

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 09:58 (SGT)
Reported by	Driver
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

Vehicle Registration Number	GBD1165G
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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	Toyota
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 your vehicle?	No - Claiming third party
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	Male
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?	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)	2
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	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

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

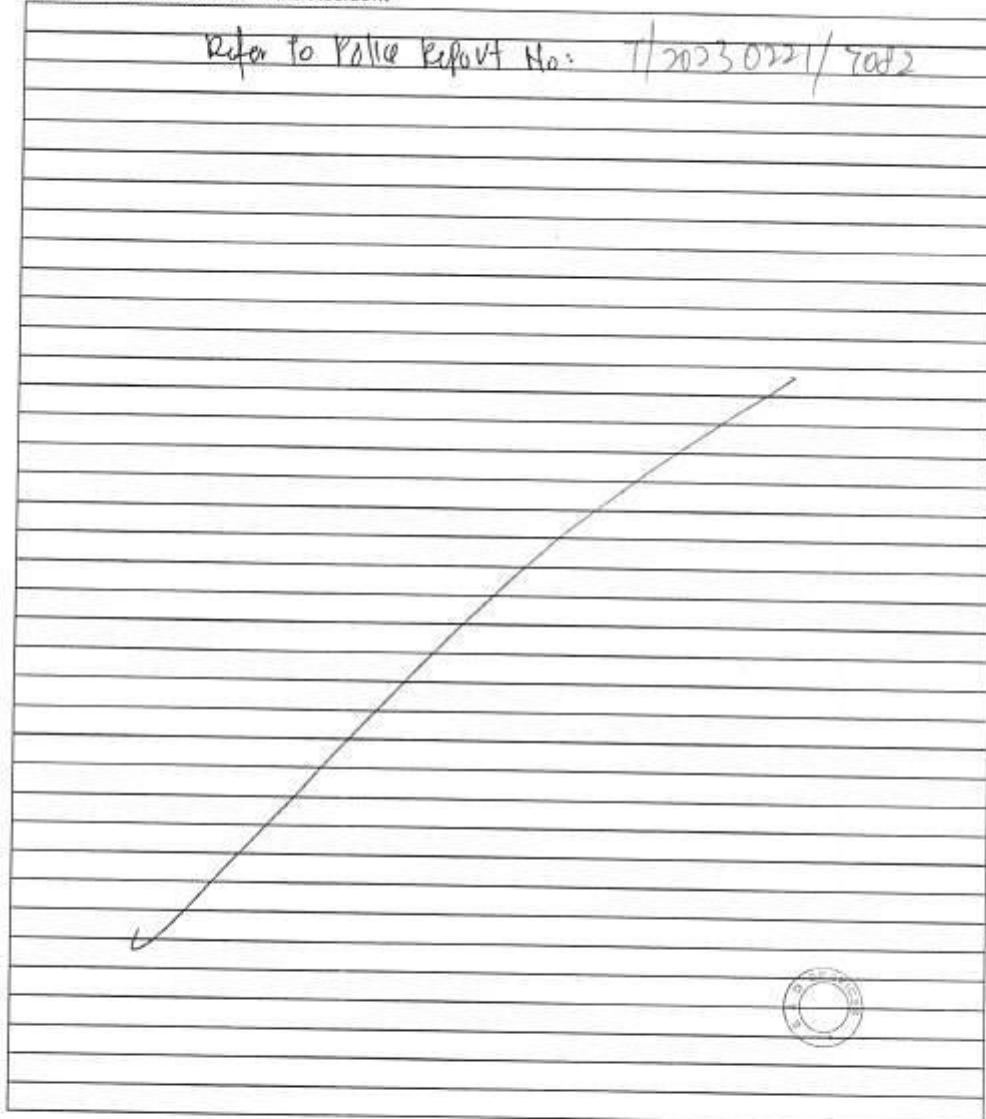
Name of injured person	CHUA KWEE YEW
Gender	Male
Phone No	(Phone) +65-96744302
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	GBD1165G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?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

INJURED 2

Name of injured person	CHOOI MUN HOU
Gender	Male
Phone No	(Phone) +65-86488464
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	GBD1165G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to Police Report No: T/20230221/7082



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

Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20230221/7082

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

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Report No. T/20230221/7082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 18:35		Vide Report No.: G/20230221/0103		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA KWEE YEW			Address: 526 WOODLANDS DRIVE 14 #05-467 SINGAPORE 730526		
ID Type / ID No.: NRIC NO / S1308543I			Contact No.: Home/Office: Mobile: 96744302		
Nationality: SINGAPORE CITIZEN			Email: EDSVCS@YAHOO.COM		
Sex: Male	Age: 64	Date of Birth: 19/10/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 14:55	Type of Location: Straight Road
Location: JALAN KOLAM AYER				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

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



**SINGAPORE
POLICE FORCE**



T/20230221/7082

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

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Report No. T/20230221/7082

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
YM9900D	Lorry				Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
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	Date	21/02/2023
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	CHUA KWEE YEW	ID No.	S1308543I
Related Vehicle	GBD1165G (Van)	Contact No.	96744302
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/02/2023	Date	21/02/2023
No. of Days granted Medical Leave	05	Degree of	Serious

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 alvernia hospital.

**SINGAPORE
POLICE FORCE**

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



T/20230221/7082

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Report No: T/20230221/7082

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 /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

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 18:35

Classification Of Case: