

# 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 .....	53430533D
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 .....	S8629624A
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

Declaration

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

26/11/2023

Witnessed by Reporting Centre Personnel

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.



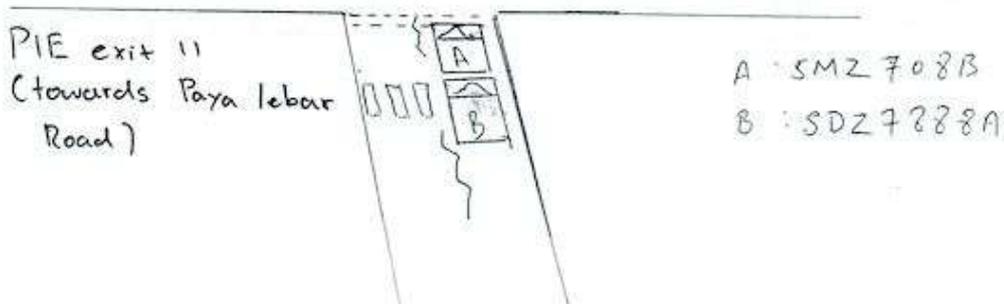
Policyholder's Signature / Date & Time

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

26/01/2023

Witnessed by Reporting Centre Personnel

Sketch Plan







25/01/2023 15:25







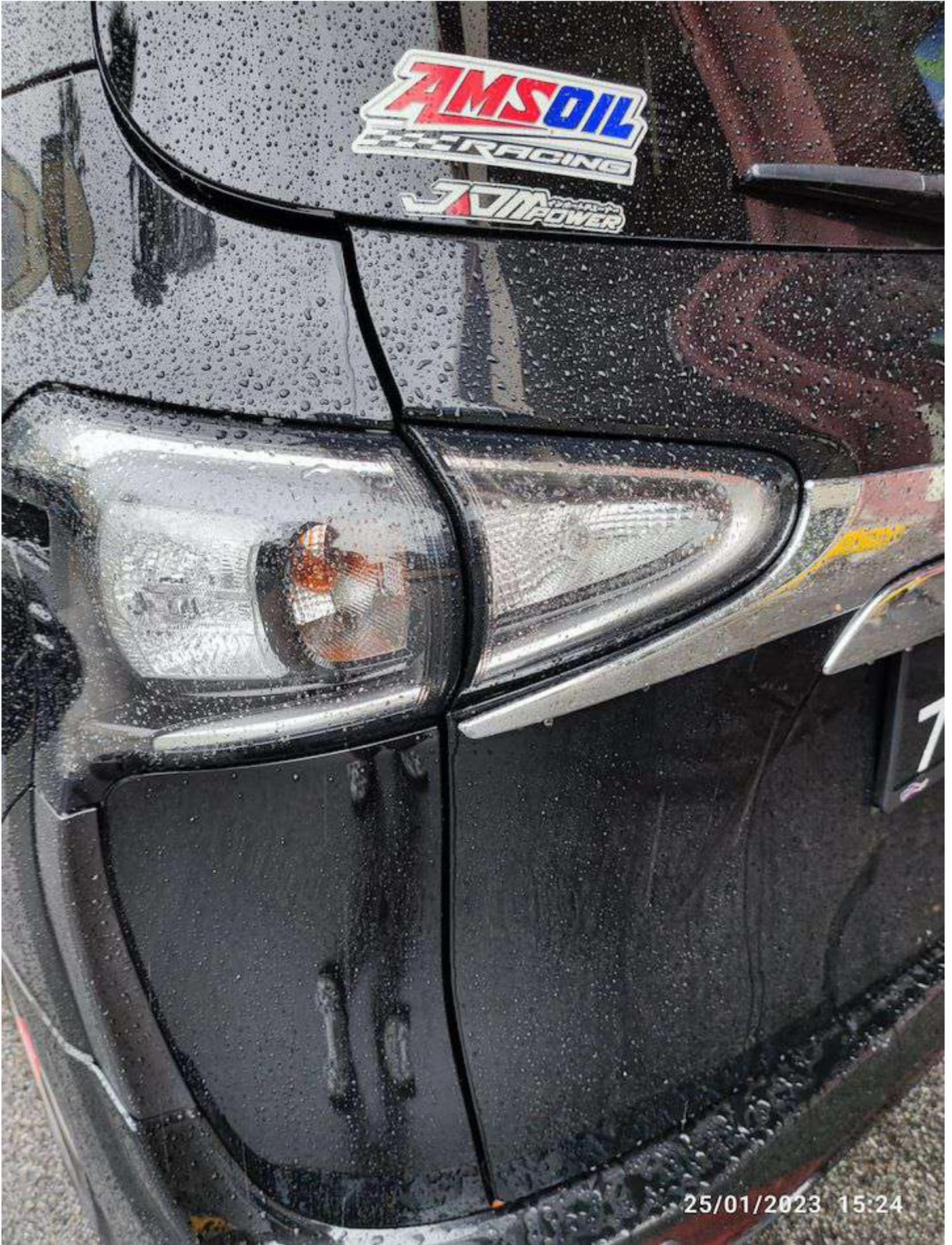

















**SINGAPORE  
POLICE FORCE**


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.:
<b>Informant's Particulars</b>		
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
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation:	Driving Licence Information: Class: 2,3,4	Date of Expiry:

<b>General Information of the Accident</b>				
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	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDZ7888A	Car	BMW				0
SMZ708B	Car	TOYOTA	Sienta	Black	Slightly Damaged	3

<b>Details of Vehicle Insurance</b>				
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**



T/20230124/7023

3 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**

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

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:

NP168





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	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
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