

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	12/06/2023 14:21 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TIONG BAHRU ROAD BEFORE JUNCTION OF TIONG BAHRU AND KIM PONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1882P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE CHONG SENG
NRIC No	SXXXXX379J
Email Address	elroychee21@gmail.com
Mobile Phone No	(Phone) +65-91549923
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MM000938-R01

DRIVER

Name of Driver	CHEE YAO WEI , ELROY
NRIC No	SXXXXX362B
Date Of Birth	09/12/1991

Occupation	Outdoor
Date Of Driving Pass	25/09/2017
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97220192
Alt. Phone Number	-
Email Address	elroychee21@gmail.com
Address	APT BLK 115 BEDOK RESERVOIR ROAD
Address complement	# 04-120
Postcode	470115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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)	3
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	Male

PASSENGER 2

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 THE ATTACHED POLICE REPORT - T/20230612/7021

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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG3553R
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEE YAO WEI , ELROY
Gender Male
Phone No (Phone) +65-97220192
Address APT BLK 115 BEDOK RESERVOIR ROAD
Address Complement # 04-120
Post Code 470115
Approximate Age Years Old -
Injuries Sustained BACK AND NECK PAIN
Injured person in which vehicle? SLK1882P
Were seat belts worn? -
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.
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. 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;

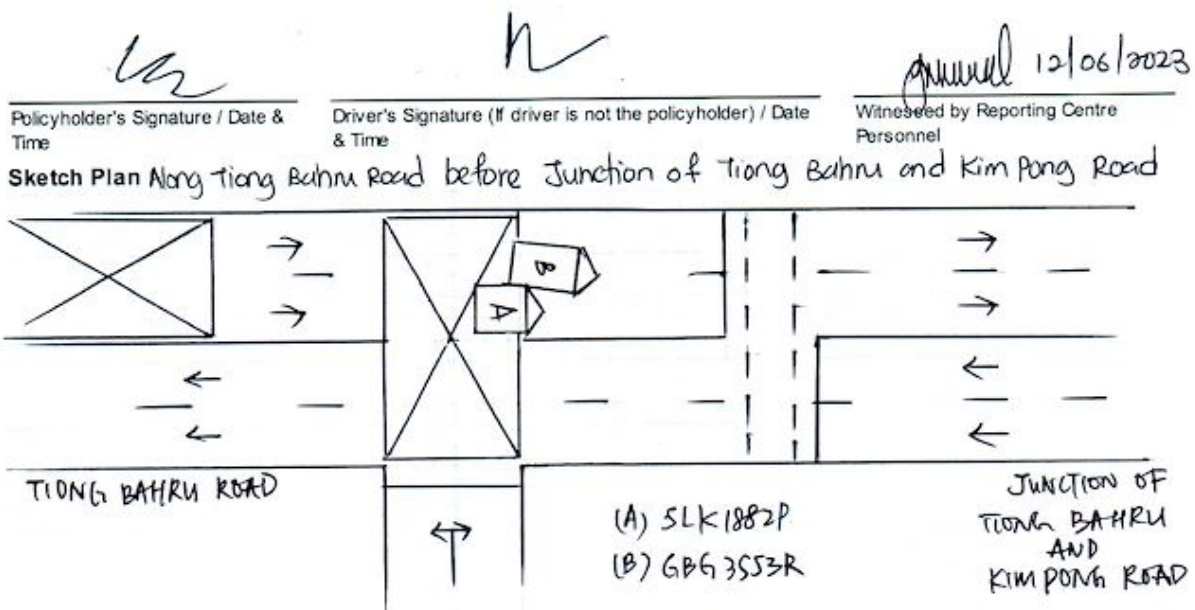
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Describe Circumstances of the Accident

On 10/06/2023 at about 1600hrs at along
 Tiong Bahru Road before Junction of Tiong Bahru Road
 and Kim Pong Road. I was travelling on the right lane
 and suddenly a vehicle (B) encroached into my lane
 without caution and without checking his blindspot and
 collided onto my front left portion of my vehicle causing
 damages to my vehicle. I have 2 passengers inside my
 vehicle. After the accident, I felt unwell and will consult
 a doctor. This is a 'hit-and-run' accident.

Vehicle A: SLK 1882P
 Vehicle B: GBG 3553R



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

 12/06/2023
 Witnessed by Reporting Centre
 Personnel



**SINGAPORE
POLICE FORCE**



T/20230612/7021

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

2 of 3

Report No. T/20230612/7021

CONTINUATION OF REPORT

Driver			
Name	CHEE YAO WEI, ELROY	ID No.	S9145362B
Related Vehicle	SLK1882P (Car)	Contact No.	97220192
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/06/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

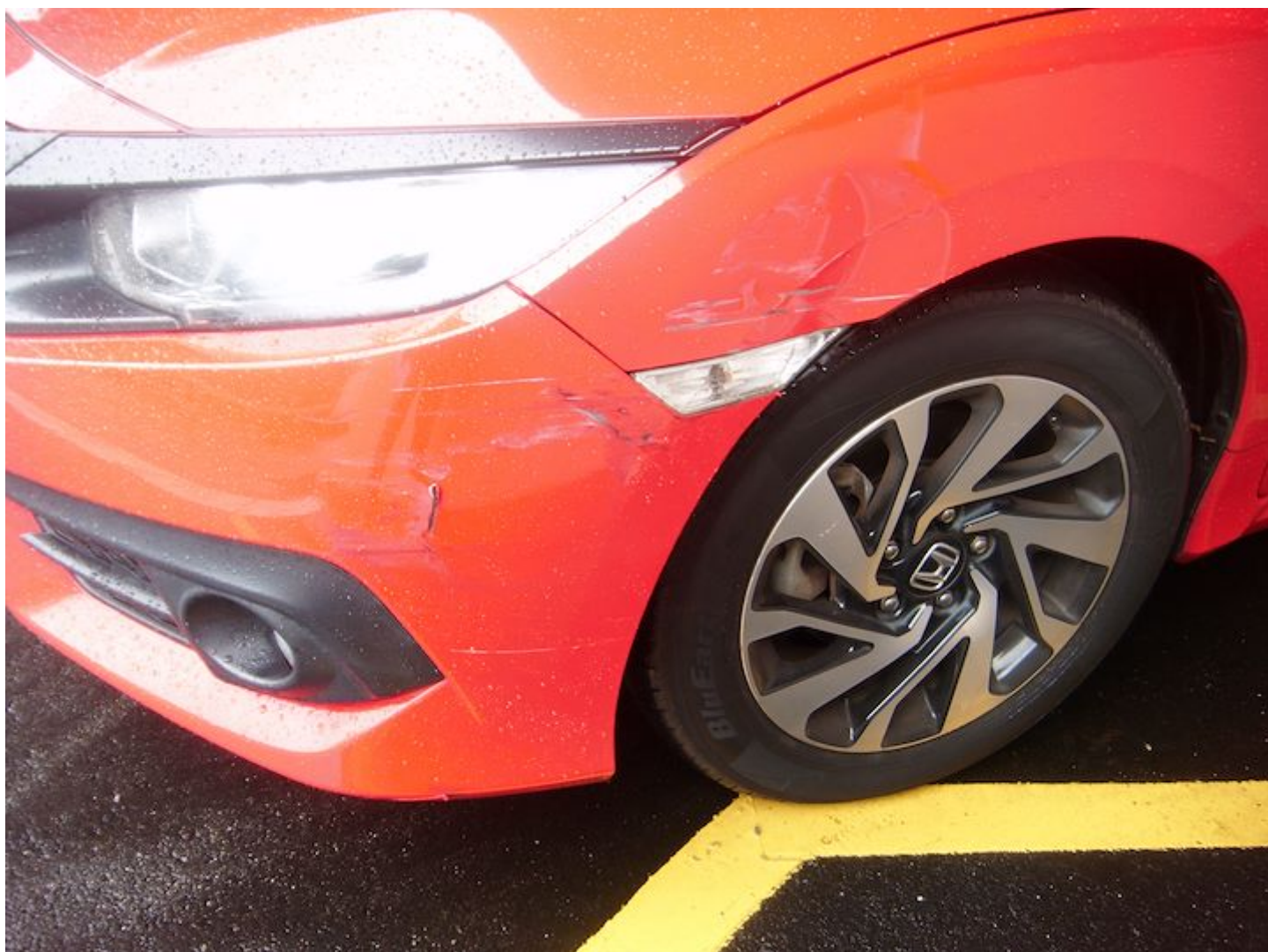
Brief Details.

On 10/06/2023 at about 1600hrs at along tiong bahru Road before junction of tiong bahru Road and Kim pong Road. I was travelling on the right lane and suddenly a vehicle (b) encroached into my land without caution and without checking his blindspot and collided onto my front left portion of my vehicle (A). I have 2 passengers inside my vehicle. I would like to state that this is a hit and run accident.

Vehicle A: SLK1882P
Vehicle B: GBG3553R





















**SINGAPORE
POLICE FORCE**



T/20230612/7021

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

1 of 3

Report No. T/20230612/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 11:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEE YAO WEI, ELROY			Address: 115 BEDOK RESERVOIR ROAD #04-120 SINGAPORE 470115		
ID Type / ID No.: NRIC NO / S9145362B			Contact No.: Home/Office: Mobile: 97220192		
Nationality: SINGAPORE CITIZEN			Email: elroychee21@gmail.com		
Sex: Male	Age: 31	Date of Birth: 09/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/06/2023 16:00	Type of Location: Straight Road
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3553R	Lorry					0
SLK1882P	Car					2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230612/7021

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

2 of 3

Report No. T/20230612/7021

CONTINUATION OF REPORT

Driver			
Name	CHEE YAO WEI, ELROY	ID No.	S9145362B
Related Vehicle	SLK1882P (Car)	Contact No.	97220192
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/06/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 10/06/2023 at about 1600hrs at along tiong bahru Road before junction of tiong bahru Road and Kim pong Road. I was travelling on the right lane and suddenly a vehicle (b) encroached into my land without caution and without checking his blindspot and collided onto my front left portion of my vehicle (A). I have 2 passengers inside my vehicle. I would like to state that this is a hit and run accident.

Vehicle A: SLK1882P
Vehicle B: GBG3553R



**SINGAPORE
POLICE FORCE**

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



T/20230612/7021

3 of 3

Report No. T/20230612/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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

Date/Time:
12/06/2023 11:33

Classification Of Case:

NP168

