGT 3 ISMADI BIN MUHAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2022 10:23

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168