

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 09/06/2023 12:19 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/06/2023 09:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS TUAS CHECKPOINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX8342R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHI WEI JIE (XU WEIJIE)
NRIC No SXXXX438F
Email Address antonnius@gmail.com
Mobile Phone No (Phone) +65-97927434
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Cr-z
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 DMPCSNW00189372200

DRIVER

Name of Driver CHI WEI JIE (XU WEIJIE)
NRIC No SXXXX438F
Date Of Birth 03/05/1986
Occupation Indoor

Date Of Driving Pass	18/08/2006
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97927434
Alt. Phone Number	-
Email Address	antonnius@gmail.com
Address	BLK 311B CLEMENTI AVENUE 4 #34-179
Address complement	-
Postcode	122311
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	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 SKETCH AND POLICE REPORT T/20230609/7000

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	SBR205H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Black
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	CHI WEI JIE (XU WEIJIE)
Gender	Male
Phone No	(Phone) +65-97927434
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJX8342R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

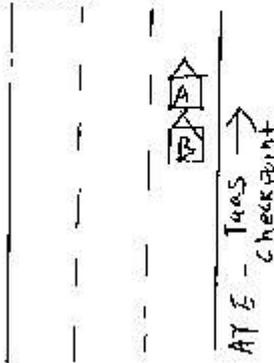
1. Please report correctly the details of the accident to speed up the claims process.
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E. Consent under the Personal Data Protection Act (PDPA)

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 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 making 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/postal 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: WY
 Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature]
 Witnessed by Repairing Centre Personnel: [Signature]

Sketch Plan


A = S5X 8342 R
 B = SBR 20514

Describe Circumstances of the Accident

I was traveling along AYE towards ^{check point} THAS
the front car slowed down and stopped, I followed.
Suddenly vehicle B did not manage to stop and
collided onto the rear of my car

Plan drawn: 7/10/2019 17:00

Declaration

We declare the foregoing particulars are true in every respect.

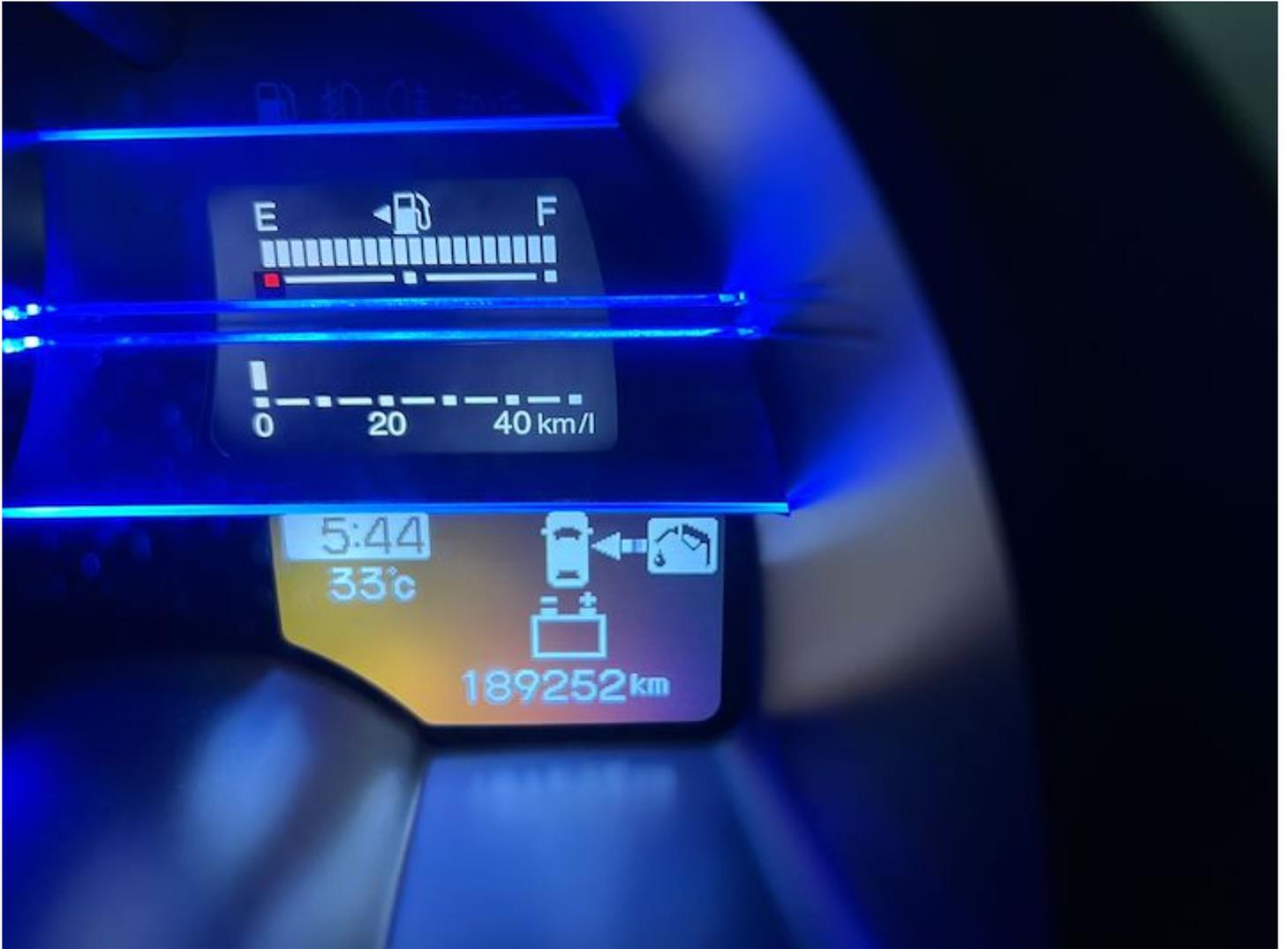

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230609/7000

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

1 of 3
Report No. T/20230609/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2023 00:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHI WEI JIE		Address: 311B CLEMENTI AVENUE 4 #34-179 SINGAPORE 122311	
ID Type / ID No.: NRIC NO / S8612438F		Contact No.: Home/Office: Mobile: 97927434	
Nationality: SINGAPORE CITIZEN		Email: ANTONNIUS@GMAIL.COM	
Sex: Male	Age: 37	Date of Birth: 03/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Premises and facilities maintenance manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2023 09:15	Type of Location: Bridge
Location: TUAS WEST ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: rear end by other car				Anyone conveyed to ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SBR205H	Car	TOYOTA	PIRUS plus	Black	Seriously Damaged	1
SJX8342R	Car	HONDA	CR-Z HYBRID 1.5 A	Grey	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T202306097000

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

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Report No. T202306097000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX8342R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001893 72200	06/08/2022	14/01/2024

Details of Person Involved:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	CHI WEI JIE	ID No.	S8612438F
Related Vehicle	SJX8342R (Car)	Contact No.:	97927434
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/06/2023	Date	08/06/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

A - SJX 8324 R
B - SBR 205 H

Location : AYE @ going towrd TUAS checkpoint
Time : 0915 hrs (+ / -)

Both Front and A was stationary and was rear end by B



**SINGAPORE
POLICE FORCE**



T/20230609/7000

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

3 of 3
Report No. T/20230609/7000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 09/06/2023 00:19
Classification Of Case:

NPt68