SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

16/01/2023 11:22 (SGT) Both 14/01/2023 13:45 (SGT) Singapore PIE TO TUAS Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ959T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

CHEW SOON HOCK EDWIN

S8609513J

jmartauto@gmail.com (Phone) +65-81617400

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Toyota Esquire

Private hire

No - Claiming third party

Private hire Auto 1986

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEW SOON HOCK EDWIN S8609513J 11/04/1986 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

07/02/2005

17 YEARS AND 11 MONTHS

Male

(Phone) +65-81617400

jmartauto@gmail.com 21 PUNGGOL FIELD WALK

08-16 8287449

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

4

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name

Translator's ID Translator's phone number Translator's email Original language used in the statement No

PASSENGER 1

Name Gender

UNKNOWN Male

PASSENGER 2

Name Gender UNKNOWN Female

PASSENGER 3

Name Gender UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

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

ATTACHMENT(S)

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

WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SHA2207H

Toyota

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

Address Complement # 08-16 Post Code # 287449

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and occurate as possible. Any wirful misrepresentation or withholding of material facts may allow insulance companies to repudiate policy i ability.
- 4. The saue 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 Traffic Police Department for investigation.
- 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 loagement 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.
- E. Consent under the Personal Data Protection Act (PDPA)

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 of 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.

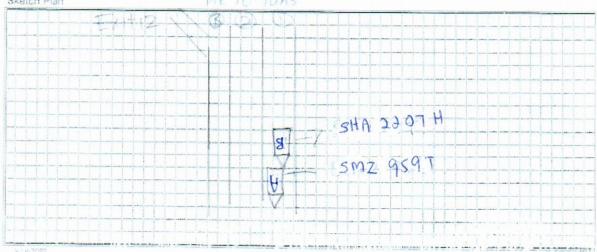
Policyholder's Signature / Date & Time

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

TUAS



Circum	estance of the Accident
	Dense Refer to the attached place Denset
	Playe Riker to the affected police Report
	1,000,000,7,1017

Declaration

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

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 dard)





1 of 3

Report No. T/20230114/7077

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2023 23:20			Vide Report No.:	Station Diary No.:	
Informant	s Partici	ulars			
Name of In CHEW SO		K 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: Age: Date of Birth: Male 36 11/04/1986			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2023 13:45	Type of Location Flyover
Location: KALLANG W	AY			
Weather: Cloudy		Road Surface: Oily		oad Speed Limit: 0 Km/h
Cloudy				
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: eavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHA2207H	Car	TOYOTA	Prius	Blue	Slightly Damaged	3
SMZ959T	Car	ТОУОТА	ESQUIRE GI 2.0 CVT	White	Slightly Damaged	4





2 of 3

Report No. T/20230114/7077

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

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 Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL Use of P				lestrian	Cross	ing: NA
Driver						
Name	CHEW SOON HOCK EDWIN			ID No.		S8609513J
Related Vehicle	SMZ959T (Car)			Conta	ct No.	81617400
Hospital/Clinic FAMILY HEALTH ME		EDICAL CEN	TRE	Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	14/01/2023 Date		Date		14/01	/2023
	ted Medical Leave	05	Degree of		Sligh	t

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 infront. 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.





3 of 3

Report No. T/20230114/7077

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

CONTINUATION OF REPORT

Sk	ata	hI		n
OK	ell		-Ia	П

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2023 23:20
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No : 65476414	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	513J
Vehicle Details of the last and the second of the last and the last an	
Vehicle No.:	SMZ959T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	ESQUIRE GI 2.0 CVT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	3ZRB716951
Chassis No.:	ZRR800173525
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$27,390.00
Original Registration Date:	25 Feb 2016
First Registration Date:	25 Feb 2016
Transfer Count:	2
Actual ARF Paid:	\$30,346.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2026
PARF Rebate Amount:	\$19,724.00
Intended COE Repate Details	(1999) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)
COE Expiry Date:	24 Feb 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,001.00
COE Rebate Amount:	\$18,625.00
Total Rebate Amount:	\$38,349.00
e information contained beautiful	

The information contained herein is correct as at 17 Jan 2023

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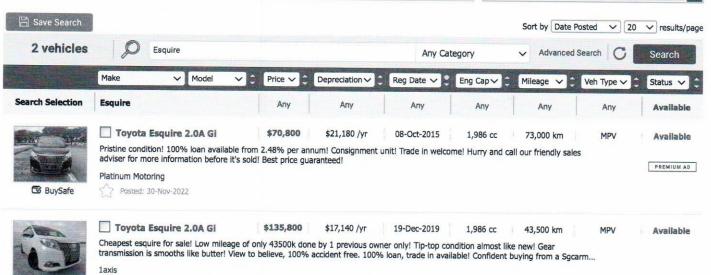


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Posted: 12-Jan-2023









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