

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 06/06/2023 14:28 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 05/06/2023 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE/CHANGI (NEAR THOMSON EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH1681M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA CHIEW CHEE (CAI QIUQI)
NRIC No S7440493F
Email Address branchua1681@gmail.com
Mobile Phone No (Phone) +65-98262076
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model TIGUAN COMFORTLINE 280 TSI EQP
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 1390

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd
Policy Number / Cover Note Number 10973322

DRIVER

Name of Driver CHUA CHIEW CHEE (CAI QIUQI)
NRIC No S7440493F
Date Of Birth 02/12/1974
Occupation Indoor

Date Of Driving Pass	04/09/1993
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98262076
Alt. Phone Number	-
Email Address	branchua1681@gmail.com
Address	Hazel Park Condominium, 17 Hazel Park Terrace.
Address complement	#05-05
Postcode	678944
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

TRAVELLING ON THE EXTREME RIGHT LANE GOING STRAIGHT. SAW FRONT BEHICLE JAMMED BRAKE. HENCE I SLOWED DOWN AND STOPPED. FEW SECONDS, I FELT A HARD IMPACT FROM BEHIND. DUE TO THE IMPACT ,MY VEHICLE MOVED FORWARD AND HIT INTO FRONT VEHICLE REAR PORTION. CHAIN COLLISION WITH 5 VEHICLES INVOLVED. REFER TO VIDEO FOOTAGE. I ALREADY DONE WITH MY MEDICAL.NEED TO HAVE THE FOLLOW UP FOR MY MEDICAL ATTENTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDM9060B
Vehicle Manufacturer	Toyota
Vehicle Model	WISH 1.8 A
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3446S
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	TAN NGEE HOCK
NRIC No	S0224094G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKD367R
Vehicle Manufacturer	Mercedes
Vehicle Model	C 180 KOMPRESSOR
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMF4945L
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6
Vehicle Variant	-
Vehicle Colour	Red
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)	-

Describe Circumstances of the Accident

TRAVELLING ON THE EXTREME RIGHT LANE GOING STRAIGHT. SAW FRONT BEHICLE JAMMED BRAKE. HENCE I SLOWED DOWN AND STOPPED. FEW SECONDS, I FELT A HARD IMPACT FROM BEHIND. DUE TO THE IMPACT ,MY VEHICLE MOVED FORWARD AND HIT INTO FRONT VEHICLE REAR PORTION. CHAIN COLLISION WITH 5 VEHICLES INVOLVED. REFER TO VIDEO FOOTAGE. I ALREADY DONE WITH MY MEDICAL.NEED TO HAVE THE FOLLOW UP FOR MY MEDICAL ATTENTION.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



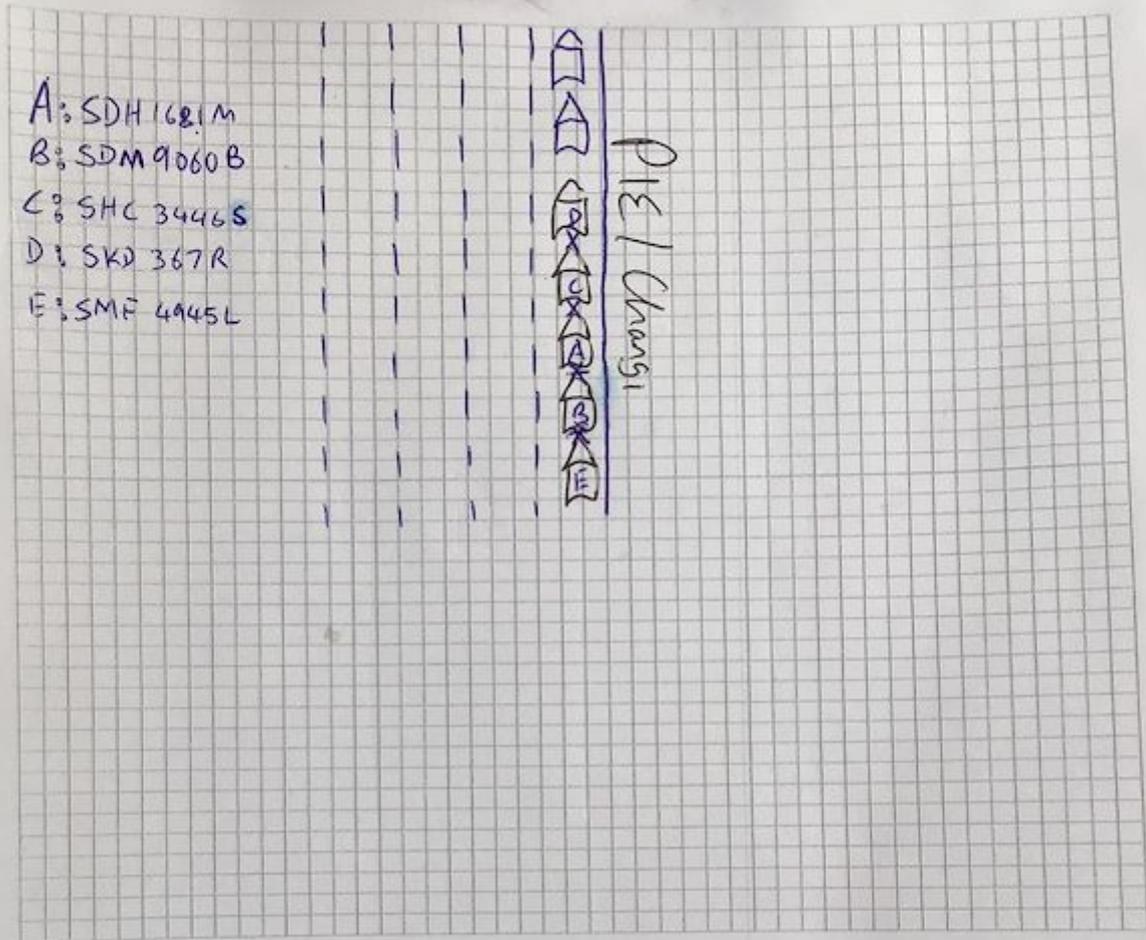
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. 30042021



[Handwritten Signature]
Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

























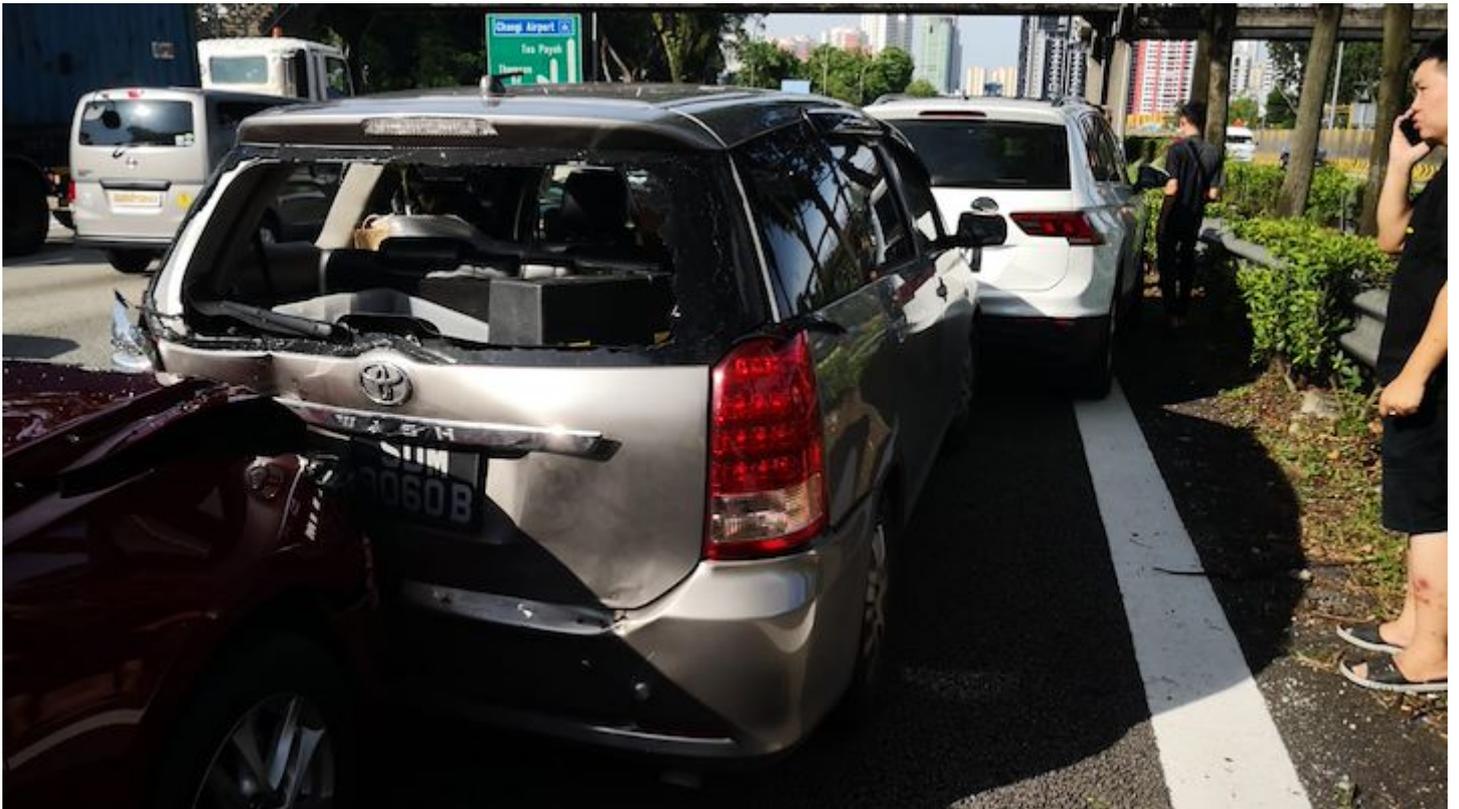






























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D2365000G Vehicle Registration No: SDH1681M
 Name (as shown in NRIC): CHUA CHIEW CHEE (CAI QIUQI) NRIC/FIN/Passport No: SXXXX493F
 (~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98262076
 Email Address: branchua@gmail.com
 Date of Accident: 05/06/2023 Time of Accident: 16:30 (SGT)
 Place of Accident: PIE/CHANGI (NEAR THOMSON EXIT)
 Insurance Company: Singapore Life Ltd

(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 branchua1681@gmail.com

 Policyholder / Driver's Signature
 Date:

SUSAH

 Reporting Centre Personnel's Signature
 Name: F S NEO
 NRIC/FIN No.:
 Date: 07/06/2023