

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	26/01/2023 11:06 (SGT)
Reported by	Driver
Date of Accident	22/01/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE exit 11 towards Paya Lebar Road (At give way junction)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ708B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Reyan21
Company Reg No	5XXXX533D
Email Address	phbms@yahoo.com
Mobile Phone No	(Phone) +65-92982010
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP001246

DRIVER

Name of Driver	Chua Chiew Loong
NRIC No	SXXXX624A
Date Of Birth	17/10/1986
Occupation	Outdoor

Date Of Driving Pass	26/11/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92982010
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	Blk 178B Rivervale Crescent
Address complement	#07-429
Postcode	542178
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

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	Passenger
Gender	Female

PASSENGER 2

Name	Passenger
Gender	Female

PASSENGER 3

Name	Passenger
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

Refer to police report no. T/20230124/7023

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 SDZ7888A
 Vehicle Manufacturer -
 Vehicle Model -
 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 Chua Chiew Loong
 Gender Male
 Phone No (Phone) +65-92982010
 Address Blk 178B Rivervale Crescent
 Address Complement #07-429
 Post Code 542178
 Approximate Age Years Old 36
 Injuries Sustained Back pain
 Injured person in which vehicle? SMZ708B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

Refer to the police report No: T/20230124/7023

Lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

26/11/2023

Witnessed by Reporting Centre Personnel

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

[Handwritten Signature]

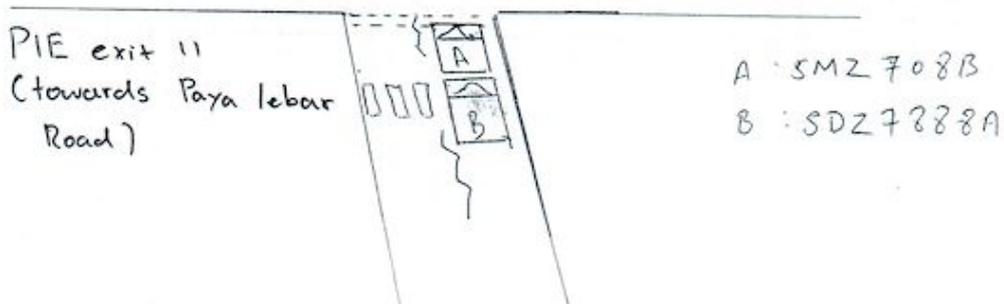
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]

26/01/2023

Witnessed by Reporting Centre Personnel

Sketch Plan







TOYOTA MOTOR CORPORATION JAPAN
MODEL 6AA-NHP170G-MWXNB
ENGINE 1NZ-FXE-1496 mL
FRAME No. NHP170-7178328
COLOR TRIM PLANT OPTION
209 FB20-N21
TRANS./AXLE P510-F02A 884

25/01/2023 15:25







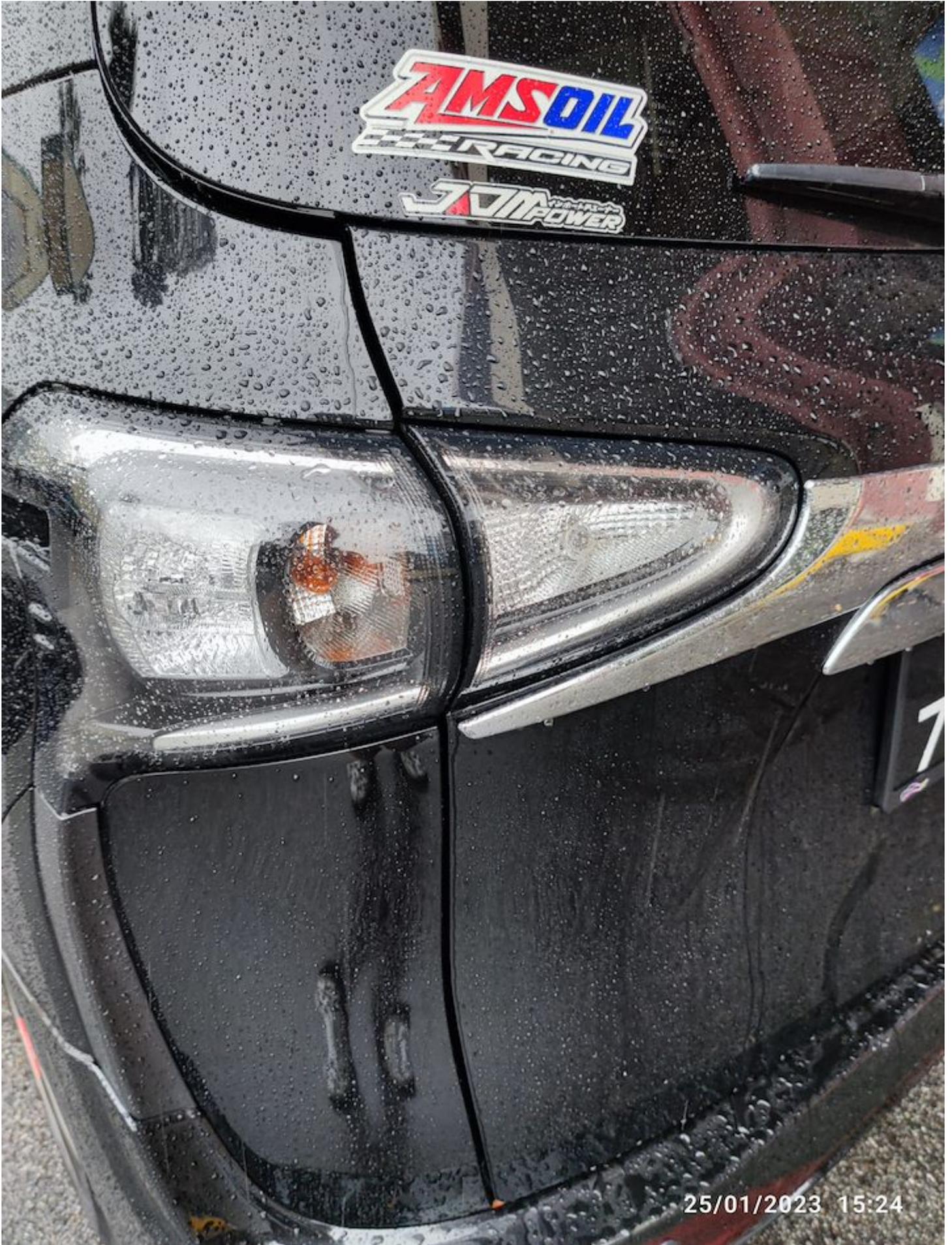

















**SINGAPORE
POLICE FORCE**


T/20230124/7023

1 of 3

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

Report No. T/20230124/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2023 15:07	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: CHUA CHEW LOONG	Address: 178B RIVERVALE CRESCENT #07-429 SINGAPORE 542178	
ID Type / ID No.: NRIC NO / S8629624A	Contact No.: Home/Office:	Mobile: 92982010
Nationality: SINGAPORE CITIZEN	Email: RAYMONDCHUA_CL@YAHOO.COM	
Sex: Male	Age: 36	Date of Birth: 17/10/1986
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation:	Language: English	Driving Licence Information: Class: 2,3,4
		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 14:20	Type of Location: Y-Junction
Location: PIE exit 11 toward Paya Laber Road at give way junction				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
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
SDZ7888A	Car	BMW				0
SMZ708B	Car	TOYOTA	Sienta	Black	Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230124/7023

2 of 3

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

Report No. T/20230124/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ708B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP001246	08/04/2022	07/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA CHIEW LOONG		ID No.	S8629624A
Related Vehicle	SMZ708B (Car)		Contact No.	92982010
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: 2,3,4 Date of Expiry: NIL
Date	22/01/2023		Date	22/01/2023
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 22/01/2023 at PIE Paya Lebar exit 11 toward Paya Lebar road. When I going to turn left at give way line, a vehicle (SDZ7888A) suddenly bend my car (SMZ708B) from behind cause my car back damage.



**SINGAPORE
POLICE FORCE**

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



T/20230124/7023

3 of 3

Report No. T/20230124/7023

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168


Signature Of Informant:

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

Date/Time:
24/01/2023 15:07

Classification Of Case:





Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

EMD202310297

Name CHUA CHIEW LOONG		NRIC No. S8629624A
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>22-Jan-2023</u> to <u>24-Jan-2023</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave.	Operated on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave.	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Emergency Department Sengkang General Hospital 110 Sengkang East Way Singapore 544886 Not valid without official hospital stamp	Ward No. SKH Emergency Department Date 22-Jan-2023	Signature, Name (in BLOCK LETTERS) and Designation/MGR No.  RACHANA PANDE SHRIKANT , 162461