

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 | 27/04/2023 13:43 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/04/2023 14:45 (SGT) |
| Exact Location of Accident | BKE, Singapore |
| Additional Location Information | TOWARDS WOODLANDS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMZ6736E |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | CHEN CAISEN |
| Passport No/FIN | GXXXX524W |
| Email Address | fabianteocheekiong@gmail.com |
| Mobile Phone No | (Phone) +65-80295804 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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 | 2494 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D22MTPV01004769 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | CHUA ENG HWA |
| NRIC No | SXXXX913Z |
| Date Of Birth | 22/03/1962 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 01/03/1985 |
| Driving experience | 38 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-81986828 |
| Alt. Phone Number | - |
| Email Address | fabianteocheekiong@gmail.com |
| Address | 31 BANGKIT ROAD #08-01 |
| Address complement | - |
| Postcode | 679973 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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? | Yes |
| Number of vehicles involved in the accident | 4 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | JTQ8668 |
| Vehicle Category | Private car |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230426/2104

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 TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SCJ3838S |
|-----------------------------------|----------|

| | |
|---|-------------|
| 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 | GBA9294E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 3

| | |
|---|-------------|
| Vehicle Registration Number | JTQ8668 |
| 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) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 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.

CHEN CAISEN

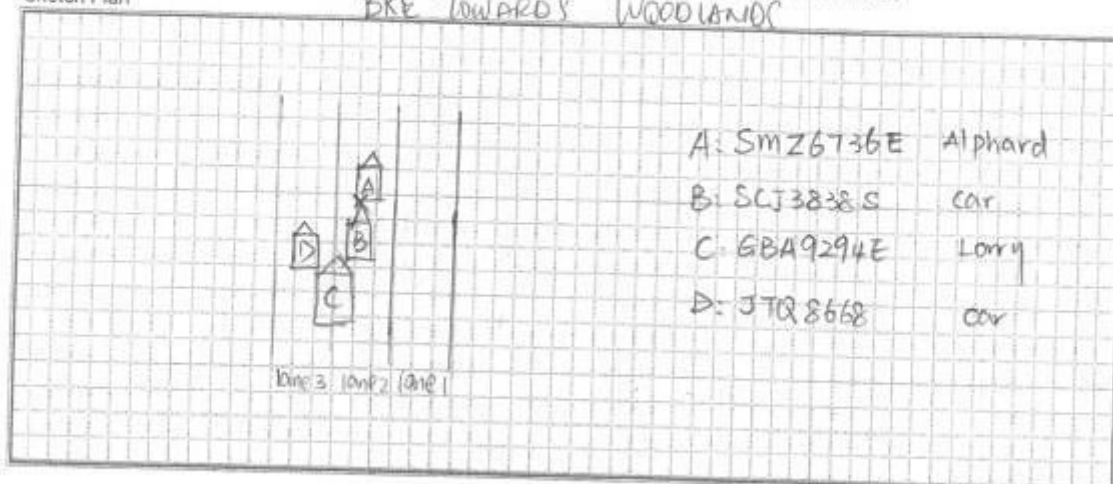
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BKE TOWARDS WOODLANDS



| | |
|---|--|
| Describe Circumstance of the Accident | |
| VEHICLE NO: SMZ 6736E | ACCIDENT DATE & TIME: 26/04/2023 14:45pm |
| CONTACT NUMBER: 80295804 | E-MAIL: fabianteocheekiong@gmail.com |
| LOCATION: Bukit Timah Expressway | |
| Please refer to driver's police report, thank you | |
| 7/20230426/2104 | |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION. | |
| PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM ODTP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY | |

Declaration

I/We declare the foregoing particulars are true in every respect.

CHEN CAISEN

Policyholder's Signature / Date & Time

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

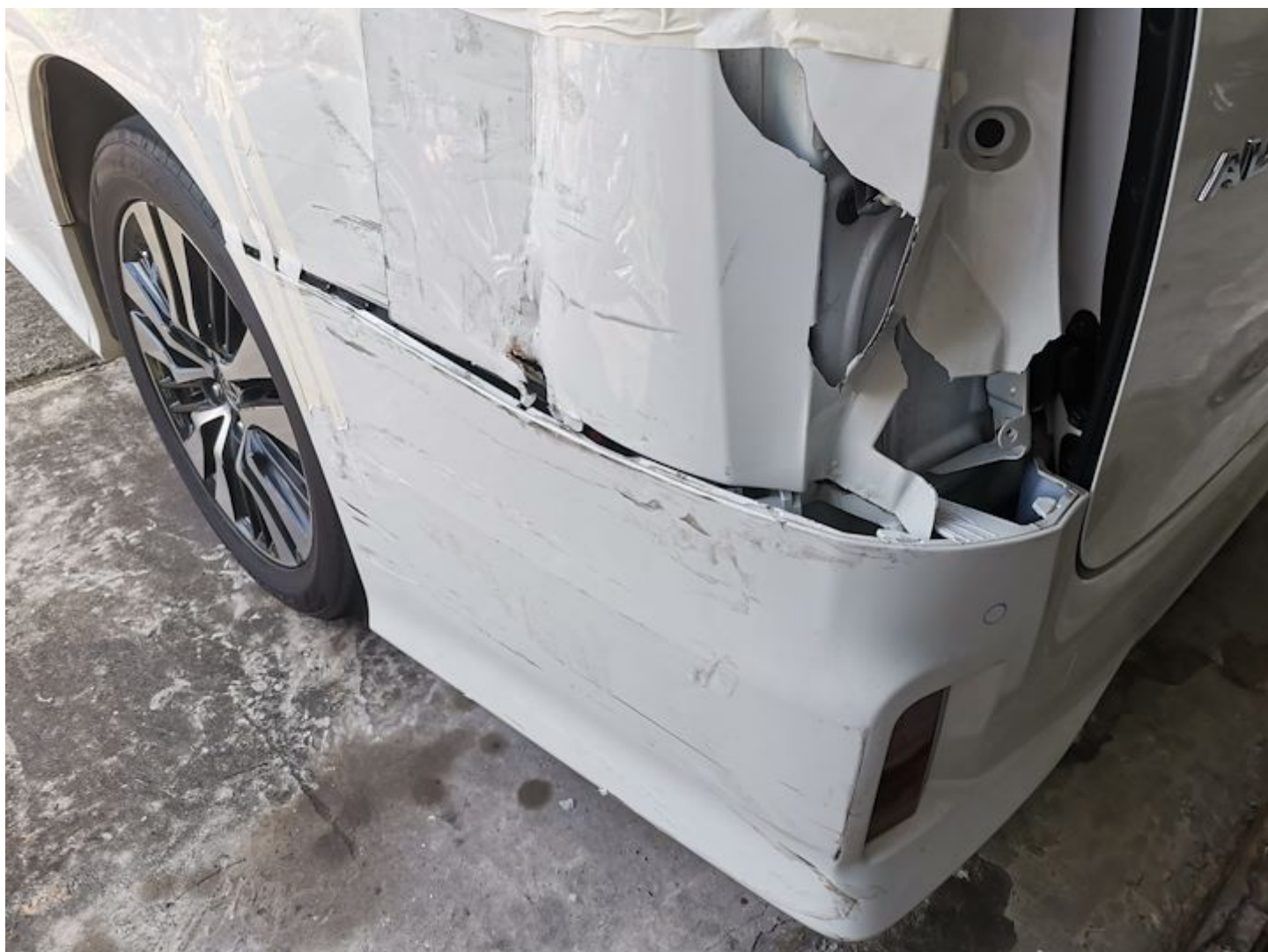
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



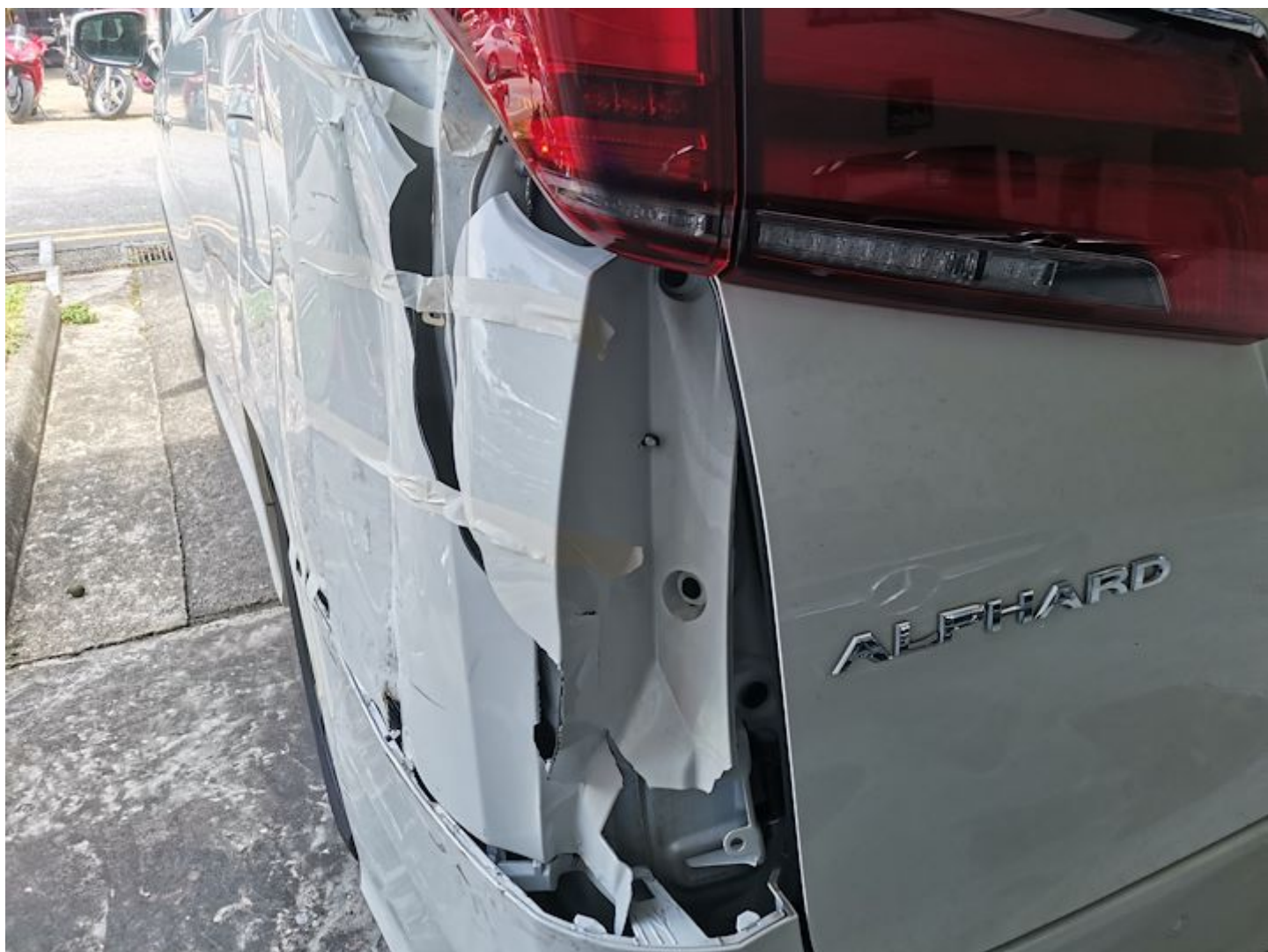

































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20230426/2104

1 of 3

Report No: T/20230428/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/04/2023 19:45

Video Report No.:
J/20230426/0062

Station Diary No.:
88

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: CHUA ENG HWA | | | Address: 31 BANGKIT ROAD #08-01 SINGAPORE 679973 | | |
| ID Type / ID No.: NRIC NO / S1563813Z | | | Contact No.: Home/Office: Mobile: 81986828 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: lakereh@hotmail.com | | |
| Sex: Male | Age: 61 | Date of Birth: 22/03/1962 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: Personal Driver | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/04/2023 14:45 | Type of Location: Straight Road |
| Location: BUKIT TIMAH EXPRESSWAY | | | |
| Weather: Clear | Road Surface: Dry | | |
| Traffic Flow: | Traffic Control: Not Controlled | 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 |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| GBA9294E | Lorry | | | | Slightly Damaged | 0 |
| JTQ8668 | Car | | | | Slightly Damaged | 1 |
| SCJ3838S | Car | | | | Seriously Damaged | 0 |
| SMZ6736E | Car | | | | Seriously Damaged | 0 |


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8928999



J/20230426/2104

2 of 3

Report No: T/20230426/2104

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHUA ENG HWA | ID No. | S1563913Z |
| Related Vehicle | SMZ6736E (Car) | Contact No. | 81986828 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class 3,4,5 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 26/04/2023 at about 1445hrs, I was driving my vehicle (SMZ6736E) along BKE towards Woodlands Road on lane two. Slightly before the exit to Bukit Panjang Road, the first lane was closed off as there was tree pruning. The car in front of me performed an emergency braked and I did so as well and was able to stop in time. However, after a few seconds, I felt an impact from the back. I came down from my vehicle and discovered that there was a lorry (GBA9294E) that collided into the car behind me (SCJ3838S), which caused the car to move forward and collide into my car. The lorry had also collided into another car (JTQ8668) which is on lane three.

No one was injured. My car was seriously damaged whereby the rear left portion of my car was severely dented and cracked. SCJ3838S was also seriously damaged while the other two vehicles (GBA9294E and JTQ8668) were slightly damaged.

Traffic Police subsequently came to scene reference J/20230426/0062. I have a front and rear in-car camera which was recording during the time of the accident. I have handed the SD card over to the Traffic Police.

**SINGAPORE
POLICE FORCE**

T/20230426/2104

F3
RM

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20230426/2104

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SGT 2 LIM LI HUI, YUKI

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
26/04/2023 19:45

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

NP168