

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	07/03/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	05/03/2023 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE (ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9141E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG PANG CHIAT
NRIC No	SXXXX551I
Email Address	anritachen@gmail.com
Mobile Phone No	(Phone) +65-88772990
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	DMPCSNW00188302200

DRIVER

Name of Driver	CHEN JIAMING
NRIC No	SXXXX915Z
Date Of Birth	18/09/1984
Occupation	Indoor

Date Of Driving Pass	28/11/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88003812
Alt. Phone Number	-
Email Address	anritachen@gmail.com
Address	APT BLK 465 SEGAR ROAD
Address complement	# 05-160
Postcode	670465
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	JEFFERSON CHEN WEIJIE
Gender	Male

PASSENGER 2

Name	THADDEUS HO HAO ZHE
Gender	Male

PASSENGER 3

Name	UREKA HO RUI YI
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/20230307/7032

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 SKJ976B
 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 CHEN JIAMING
 Gender Male
 Phone No (Phone) +65-88003812
 Address APT BLK 465 SEGAR ROAD
 Address Complement # 05-160
 Post Code 670465
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person JEFFERSON CHEN WEIJIE
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 4 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person THADDEUS HO HAO ZHE
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 4 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	UREKA HO RUI YI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN-GIVEN 4 DAYS OF MC
Injured person in which vehicle?	SLR9141E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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6. 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.

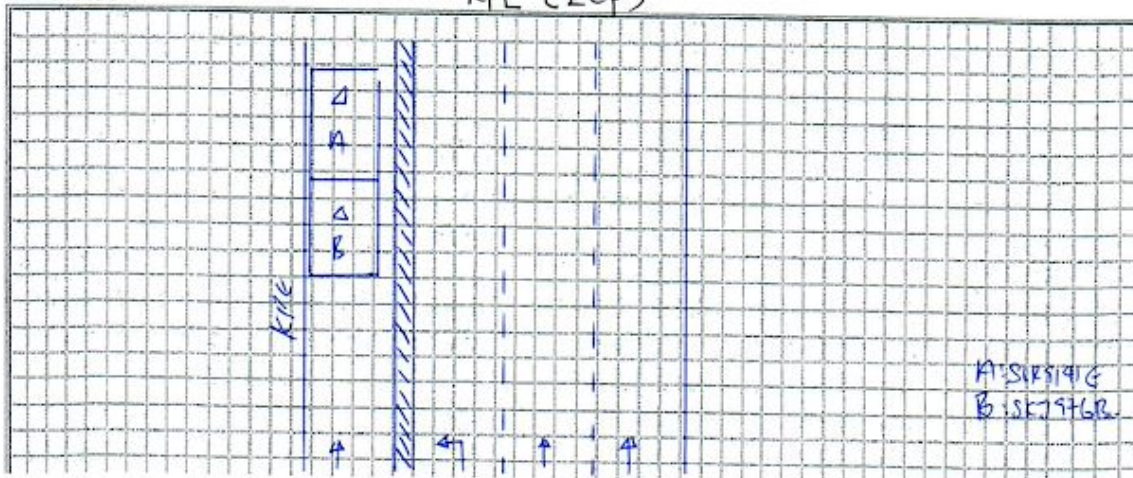

Policyholder's Signature / Date & Time


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

 7/3/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan

KPE (ECP)



Describe Circumstance of the Accident

Refer to Police Report NO: T/20230307/7032

[The remainder of the form is crossed out with a large diagonal line.]

Declaration

(We declare the foregoing particulars are true in every respect.)

 X
Policyholder's Signature / Date & Time


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

 7/3/23
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230307/7032

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

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Report No. T/20230307/7032

CONTINUATION OF REPORT

Driver			
Name	CHEN JIAMING	ID No.	S8430915Z
Related Vehicle	SLR9141E (Car)	Contact No.	88003812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLR9141E along KPE(City) when the cars in front of me came to a stop.

I followed suit and managed to come to a stop with ample safety distance from the car in front.

A couple of seconds later, a huge impact slammed into my vehicle's rear, causing my vehicle to jerk forward violently.

My body lurched forward only to be restrained by my seat belt.

I checked on my 3 children, who were all belted inside my vehicle at that pt in time, to make sure that they are alright before alighting to realise that SKJ976B had crashed into the rear of my vehicle.

Initially, other than being abit startled, we were generally fine.

The following morning, I woke up with pain in my neck, shoulders, lower back areas.

All my children namely, Jefferson Chen Weijie, Thaddeus Ho Hao Zhe and Ureka Ho Rui Yi, also complained of similar aches over their bodies.

As such, we went to my wife's company doctor, Unihealth Jurong East, in the evening to seek treatment.

I was given 5 days MC while my children were given 4 days MC each for injuries caused by the accident.



















**SINGAPORE
POLICE FORCE**



T/20230307/7032

1 of 3

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

Report No. T/20230307/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2023 13:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEN JIAMING			Address: 465 SEGAR ROAD #05-160 SINGAPORE 670465		
ID Type / ID No.: NRIC NO / S8430915Z			Contact No.: Home/Office: Mobile: 88003812		
Nationality: SINGAPORE CITIZEN			Email: ANRITACHEN@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 18/09/1984	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Chef			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2023 17:00	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR9141E	Car					3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230307/7032

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

2 of 3

Report No. T/20230307/7032

CONTINUATION OF REPORT

Driver			
Name	CHEN JIAMING	ID No.	S8430915Z
Related Vehicle	SLR9141E (Car)	Contact No.	88003812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

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**SINGAPORE
POLICE FORCE**



T/20230307/7032

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Report No. T/20230307/7032

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

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/03/2023 13:09

Classification Of Case: