

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 Authorised 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	09/05/2022 15:16 (SGT)
Reported by	Both
Date of Accident	07/05/2022 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG TURNING RH INTO HOUGANG AVE 2 LP76
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3286R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA TUCK WAH
NRIC No	SXXXX380I
Email Address	chia_tuck_wah@hotmail.com
Mobile Phone No	(Phone) +65-83288438
Alternative Phone No	+65-83288438

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5096635929-04

DRIVER

Name of Driver	CHIA TUCK WAH
NRIC No	SXXXX380I
Date Of Birth	24/12/1990
Occupation	Outdoor

Date Of Driving Pass	18/05/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-83288438
Alt. Phone Number	+65-83288438
Email Address	chia_tuck_wah@hotmail.com
Address	702, HOUGANG AVE 2, #05-49
Address complement	-
Postcode	530702
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	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKECH PLAN

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCY8288S
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	SJU9085S
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL3286R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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")

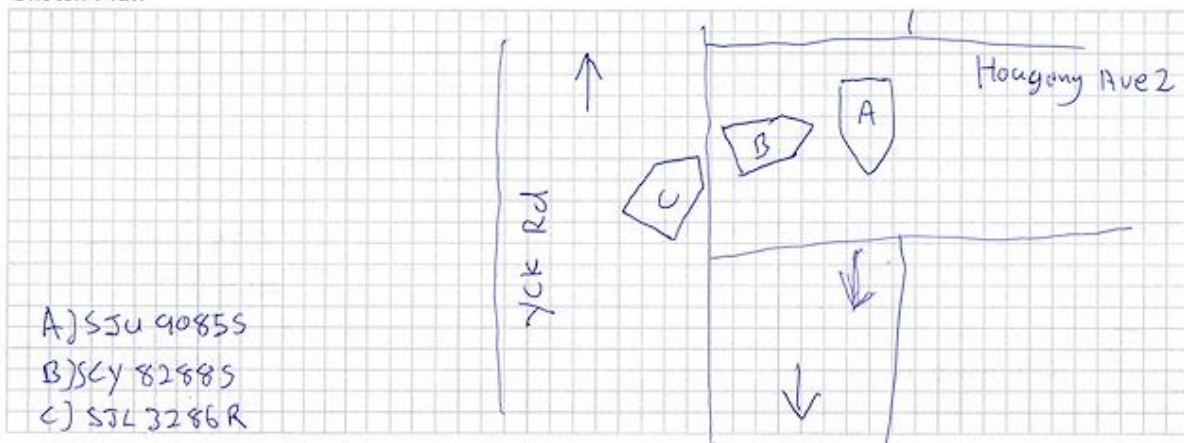
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Signature
04 May 2022
Policyholder's Signature / Date & Time

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

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
Witnessed by Reporting Centre
Personnel (Claims Section)

Sketch Plan

Describe Circumstances of the Accident

Police Report attach

Declaration

We declare the foregoing particulars are true in every respect.

ty 04 May 2021

Policyholder's Signature / Date & Time

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

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
(Claims Section)

Witnessed by Reporting Centre Personnel









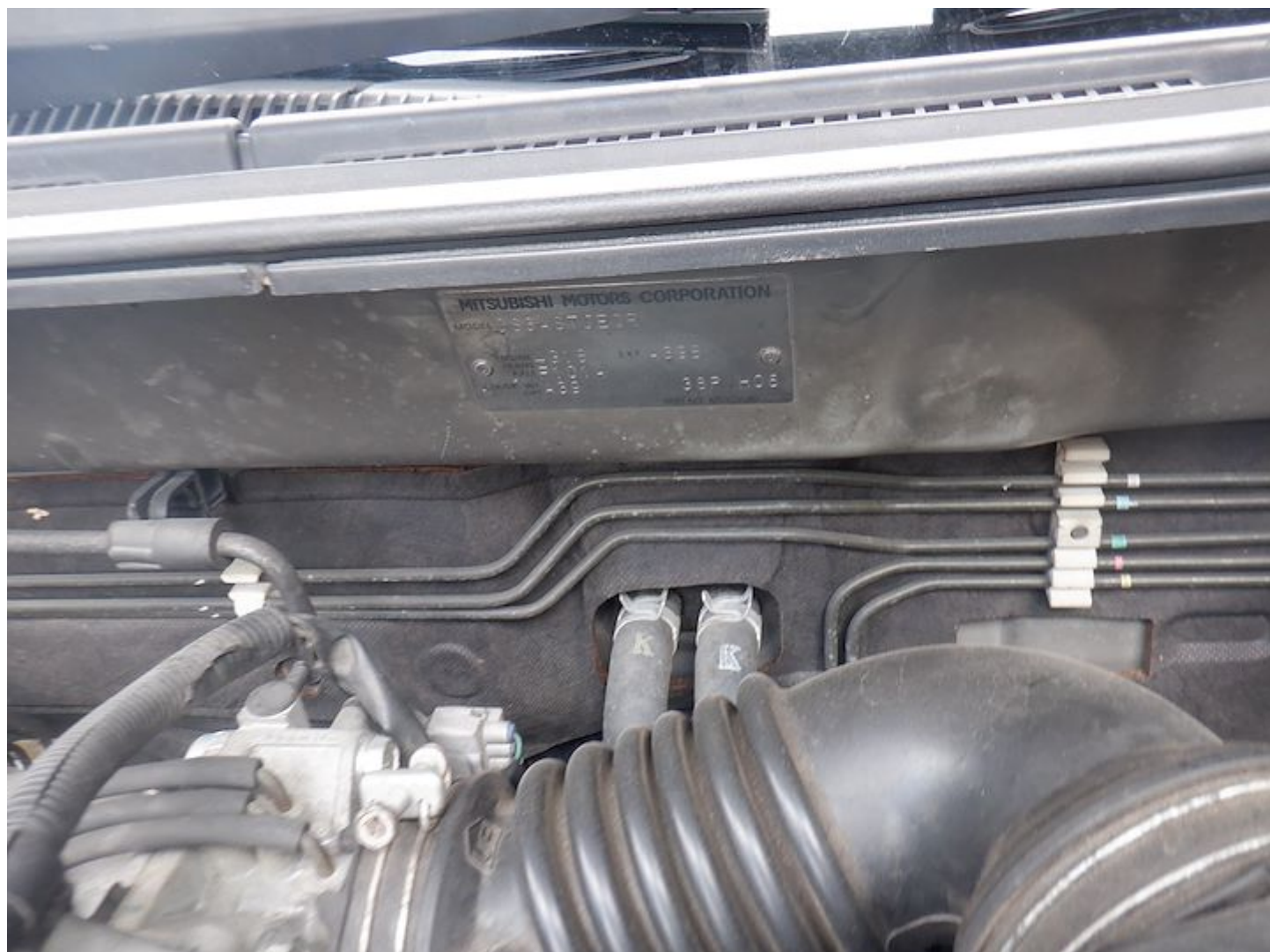


















**SINGAPORE
POLICE FORCE**



T/20220509/2031

2 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220509/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL3286R	NTUC Income Insurance Co-Operative Limited	5096635929-04	12/12/2021	11/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY GEK ENG		ID No.	S1388608C
Related Vehicle	SCY8288S (Car)		Contact No.	92987955
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHIA TUCK WAH		ID No.	S9049380I
Related Vehicle	SJL3286R (Car)		Contact No.	83288438
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/05/2022		Date Discharge	07/05/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	ZHANG XUTONG		ID No.	S9083892Z
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220509/2031

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20220509/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2022 11:46		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: CHIA TUCK WAH			Address: APT BLK 702 HOUGANG AVENUE 2 #05-49 SINGAPORE 530702		
ID Type / ID No.: NRIC NO / S9049380I			Contact No.: Home/Office: Mobile: 83288438		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 24/12/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2022 11:15	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Lamp Post Number: 76				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCY8288S	Car				Slightly Damaged	3
SJL3286R	Car	MITSUBISHI	LANCER 1.6 A	Grey	Slightly Damaged	0
SJU9085S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220509/2031

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20220509/2031

CONTINUATION OF REPORT

Brief Details.

On the 07/05/2022, I was traveling along Yio Chu Kang Road and making a right turn towards Hougang Avenue 2. The green arrow appears and the vehicle (SCY8288S) in front started to move forward. A red car (SJU9085S) from the opposite direction suddenly beat the red light causing the car in front of my vehicle (SJL3286R) to brake.

As I could not brake in time, I collided to the rear of the vehicle in front of mine. The red car that dashes across the junction did not stop and drove off. My vehicle (SJL3286R) and vehicle (SCY8288S) gave chase and managed to stop the red car. We proceeded to exchange particular before driving off.

Later part of the day, I felt a strain to my neck and decided to visit Changi General Hospital. I was issued a medical certificate (MCR no. 66160J) of 3 days. As such I am making this report.



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: SC1R22590006 Vehicle Registration No: SJL3286R
 Name (as shown in NRIC): Chia Tuck Wah NRIC/FIN/Passport No: S90493801
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 702 Hougang AVE 2 #05-49 Singapore (930702)
 Contact (Tel): _____ Mobile No.: 83288458
 Email Address: chia_tuck_wah@hotmail.com
 Date of Accident: 07/09/2022 Time of Accident: 11-15
 Place of Accident: Y10 CHU KANG TURNING RH INTO HOUGANG AVE 2 LPT6
 Insurance Company: NTUC INTUNE INSURANCE

(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 email address
 ↳ should be chia_tuck_wah@hotmail.com

Policyholder / Driver's Signature
 Date:

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 7815 Fax: 6453 7844
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: