

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	21/03/2023 16:39 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 19:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	(BKE) AFTER LENTOR AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG9986T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MV AUTO
Company Reg No	5XXXX451A
Email Address	donchua@mcwellventures.com
Mobile Phone No	(Phone) +65-90625945
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MAA00150-R00

DRIVER

Name of Driver	CHUA LEE LIANG
NRIC No	SXXXX338E
Date Of Birth	21/01/1970
Occupation	Indoor

Date Of Driving Pass	10/08/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81688644
Alt. Phone Number	-
Email Address	casschua@mcwellventures.com
Address	BLK 690C WOODLANDS DRIVE 75 #03-178
Address complement	-
Postcode	733690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	1
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	-

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/20230321/7045

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	SLH7043X
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND6970Z
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA LEE LIANG
Gender	Female
Phone No	(Phone) +65-81688644
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG9986T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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.
- 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.

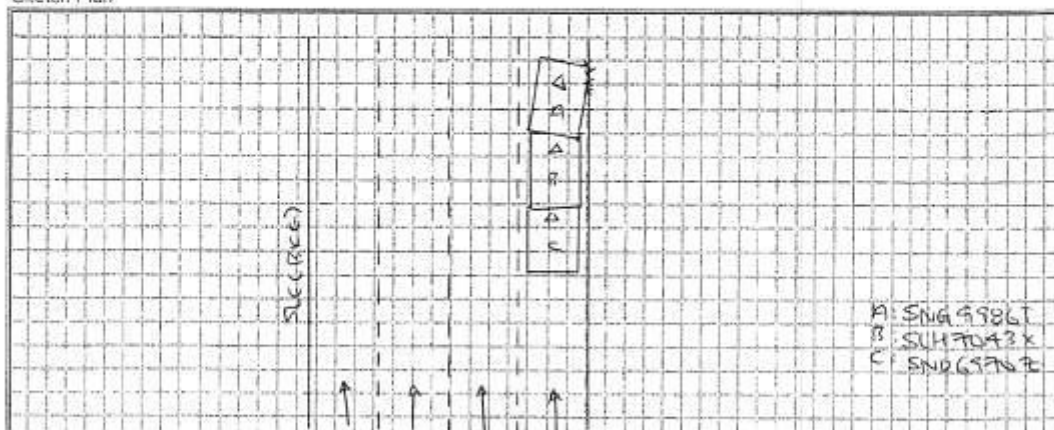


Policyholder's Signature, Name & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT. T/20230321/7045



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

Witnessed by Reporting Centre Personnel


























**SINGAPORE
POLICE FORCE**

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



T/20230321/7045

1 of 3

Report No. T/20230321/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 15:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA LEE LIANG			Address: 690C WOODLANDS DRIVE 75 #03-178 SINGAPORE 733690		
ID Type / ID No.: NRIC NO / S7002338E			Contact No.: Home/Office: Mobile: 81688644		
Nationality: SINGAPORE CITIZEN			Email: CASSCHUA@MCWELLVENTURES.COM		
Sex: Female	Age: 53	Date of Birth: 21/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ADMIN			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: 20/03/2023 19:45	Type of Location: Straight Road
Location: SLE(BKE) AFTER LENTOR AVE EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLH7043X	Car				Seriously Damaged	0
SND6970Z	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230321/7045

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SNG9986T	Car				Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA LEE LIANG	ID No.	S7002338E
Related Vehicle	SNG9986T (Car)	Contact No.	81688644
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS COMING TO A SLOW STOP DUE TO THE CONGESTION. OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR CAUSING DAMAGE TO MY VEHICLE'S REAR PORTION AND THE HUGE IMPACT PUSHED MY CAR FORWARD AND RIGHT AND CAUSED MY VEHICLE TO HIT ONTO THE ROAD DIVIDER AND DAMAGED MY VEHICLE'S FRONT AND RIGHT PORTION AS WELL.

I WENT DOWN AND REALISED THAT I WAS INVOLVED IN A THREE CAR CHAIN COLLISION AND I WAS THE FIRST CAR. AFTER THE ACCIDENT, I FELT PAIN AND WENT TO SEEK FOR MEDICAL HELP AND WAS GIVEN 2 DAYS OF MEDICAL LEAVE.

1ST CAR: SNG9986T
2ND CAR: SLH7043X
3RD CAR: SND6970Z

**SINGAPORE
POLICE FORCE**

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



T/20230321/7045

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Report No. T/20230321/7045

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

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

Date/Time:
21/03/2023 15:13

Classification Of Case: