

# 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 .....	29/05/2023 16:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/05/2023 21:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TUNNEL TOWARDS AMK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SND1918J
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MAK CHONG YI
NRIC No .....	SXXXX126G
Email Address .....	CHONGYI.MAK@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88760100
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216d
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 .....	DMPCSNW00060512301

### DRIVER

Name of Driver .....	MAK CHONG YI
NRIC No .....	SXXXX126G
Date Of Birth .....	11/03/1991
Occupation .....	Indoor

Date Of Driving Pass .....	15/03/2016
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88760100
Alt. Phone Number .....	-
Email Address .....	CHONGYI.MAK@GMAIL.COM
Address .....	799A WOODLANDS DRIVE 60
Address complement .....	# 03-123
Postcode .....	731799
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 .....	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) .....	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 .....	LE HUONG GIANG
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/20230528/7007

#### 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 .....	FILE TOO BIG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH9115Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	Purple
Vehicle Category .....	Private car
Name of Driver .....	KELLY
Contact Number .....	(Phone) +65-84180821
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 .....	MAK CHONG YI
Gender .....	Male
Phone No .....	(Phone) +65-88760100
Address .....	799A WOODLANDS DRIVE 60
Address Complement .....	# 03-123
Post Code .....	731799
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SND1918J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LE HUONG GIANG
Gender .....	Female
Phone No .....	(Phone) +65-88862589
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SND1918J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**


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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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

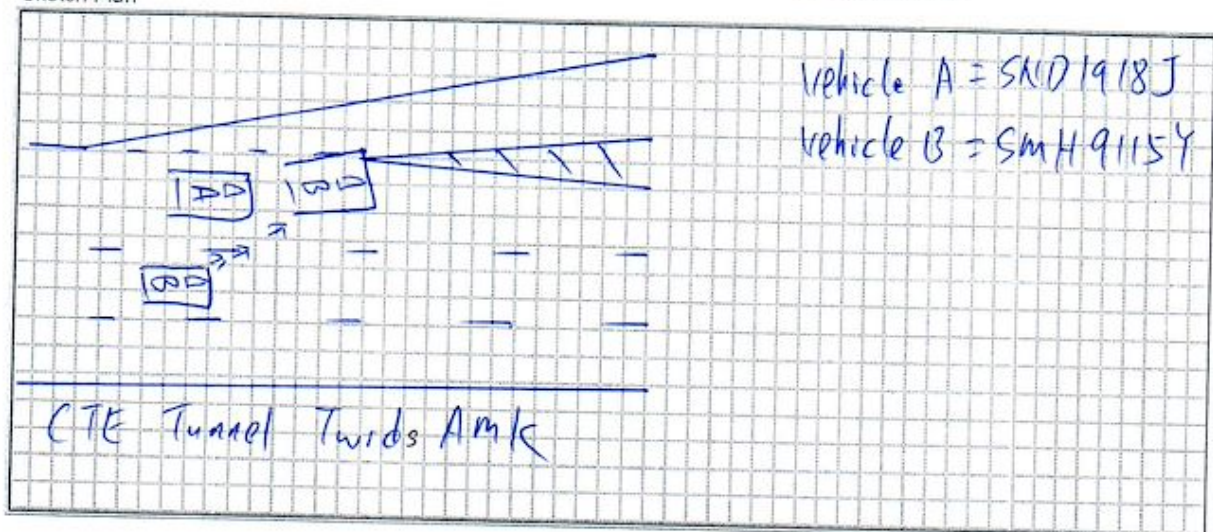
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time

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

 29/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer To Police Report T/20230528/7007

Declaration

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

*G*

Policyholder's Signature / Date & Time

*G*

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

*gmmul* 28/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20230528/7007

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

3 of 4

Report No. T/20230528/7007

**CONTINUATION OF REPORT**

Brief Details.

On 27/5/2023 at about 2110 Hrs,i was driving my vehicle SND1918J along CTE tunnel towards AMK with one front seat passenger onboard(my girlfriend).while i was traveling straight on the left lane of three lane Road before the Clemenceau Exit,suddenly a vehicle SMH9115Y on my right lane abruptly cut into my lane and emergency stopped right in front of me.Due to sudden,i got no time to react,as the result my front left portion collided onto the said Vehicle right rear side portion.

I wish to state that the vehicle SMH9115Y try to cut three lane and wanted to exit Clemenceau without checking her blind spot and recklessly act and cause the accident happened and i also have the in car CCTV recorded.

After the accident we exchange particular and leave the scene.I and my girlfriend neck and back pain due to the impact of the accident so we consult doctor and was given 5 days MC each.

















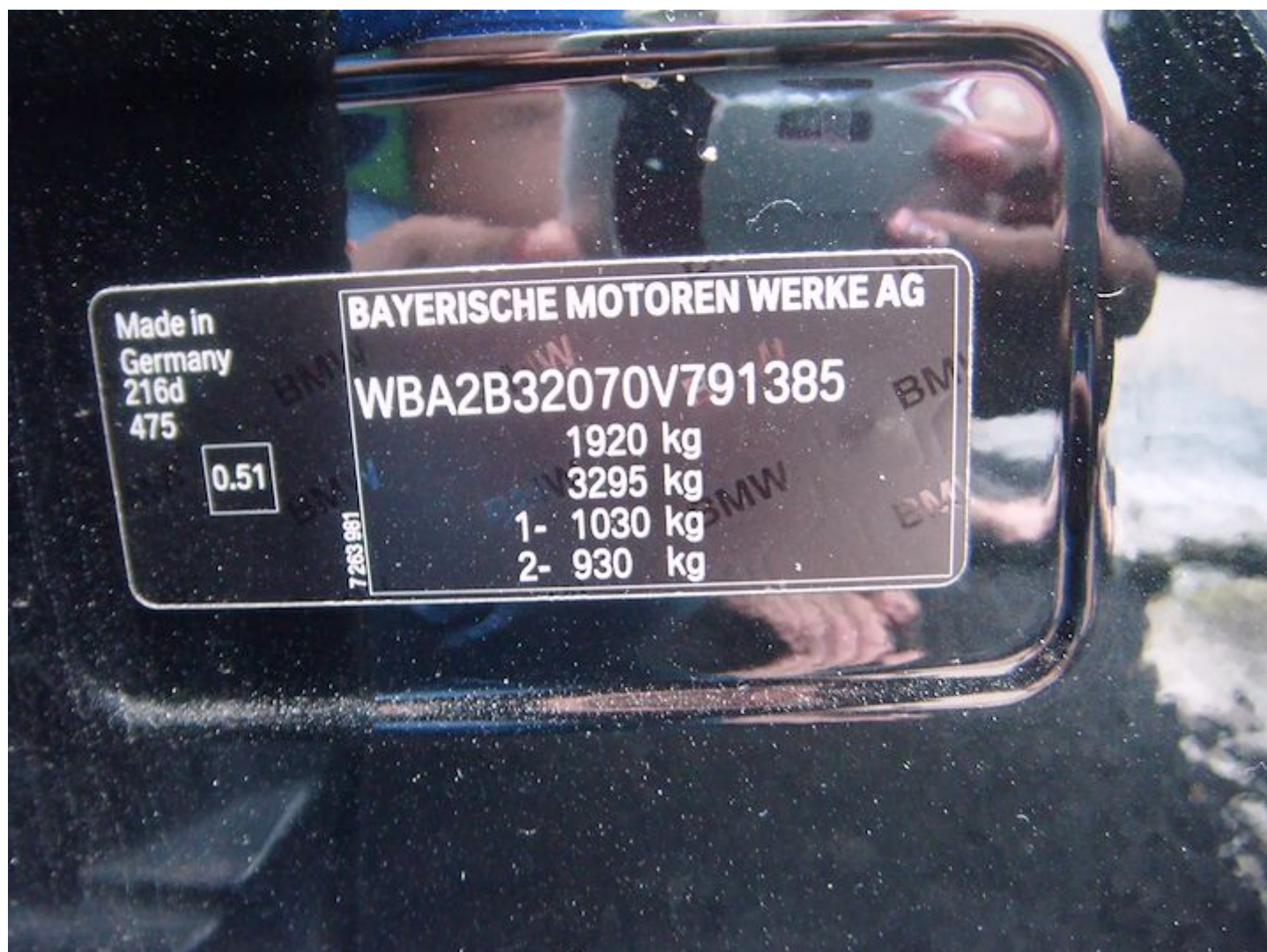
















**SINGAPORE  
POLICE FORCE**



T/20230528/7007

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

1 of 4  
Report No. T/20230528/7007

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2023 11:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAK CHONG YI			Address: 799A WOODLANDS DRIVE 60 #03-123 SINGAPORE 731799		
ID Type / ID No.: NRIC NO / S9109126G			Contact No.: Home/Office: Mobile: 88760100		
Nationality: SINGAPORE CITIZEN			Email: CHONGYI.MAK@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 11/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SALE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2023 21:10	Type of Location: Straight Road
Location:  CTE TUNNEL TOWARDS AMK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		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	Conditio	No of
SMH9115Y	Car	TOYOTA	PRIUS	Purple	Seriously Damaged	0
SND1918J	Car	BMW	216D ACTIVE TOURER D/AB LED	Black	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230528/7007

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

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Report No. T/20230528/7007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND1918J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000605 12301	12/04/2023	11/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KELLY		ID No.	NIL
Related Vehicle	SMH9115Y (Car)		Contact No.	84180821
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	LE HUONG GIANG		ID No.	C4351078
Related Vehicle	SND1918J (Car)		Contact No.	88862589
Hospital/Clinic	CENTRAL [ CLINIC + SURGERY ] MARINE PARADE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/05/2023		Date	28/05/2023
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	MAK CHONG YI		ID No.	S9109126G
Related Vehicle	SND1918J (Car)		Contact No.	88760100
Hospital/Clinic	CENTRAL [ CLINIC + SURGERY ] MARINE PARADE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/05/2023		Date	28/05/2023
No. of Days granted Medical Leave		05	Degree of	Slight



**SINGAPORE  
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T/20230528/7007

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20230528/7007

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

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

Date/Time:  
28/05/2023 11:51

Classification Of Case:

NP168