# **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 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 22/02/2023 09:58 (SGT) Reported by Date of Accident 21/02/2023 14:55 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS BEFORE KPE (ECP) EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBD1165G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **E & D SERVICES** Company Reg No 52817300J Email Address henrylim1979@yahoo.com Mobile Phone No (Phone) +65-96744302 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Auto CC 2982

**INSURANCE COMPANY** 

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MS007072-R03

DRIVER

Name of Driver **CHUA KWEE YEW** NRIC No S1308543I Date Of Birth 19/10/1958 Occupation Outdoor



Date Of Driving Pass 27/12/1997 Driving experience 25 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96744302 Alt. Phone Number Email Address henrylim1979@yahoo.com Address **BLK 526 WOODLANDS DRIVE 14 #05-467** Address complement Postcode 730526 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **CHOOI MUN HOU** Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230221/7082 ATTACHMENT(S)

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	YM9900D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA3869S
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	CHUA KWEE YEW Male (Phone) +65-96744302 SERIOUS INJURIES GBD1165G Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SERIOUS INJURIES GBD1165G Yes No

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 8. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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 afcresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
- l'understand, acknowledge, agree and consent that ;
- (a) My insurer , my w orkshop 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' law yers/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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mating 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

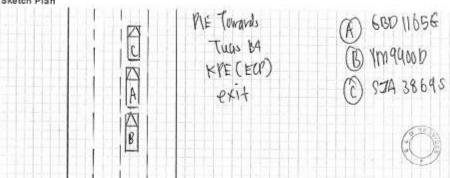


Policyholder's Signature / Date &

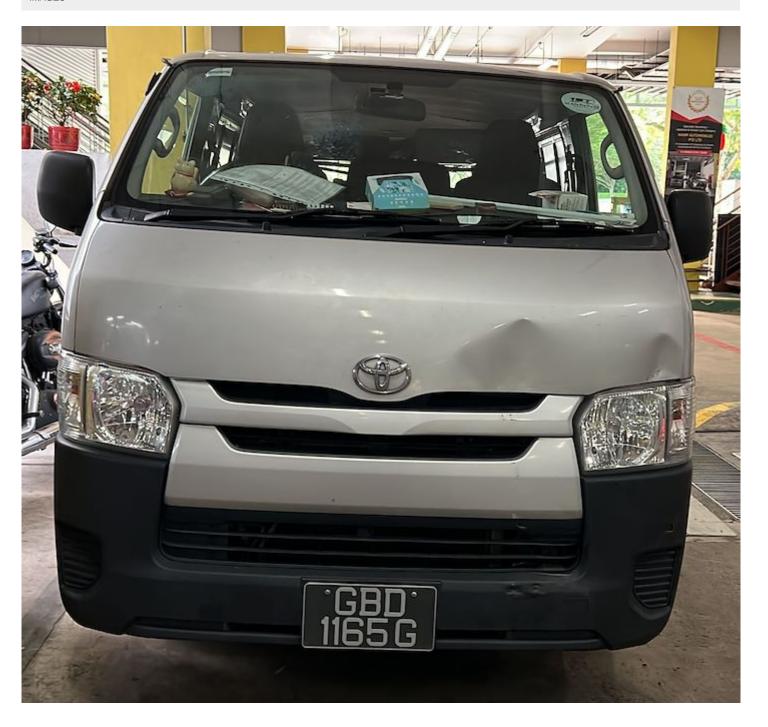
Driver's Signature (if driver is not the policyholder) / Date

Wichessed by Reporting Centre Personnel

Sketch Plan

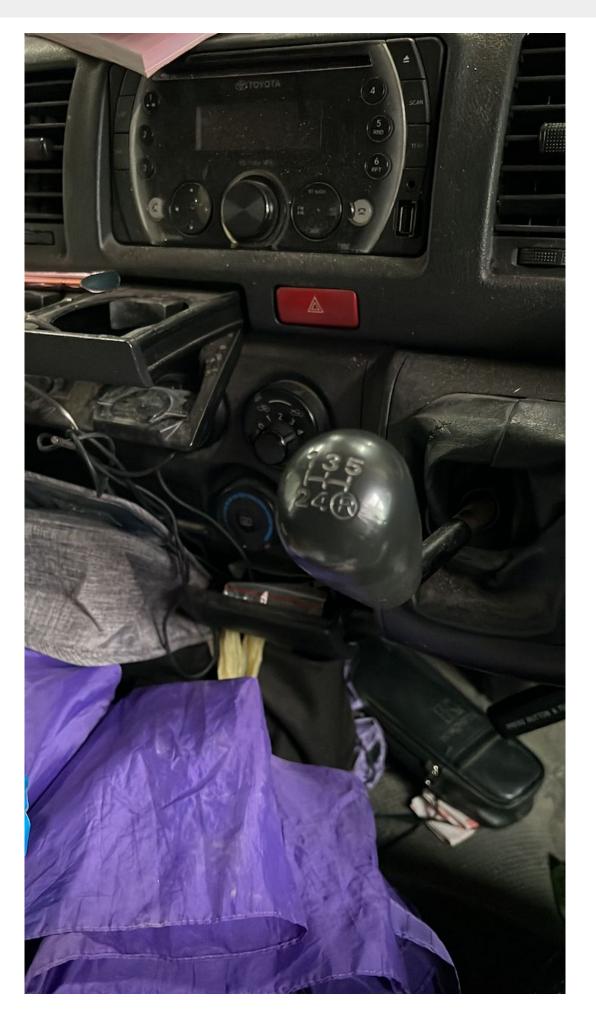


Describe Circumstances of the Accident Declaration We declare the foregoing particulars are true in every/respect. Policyholder's Signature / Date & Time Oriver's Signature (If driver is not the policyholder) / Date & Time Wanessed by Reporting Centre Personnel

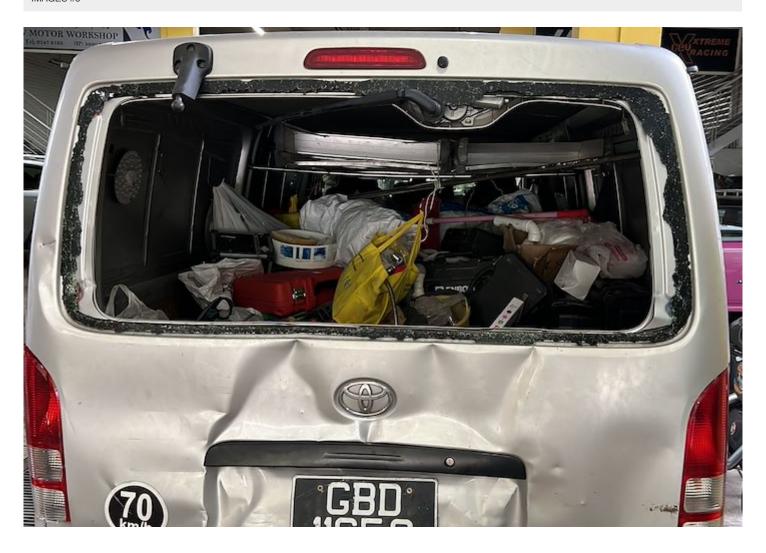




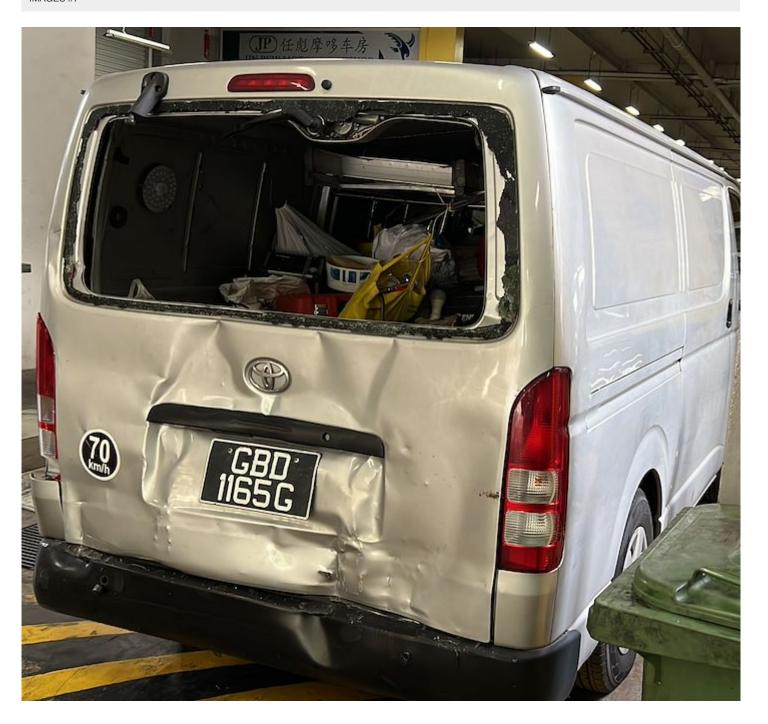








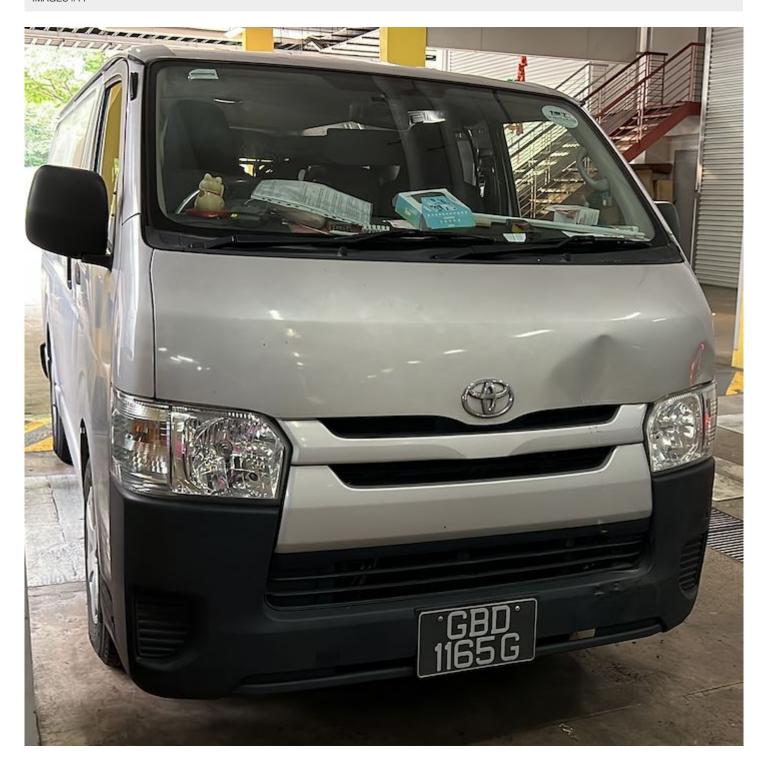


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230221/7082

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 123 18:35	Made:	Vide Report No.: G/20230221/0103	Station Diary No.:		
Informa	nt's Partic	ulars	STATE OF THE PARTY OF			
Name of Informant: CHUA KWEE YEW			Address: 526 WOODLANDS DRIVE 14 #05-467 SINGAPORE 730526			
	/ ID No.: D / S13085	431	Contact No.: Home/Office:	Mobile: 96744302		
Nationality: SINGAPORE CITIZEN		EN	Email: EDSVCS@YAHOO.COM			
Sex: Age: Date of Birth: Male 64 19/10/1958		FILE AND COLORS OF SERVICE STREET, STR	Type of Informant: Driver			
Race; Chinese		· ·	Language: Institution / School Nam English			
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 14:5	Type of Loca Straight Roa	
Location:  JALAN KOLA  Weather:	M AYER	Road Surface:		Road Speed Limit:	
				Linea obece entiti	
		Dry		90 Km/h	
Clear Traffic Flow: One Way		Traffic Control:	ners e.g. Workmen		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1165G	Van				Seriously Damaged	1
SJA3869S	Car	HONDA	honda fit	Silver	Seriously Damaged	0





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

2 of 3 Report No. T/20230221/7082

# CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	0	100000
	-	IVICING	Model	Color	Conditio	No of
YM9900D	Lorry				Seriously Damaged	0

Details of Perso	on Involved	A STATE OF					
Any Pedestrian I						The second secon	
No. of Pedestria			Use of Pe	Use of Pedestrian Crossing: NA			
Passenger	The state of the state of	Tage Tree		o o o ci i i i	11 0103	alig. In	
Name	CHOOI MUN HOU			ID No.		G8635656U	
Related Vehicle	GBD1165G (Van)			Contact No.		86488464	
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	21/02/2023 Dat			-	21/02	2/2023	
No. of Days gran	of Days granted Medical Leave 03				Serio	7 70 70 70 70	
Driver	All the same of	1000	Degree o	E MAN			
Name	CHUA KWEE YEW			ID No.		S1308543I	
Related Vehicle	GBD1165G (Van)			Contact No.		96744302	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expire	g ce &	Class: 3 Date of Expiry: NIL	
Date	21/02/2023		Date		21/02	/2023	
No. of Days grant	ted Medical Leave	05	Degree of	Degree of Serious		US	

# Brief Details.

On 21st feb 2023 at about 3pm i was driving along PIE Tuas at before kpe exit. i was driving on lane 2, the traffic was slow and suddenly i felt an impact from my rear of my van, the impact was very big and i was push towards and hit veh infront. i came down and find out the veh from my back(YM9900D) hit me and i hit my front veh (SJA3869S) was hit by me. My passanger was conveyed to hospital. After the police came and we left the scene, I was give 5 days mc from mount alvemia hospital.





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

3 of 3 Report No. T/20230221/7082

CONTINUATION OF REPORT

n

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: 21/02/2023 18:35
Officer In Charge Of Case:	Classification Of Case;
NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	
NP168	