

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	27/02/2023 14:58 (SGT)
Reported by	Owner
Date of Accident	25/02/2023 14:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS) LP551F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU8207K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW LAI SENG
NRIC No	SXXXX739F
Email Address	ACJL1991@GMAIL.COM
Mobile Phone No	(Phone) +65-97244233
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Teana
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5085280623-06

DRIVER

Name of Driver	CHEW JING LIN ALVIN
NRIC No	SXXXX934J
Date Of Birth	28/06/1991
Occupation	Indoor

Date Of Driving Pass	13/05/2017
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97244233
Alt. Phone Number	-
Email Address	ACJL1991@GMAIL.COM
Address	BLK533, WOODLANDS DR 14, #05-581
Address complement	-
Postcode	730533
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	TAN JORINA
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

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL7230A
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMS6789P
 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 CHEW JING LUN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SDU8207K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person TAN JORINA
 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? -

SKETCH PLAN

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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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan

PIE (TUAS) LP SSIF

A- SDU8207K

B- SJL7230A

C- SMS6789P



SINGAPORE POLICE FORCE



T/20230226/7013

1 of 4

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

Report No. T/20230226/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2023 13:24	Vide Report No.: G/20230225/0134	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEW JING LUN, ALVIN	Address: 533 WOODLANDS DRIVE 14 #05-581 SINGAPORE 730533
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ID Type / ID No.: NRIC NO / S9124934J
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Contact No.: Home/Office: Mobile: 97244233

Nationality: SINGAPORE CITIZEN

Email: ACJL1991@GMAIL.COM

Sex: Male	Age: 31	Date of Birth: 28/06/1991
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Type of Informant: Driver

Race: Chinese

Language: English

Institution / School Name:

Occupation: Project Manager

Driving Licence Information: Class: 3
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Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2023 14:45	Type of Location: Straight Road
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Location:

ALJUNIED CRESCENT

Weather: Clear

Road Surface: Dry

Road Speed Limit: 90 Km/h

Traffic Flow: One Way

Traffic Control: Not Controlled

Traffic Volume: Moderate

Type of Collision: Between Moving Vehicles - Head To Rear
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Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDU8207K	Car	NISSAN	Teana	Silver	Seriously Damaged	1
SJL7230A	Car	TOYOTA	Vios	Blue	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230226/7013

2 of 4

Report No. T/20230226/7013

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMS6789P	Car	KIA	Carens	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDU8207K	NTUC Income Insurance Co-Operative Limited	5085280623-06	31/10/2022	30/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEW JING LUN, ALVIN		ID No.	S9124934J
Related Vehicle	SDU8207K (Car)		Contact No.	97244233
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/02/2023		Date	25/02/2023
No. of Days granted Medical Leave	02		Degree of	Slight
Passenger				
Name	TAN JORINA		ID No.	S9303196B
Related Vehicle	SDU8207K (Car)		Contact No.	90075665
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/02/2023		Date	25/02/2023
No. of Days granted Medical Leave	02		Degree of	Slight



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230226/7013

CONTINUATION OF REPORT

Driver				
Name	TOH RONG WEI		ID No.	S8505802I
Related Vehicle	SJL7230A (Car)		Contact No.	91906469
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

My colleague, Jorina Tan, was seated at front passenger seat in the car. I was driving on the first lane, along PIE towards TUAS, near Lamp post 551F. When I saw the car (SMS6789P) in front of me braked to a stop, I immediately stopped my car. That is when I felt a big crashing impact from the rear. This impact caused my car to move forward hitting the car (SMS6789P) in front of me and shocked both my passenger and I. As I was stepping on the brakes during the impact, my car did not cause serious damage to the car (SMS6789P) in front of me and my airbag was not activated. After that, I alighted from my car and saw that car (SJL7230A) had crashed into the rear of my car. The car (SJL7230A) caused serious damage to the rear of my car and had its own airbag activated. One of the passenger from car (SJL7230A) was sent to hospital by an ambulance.

After waiting for arrival of TP and LTA, I gave my info, statement and SD card for both my front and rear camera. After sending my car to workshop, I went to see a doctor at Raffles Medical -Causeway Point as I felt pain in the back of my head and right side of my back. I was given 2 days MC. My passenger also saw doctor at 24-hr Clinic and was given 2 days of MC.