

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	22/02/2023 16:04 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE HEADING TOWARDS SLE BEFORE AMK AVENUE 1 (BRADDELL FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8150R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LEE CHENG
NRIC No	SXXXX540B
Email Address	bensonchoo@hotmail.com
Mobile Phone No	(Phone) +65-86991651
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00141712201

DRIVER

Name of Driver	CHOO TEE SHENG, BENSON (ZHU ZHISEN)
NRIC No	SXXXX980E
Date Of Birth	06/09/1993

Occupation	Indoor
Date Of Driving Pass	28/08/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98194973
Alt. Phone Number	-
Email Address	bensonchoo@hotmail.com
Address	BLK 127 PASIR RIS GROVE
Address complement	# 03-05
Postcode	518178
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	3
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)	3
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	GOH YAN HUI
Gender	Male

PASSENGER 2

Name	GOH YAN LING
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/20230221/7100

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH OWNER AND FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN7012D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver TAY SOO BENG
 NRIC No SXXXX975H
 Contact Number -
 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 SMN6669D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver AMRAN BIN MONING
 NRIC No SXXXX488H
 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 CHOO TEE SHENG,BENSON (ZHU ZHISEN)
 Gender Male
 Phone No (Phone) +65-98194973
 Address BLK 127 PASIR RIS GROVE
 Address Complement # 03-05
 Post Code 518178
 Approximate Age Years Old -
 Injuries Sustained BACK PAIN
 Injured person in which vehicle? SLQ8150R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOH YAN HUI
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -

Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLQ8150R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	GOH YAN LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLQ8150R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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 ~~submission~~ submission 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.

ON BEHALF

[Signature] 22/02/23
Policyholder's Signature / Date & Time

[Signature] 22/02/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 22/02/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan CTE Heading towards SLE before Amk Ave 1 (Braddell Flyover)



Describe Circumstance of the Accident

Please refer to the attached police Report
T/20230221/7100

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

ON BEHALF

[Signature] 22/04/23 *[Signature]* 22/02/23 *[Signature]* 22/2/23

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230221/7100

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

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Report No. T/20230221/7100

CONTINUATION OF REPORT

Passenger			
Name	GOH YAN LING		ID No. S9337129A
Related Vehicle	SLQ8150R (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	AMRAN BIN MONING		ID No. S7219488H
Related Vehicle	SMN6669D (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Incident occurred on CTE towards SLE, before AMK AVE 1 exit. My vehicle ("Vehicle A - SLQ8150R") was driving on the CTE, heading towards SLE, between CTE 10 km and 11km mark (as per indicated on map tool). While moving, I noticed that the vehicle ahead begun to slow down and stop, which I responded by slowing my vehicle gradually and coming to a stop as well. After coming to a stop, the vehicle behind me ("Vehicle B- SLN7012D") crashed into my rear. Vehicle B crashed into my vehicle, as the vehicle ("Vehicle C - SMN6669D") behind Vehicle B, was unable to stop in time and crashed into Vehicle B.

This was a chain collision involving my vehicle (which was at the front), Vehicle B and C. Vehicle C rear-ended Vehicle B, which in turn rear-ended my vehicle (Vehicle A).

In my vehicle, consisted of myself, and two other passengers, Goh Yan Ling, and Goh Yan Hui. At moment of incident, my 2 passengers and myself suffered no injuries and left the scene after exchanging the necessary contact information and recording the accident scene with our mobile devices. However, my passengers and myself are experiencing some body aches post-incident.

I have pictures and car-dash footage of the incident. However, these exceed 2MB.





















**SINGAPORE
POLICE FORCE**



T/20230221/7100

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

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Report No. T/20230221/7100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY SOO BENG	ID No.	S1467975H
Related Vehicle	SLN7012D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CHOO TEE SHENG, BENSON	ID No.	S9332980E
Related Vehicle	SLQ8150R (Car)	Contact No.	98194973
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	GOH YAN HUI	ID No.	S8851491B
Related Vehicle	SLQ8150R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230221/7100

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

3 of 4

Report No. T/20230221/7100

CONTINUATION OF REPORT

Passenger			
Name	GOH YAN LING		ID No. S9337129A
Related Vehicle	SLQ8150R (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	AMRAN BIN MONING		ID No. S7219488H
Related Vehicle	SMN6669D (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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T/20230221/7100

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20230221/7100

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:
21/02/2023 21:24

Classification Of Case: