

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	05/12/2022 21:43 (SGT)
Reported by	Both
Date of Accident	04/12/2022 14:45 (SGT)
Exact Location of Accident	Second Link Expy, Johor Bahru, Johor, Malaysia
Additional Location Information	2nd Link / JB Custom towards Singapore
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7016C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA WEE SIANG
NRIC No	SXXXX111G
Email Address	Chua.We.Siang.48@gmail.com
Mobile Phone No	(Phone) +65-92969026
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FREED 1.5G CVT
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	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-008970

DRIVER

Name of Driver	CHUA WEE SIANG
NRIC No	SXXXX111G
Date Of Birth	14/11/1988
Occupation	Indoor

Date Of Driving Pass	15/07/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92969026
Alt. Phone Number	-
Email Address	Chua.We.Siang.48@gmail.com
Address	HDB Sunshine Gardens, 488C Choa Chu Kang Avenue 5
Address complement	#09-157
Postcode	683488
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Chua Zhan Le Ethan
Gender	Male

PASSENGER 2

Name	Chua Zhan He Nathan
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

THE INCIDENT OCCURED ON 4 DEC 2022, AROUND 2.55PM BEFORE SULTAN ABU BAKAR CIQ COMPLEX MALAYSIA, TOWARDS TUAS. I WAS DRIVING TO PASS THE MALAYSIA CUSTOM (RETURN TO SINGAPORE), WHEN VEHICLE (VEH NO. SDV 1095G) HIT THE BACK OF MY VEHICLE (VEH NO. SNC 7016C). AS THE SCENE WAS VERY CONGESTED , AND I WAS THE ONLY ADULT WITH 2 YOUNG CHILDREN(AGE 6 AND 4) IN THE VEHICLE, I DID NOT EXIT MY VEHICLE TO CONFRONT THE DRIVER AND GET HIS PARTICULARS. I PROCEEDED TO DRIVE AWAY BACK TO SINGAPORE. AS I DO NOT KNOW THE NAME AND DETAILS OF THE DRIVER. I AM FILLING THIS POLICE REPORT TO SEEK COMPENSATION FROM THE VEHICLE OWNER FOR MY VEHICLE REPAIRS REQUIRED.

I HAVE A VIDEO FOOTAGE OF THE COLLISION . DUE TO THE LIMITED FILE SIZE, I AM NOT ABLE TO UPLOAD THIS FOOTAGE OF THE COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment? Yes

Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV1095G
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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' 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;
(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' 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.



 Witnessed By Reporting Officer
Aizam Bin Atan

 Policyholder's Signature / Date &
Time

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

 Witnessed by Reporting Centre
Personnel
Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

Declaration

I/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

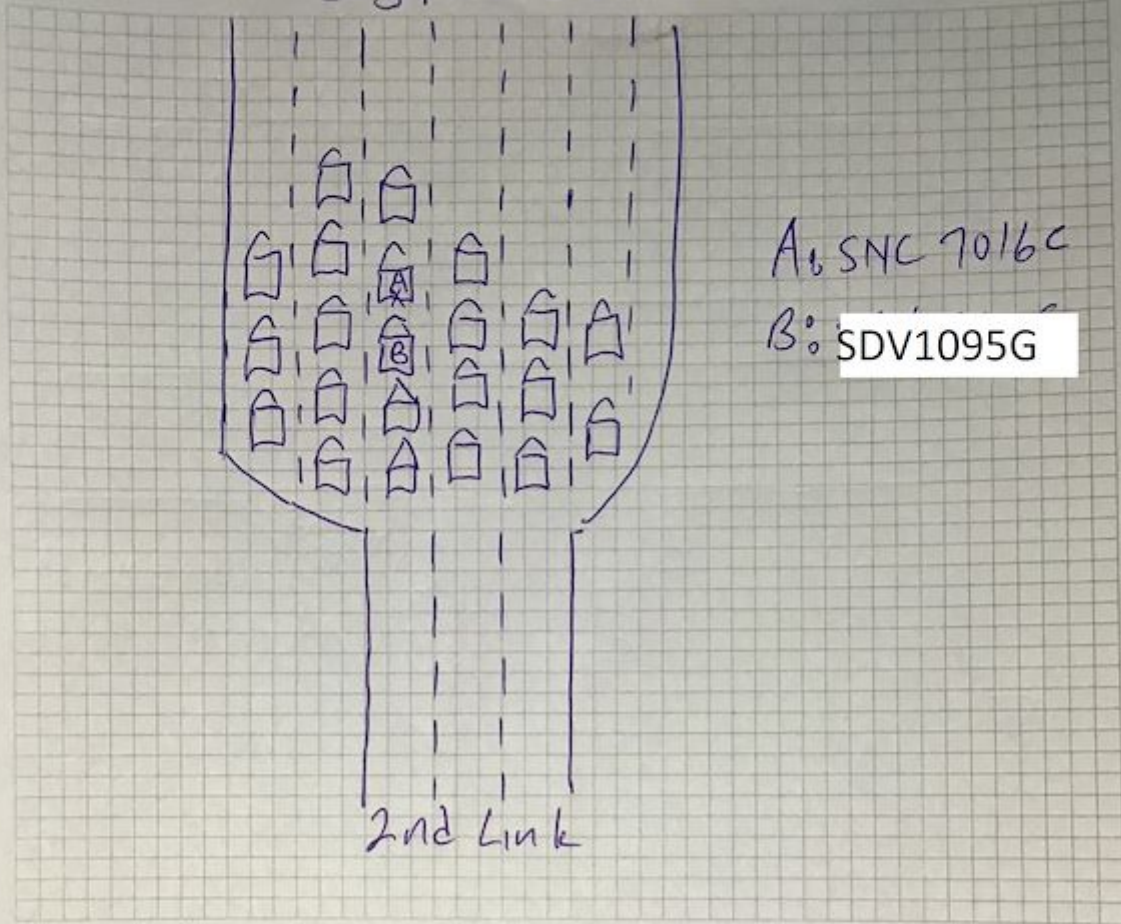
Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

Ver. Jun2022

ACCIDENT DIAGRAM

Singapore Custom



Sing
Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan
Witnessed by Reporting Centre
Personnel

A IAX MARS PTE LTD























**SINGAPORE
POLICE FORCE**



J/20221204/7025

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POLICE REPORT (NP299)

Report No. J/20221204/7025

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 04/12/2022 18:17	Vide Report No.	Station Diary No.
Name Of Informant CHUA WEE SIANG	Address 488C CHOA CHU KANG AVENUE 5 #09-157 SINGAPORE 683488	
ID Type / ID No. NRIC NO / S8844111G	Contact No. Home/Office: Mobile: 92969026	
Nationality SINGAPORE CITIZEN	Email Address CHUA.WEE.SIANG.48@GMAIL.COM	
Occupation Civil engineer	Sex Male	Age 34
Institution/School Name	Date of Birth 14/11/1988	Race Chinese
Date/Time Of Incident 04/12/2022 14:45 - 04/12/2022 15:00	Location Of Incident 488C CHOA CHU KANG AVENUE 5 #09-157 SINGAPORE 683488	

Brief details.

The incident occurred on 4 Dec 2022, around 2.55 p.m. before Sultan Abu Bakar CIQ Complex, Malaysia, towards Tuas. I was driving to pass the Malaysia custom (return to Singapore), when Vehicle (Veh No. SDV 1095G) hit the back of my Vehicle (Veh No. SNC 7016 C). As the scene was very congested, and I was the only adult with 2 young children (age 6 and 4) in the vehicle, I did not exit my vehicle to confront the driver and get his particulars. I proceeded to drive away back to Singapore. As I do not know the name and details of the driver, I am filing this Police Report to seek compensation from the

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: 04/12/2022 18:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221204/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221204/7025

vehicle owner for my vehicle repairs required.

I have a video footage of the collision. Due to the limited file size, I am not able to upload this footage of the collision.

Subjects Involved			
Victim			
Person Name	CHUA WEE SIANG		
ID Type	NRIC NO	ID No	S8844111G
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Civil engineer	Address	488C CHOA CHU KANG AVENUE 5 #09-157 SINGAPORE 683488
Mobile No	92969026	Is Informant A Victim?	Yes
Person Name	CHUA WEE SIANG (Informant)		

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: 04/12/2022 18:17
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D22CA0001 Vehicle Registration No: GBD9010S
 Name (as shown in NRIC): TEOH WEI BOON NRIC/FIN/Passport No: GXXXX700P
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97783601
 Email Address: _____
 Date of Accident: 10/12/2022 Time of Accident: 02:45 (SGT)
 Place of Accident: 301 PUNGGOL CENTRAL
 Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND: FROM REPORTING ONLY TO CLAIMS 3RD PARTY

AMEND : ATTACHED PICS BY DRIVER

 Policyholder / Driver's Signature
 Date:

SUSAN

 Reporting Centre Personnel's Signature
 Name: F S NEO
 NRIC/FIN No.:
 Date: 12/12/2022