

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	16/01/2023 11:22 (SGT)
Reported by	Both
Date of Accident	14/01/2023 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TO TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ959T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW SOON HOCK EDWIN
NRIC No	SXXXX513J
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-81617400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003826

DRIVER

Name of Driver	CHEW SOON HOCK EDWIN
NRIC No	SXXXX513J
Date Of Birth	11/04/1986
Occupation	Outdoor

Date Of Driving Pass	07/02/2005
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81617400
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	21 PUNGGOL FIELD WALK
Address complement	# 08-16
Postcode	8287449
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)	4
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

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

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230114/7077

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 WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2207H
 Vehicle Manufacturer Toyota
 Vehicle Model Prius
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEW SOON HOCK EDWIN
 Gender Male
 Phone No (Phone) +65-81617400
 Address 21 PUNGGOL FIELD WALK
 Address Complement # 08-16
 Post Code 8287449
 Approximate Age Years Old -
 Injuries Sustained BACK PAIN,NECK PAIN,HEADACHE
 Injured person in which vehicle? SMZ959T
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No



**SINGAPORE
POLICE FORCE**



T/20230114/7077

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

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Report No. T/20230114/7077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ959T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP003826	25/08/2022	24/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW SOON HOCK EDWIN	ID No.	S8609513J
Related Vehicle	SMZ959T (Car)	Contact No.	81617400
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/01/2023	Date	14/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 14th Jan 2023, i was travelling along PIE, after Paya Lebar Exist on Lane 1. The traffic was slightly heavy, therefore i kept 1 car length away from the car in front. The front car brake i follow suit, before coming to complete stop i was banged at the rear.

I was injured with Back Pain, Neck Pain, headache. Had visited the doctor.

I do have front and rear recording.

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to 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:

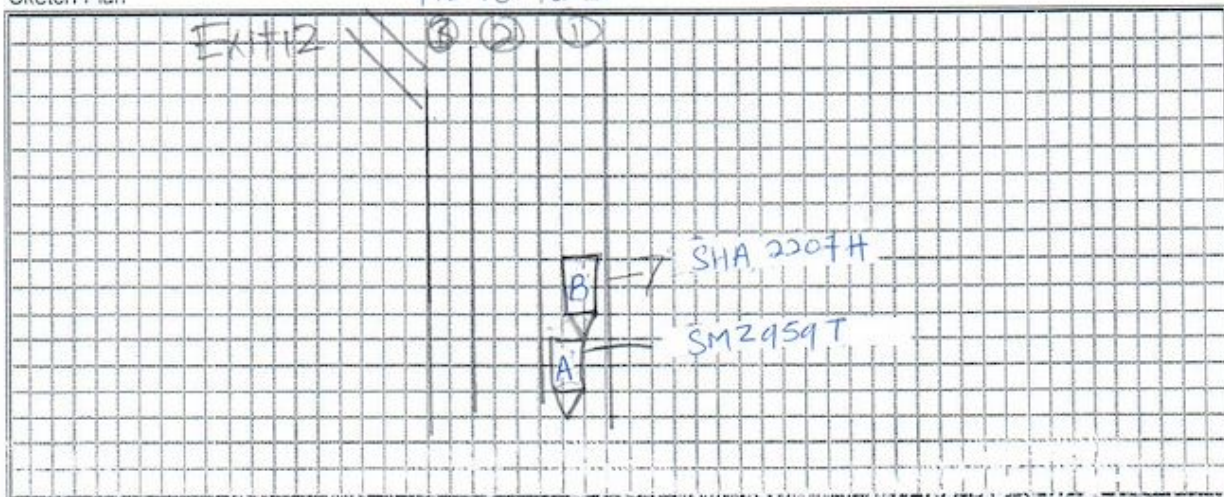
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

16 Jan 23
Policyholder's Signature / Date & Time

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

gnulh 16/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022


1

Describe Circumstance of the Accident

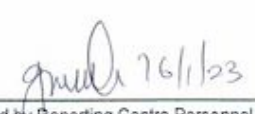
- please Refer to the attached police Report
- 7/20230114 / 7077 -

Declaration

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

 16 Jan 23
Policyholder's Signature / Date & Time

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

 76/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













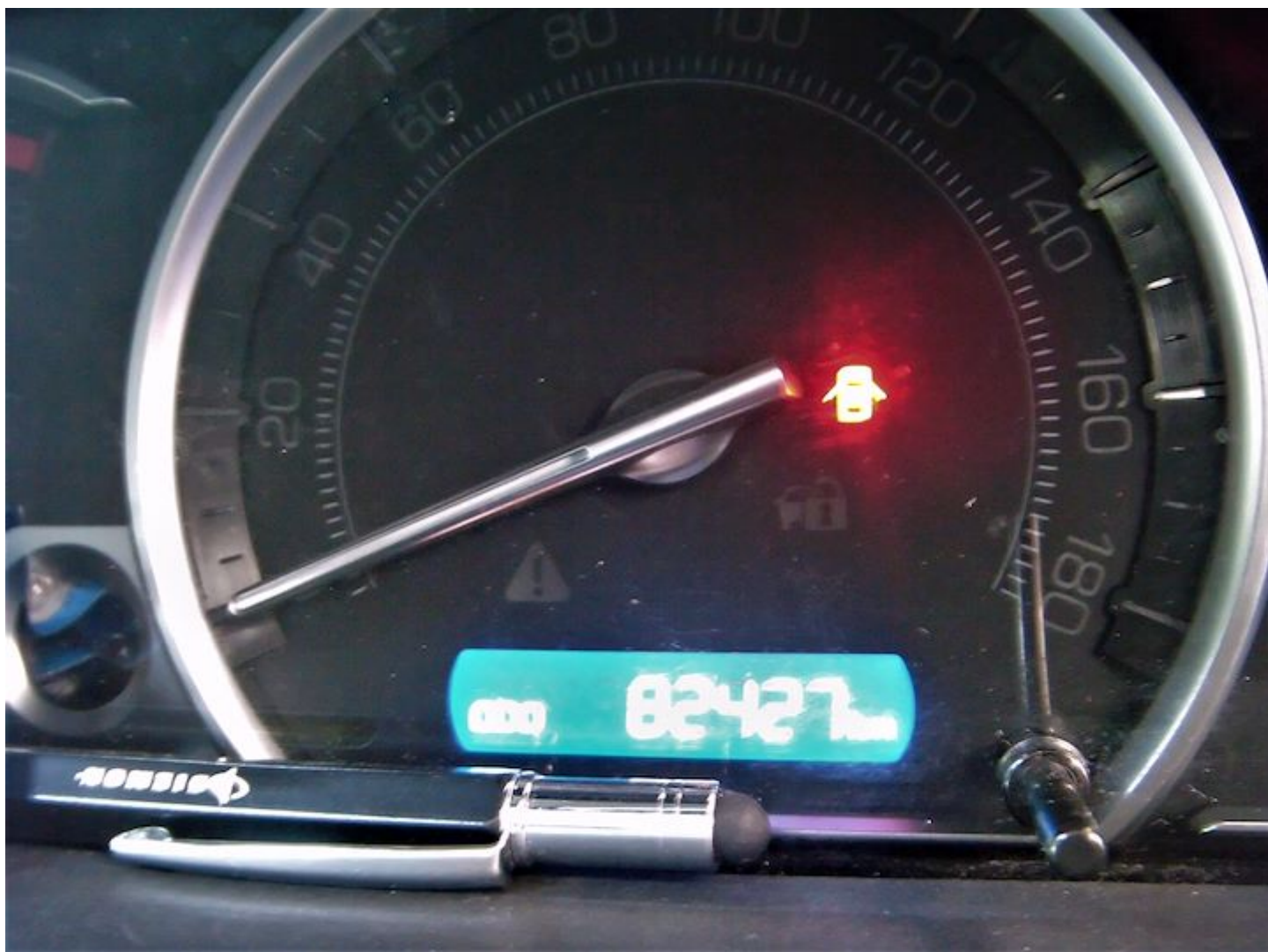
















**SINGAPORE
POLICE FORCE**



T/20230114/7077

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

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Report No. T/20230114/7077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2023 23:20			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: CHEW SOON HOCK EDWIN			Address: 21 PUNGGOL FIELD WALK #08-16 SINGAPORE 828749			
ID Type / ID No.: NRIC NO / S8609513J			Contact No.: Home/Office: Mobile: 81617400			
Nationality: SINGAPORE CITIZEN			Email: edwinchewsh@yahoo.com.sg			
Sex: Male	Age: 36	Date of Birth: 11/04/1986	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: 14/01/2023 13:45	Type of Location: Flyover
Location: KALLANG WAY				
Weather: Cloudy		Road Surface: Oily		Road Speed Limit: 60 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
SHA2207H	Car	TOYOTA	Prius	Blue	Slightly Damaged	3
SMZ959T	Car	TOYOTA	ESQUIRE G 2.0 CVT	White	Slightly Damaged	4



**SINGAPORE
POLICE FORCE**



T/20230114/7077

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

2 of 3

Report No. T/20230114/7077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ959T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP003826	25/08/2022	24/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW SOON HOCK EDWIN	ID No.	S8609513J
Related Vehicle	SMZ959T (Car)	Contact No.	81617400
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
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No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20230114/7077

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

3 of 3

Report No. T/20230114/7077

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

NP168

Signature Of Informant:

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

Date/Time:
14/01/2023 23:20

Classification Of Case:





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: SN09231G0002 Vehicle Registration No: SMZ 959T
 Name (as shown in NRIC): Chew soon Hock Edwin NRIC/FIN/Passport No: S 8609513J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 21 Punggol Field walk # 08-16 Singapore (~~828741~~)9
 Contact (Tel): _____ Mobile No.: 8161 7400
 Email Address: ymest auto@gmail.com
 Date of Accident: 14/01/2023 Time of Accident: 13.45
 Place of Accident: PIE TO TUAS
 Insurance Company: Tokio Marine

(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:

Amend sketch plan.

Policyholder / Actual Driver's Signature
Date:

16/1/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: