

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	24/03/2023 13:51 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 08:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER ROAD TOWARDS JALAN BUROH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6705Z
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	charlottevehicles@gmail.com
Mobile Phone No	(Phone) +65-97828480
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	CHENG YEW KHAW
NRIC No	SXXXX567D
Date Of Birth	05/01/1971
Occupation	Outdoor

Date Of Driving Pass	07/11/1994
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97828480
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	APT BLK 185 JELEBU ROAD
Address complement	# 27-24
Postcode	670185
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL LEASING
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	Side Swipe
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?	Yes
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	UNKNOWN
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/20230324/7025

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	SD CARD WITH POLICE OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6941Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91311271
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	YL9198U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-82328595
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	CHENG YEW KHAW
Gender	Male
Phone No	(Phone) +65-97828480
Address	APT BLK 185 JELEBU ROAD
Address Complement	# 27-24
Post Code	670185
Approximate Age Years Old	-
Injuries Sustained	LEFT SIDE NECK PAIN
Injured person in which vehicle?	SLR6705Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD INJURY
Injured person in which vehicle?	SLR6705Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~fill in~~ fill in 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. Inform ~~the~~ insurers provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurers to repudiate policy liability.
4. The ~~issuance~~ issuance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~report~~ reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ will be forwarded by the insurers to 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 ~~issuance~~ issuance 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 sforesaid.

8. Consents ~~under~~ under the Personal Data Protection Act (PDPA)

I understand ~~and~~ and acknowledge, agree and consent that:

(a) My insurer ~~and~~ and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process ~~any~~ any personal data/personal information set out in this [form] and any other personal information provided by me or possessed ~~by~~ by insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ~~insured~~ insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively ~~referred~~ referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government ~~agency/authority~~ agency/authority (such as the police), for the purpose(s) of:

(i) processing ~~handling~~ handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating ~~the~~ the accident and/or my claims;

(iii) carrying ~~out~~ out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering ~~my~~ my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~certain~~ certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); ~~and~~ and

(v) complying ~~with~~ with applicable law in administering, processing, handling and/or dealing with my claims. (collectively "the Purposes")

b) all insurer ~~(s)~~ (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~~ and/or process my Personal Information for one or more of the above Purposes; and

c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the ~~Insurers' law firms~~ Insurers' law firms, which may be sited outside of Singapore, for one or more of the above Purposes.



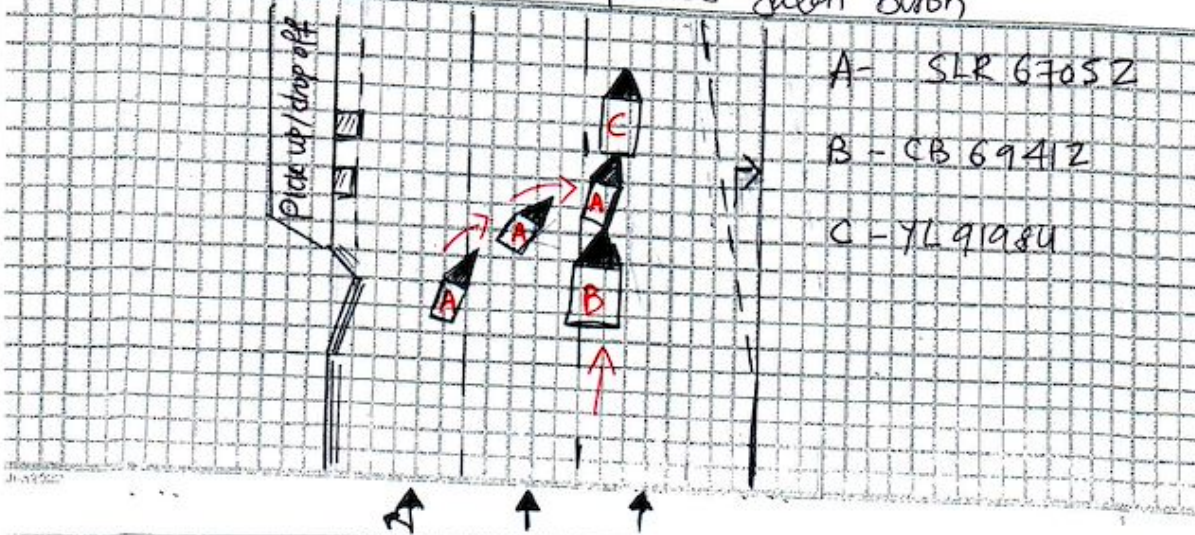
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Pioneer Road towards Julian Burch



A - SLR 6705Z

B - CB 6941Z

C - YL 9198U

Describe Circumstances of the Accident

On the above stated date and time, I was driving along Pioneer Road towards Jelen Bush and I was there to pick up a passenger. After pick up, I was in lane 3 and I wanted to filter to lane 1, while filtering into lane 1, suddenly vehicle B hit the rear right portion of my vehicle and due to the impact my vehicle move forward and hit the rear portion of vehicle C.

Declaration

We declare the above particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in CRIC/ID Card)

2022



**SINGAPORE
POLICE FORCE**



T/20230324/7025

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

2 of 3

Report No. T/20230324/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLR6705Z (Car)	Contact No.	98364854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/03/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	CHENG YEW KHAW	ID No.	S7100567D
Related Vehicle	SLR6705Z (Car)	Contact No.	97828480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above stated date and time, I was driving along Pioneer Road towards Jalan Buroh and I was there to pick up a passenger. After pick up, I was at lane 3 and I wanted to filter to lane 1, while filtering into lane 1, suddenly a mini bus(CB6941Z) hit the rear right portion of my vehicle and due to the impact, my vehicle moved forward and hit the rear portion of another vehicle(YL9198C).























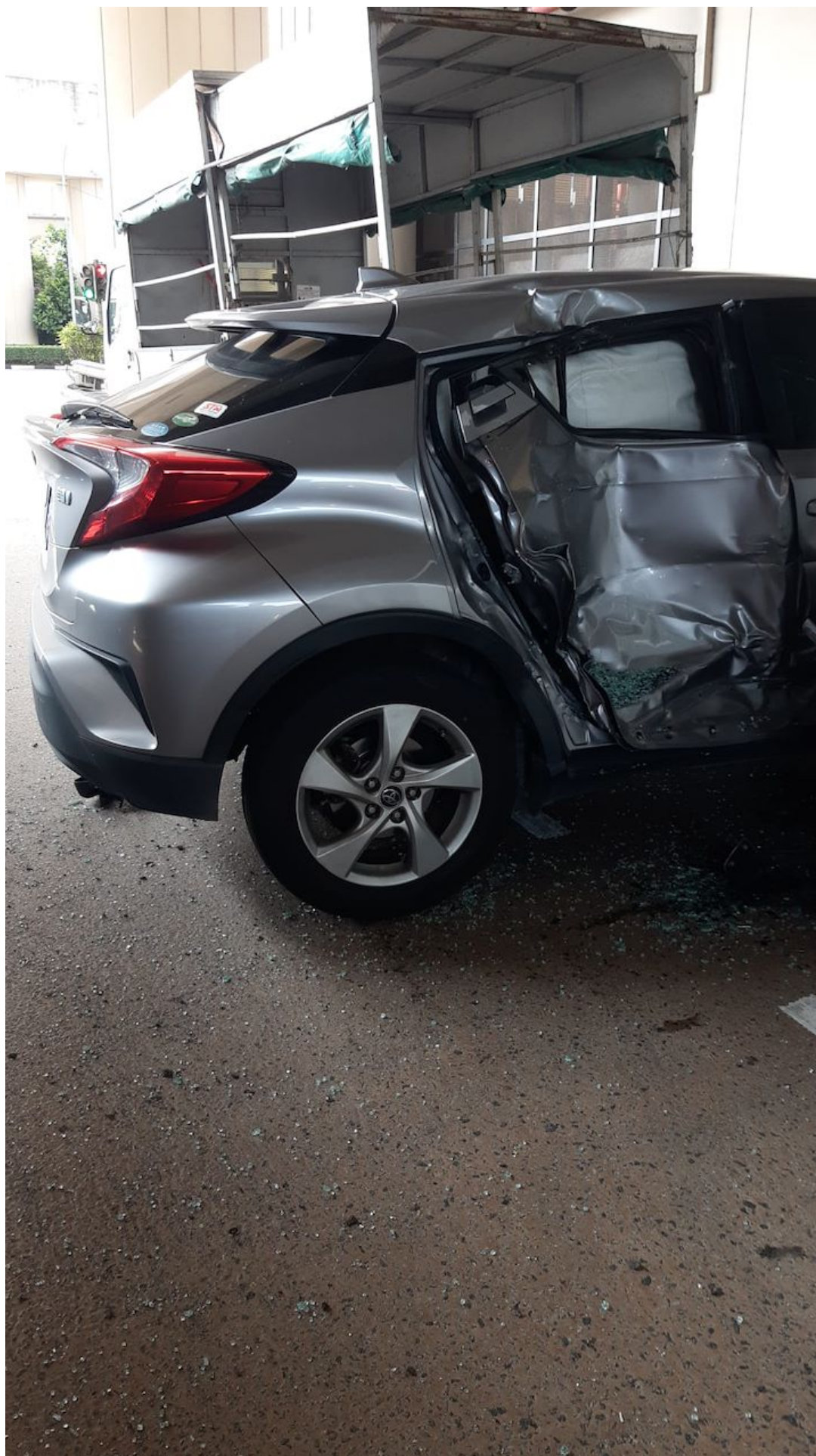


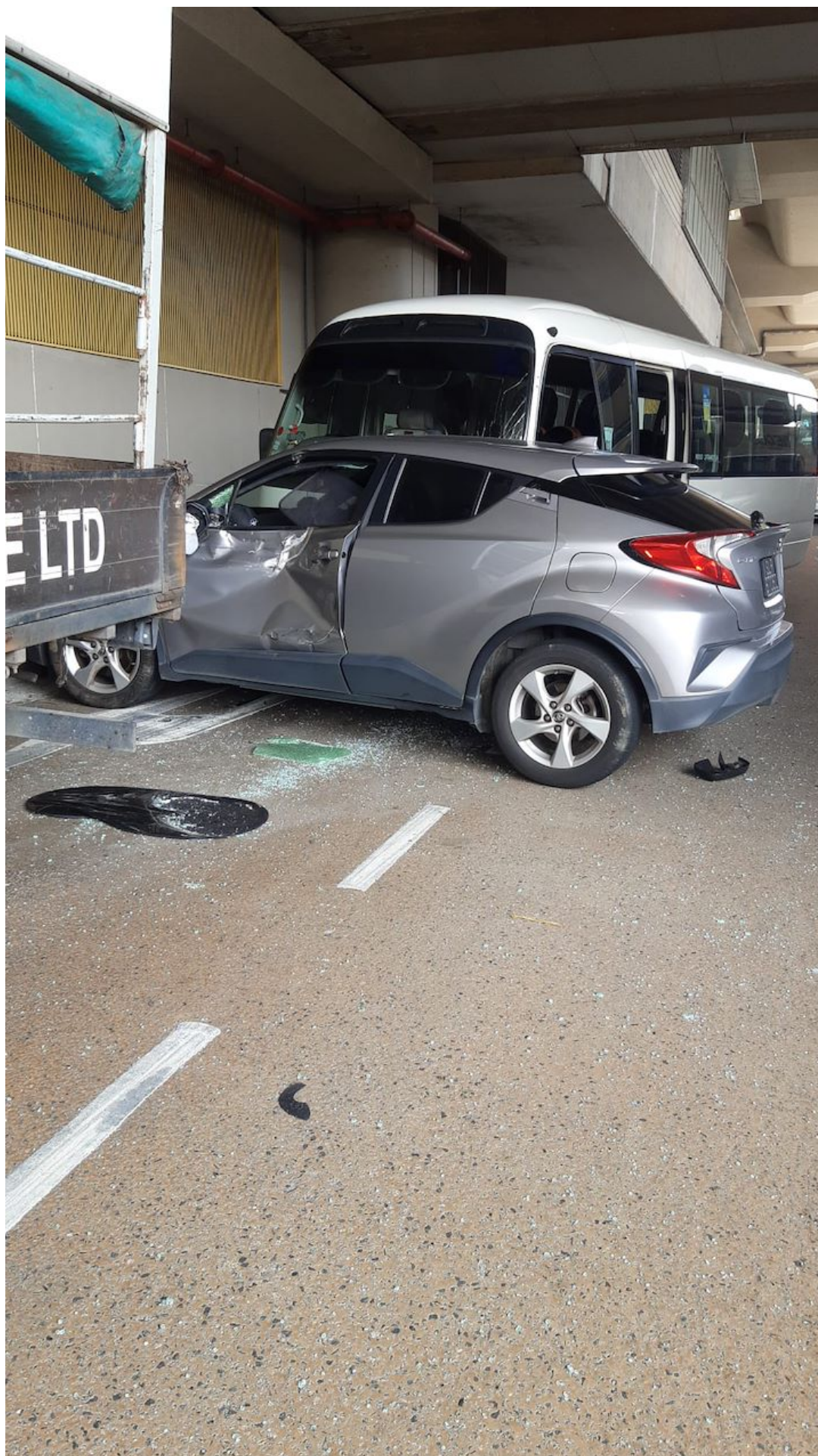




















**SINGAPORE
POLICE FORCE**



T/20230324/7025

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

1 of 3

Report No. T/20230324/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2023 12:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHENG YEW KHAW			Address: 185 JELEBU ROAD #27-24 SINGAPORE 670185		
ID Type / ID No.: NRIC NO / S7100567D			Contact No.: Home/Office: Mobile: 97828480		
Nationality: SINGAPORE CITIZEN			Email: CHENG937@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 05/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2023 08:35	Type of Location: Straight Road
Location: PIONEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB6941Z	Bus/Coach/Mi nibus					0
SLR6705Z	Car					0
YL9198U	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230324/7025

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

2 of 3

Report No. T/20230324/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SLR6705Z (Car)	Contact No.	98364854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/03/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	CHENG YEW KHAW	ID No.	S7100567D
Related Vehicle	SLR6705Z (Car)	Contact No.	97828480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above stated date and time, I was driving along Pioneer Road towards Jalan Buroh and I was there to pick up a passenger. After pick up, I was at lane 3 and I wanted to filter to lane 1, while filtering into lane 1, suddenly a mini bus(CB6941Z) hit the rear right portion of my vehicle and due to the impact, my vehicle moved forward and hit the rear portion of another vehicle(YL9198C).



**SINGAPORE
POLICE FORCE**

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



T/20230324/7025

3 of 3

Report No. T/20230324/7025

CONTINUATION OF REPORT

Sketch 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 /
KOH WEI JIE
Contact No.: 97303412

NP168

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

Date/Time:
24/03/2023 12:32

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: SN0923300006 Vehicle Registration No: SLR 67052
 Name (as shown in NRIC): Cheng Yew Khaw NRIC/FIN/Passport No: S7100567D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Ap1 B1k 185 Jelebu Road # 27-24 Singapore (670185)
 Contact (Tel): _____ Mobile No.: 9782 8480
 Email Address: charlottevehicles@gmail.com
 Date of Accident: 24/03/2023 Time of Accident: 08:33
 Place of Accident: Pioneer Road Towards Julien Burch
 Insurance Company: China Taiping

(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 to own damage claim

Are you claiming under your own Insurance policy -Yes

Policyholder / Actual Driver's Signature
Date:

Signature 24/3/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: