

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 16:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/06/2023 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS JURONG (NEAR ALJUNIED EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9776Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG KIM LONG
NRIC No	SXXXX789J
Email Address	homieinno@gmail.com
Mobile Phone No	(Phone) +65-96367796
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	1799

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01019685

DRIVER

Name of Driver	CHONG KIM LONG
NRIC No	SXXXX789J
Date Of Birth	08/03/1964
Occupation	Outdoor

Date Of Driving Pass	12/09/2005
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96367796
Alt. Phone Number	-
Email Address	homieinno@gmail.com
Address	APT BLK 107 JALAN RAJAH
Address complement	# 07-111
Postcode	320107
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	5
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	CHUA LAY TEE
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 STATEMENT

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	SJU9606P
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	SMU5874Y
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 3

Vehicle Registration Number	SND9683H
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 4

Vehicle Registration Number	SMF4321L
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHONG KIM LONG
Gender Male
Phone No (Phone) +65-96367796
Address APT BLK 107 JALAN RAJAH
Address Complement # 07-111
Post Code 320107
Approximate Age Years Old -
Injuries Sustained BACK PAIN
Injured person in which vehicle? SJM9776Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHUA LAY TEE
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BACK PAIN
Injured person in which vehicle? SJM9776Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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:

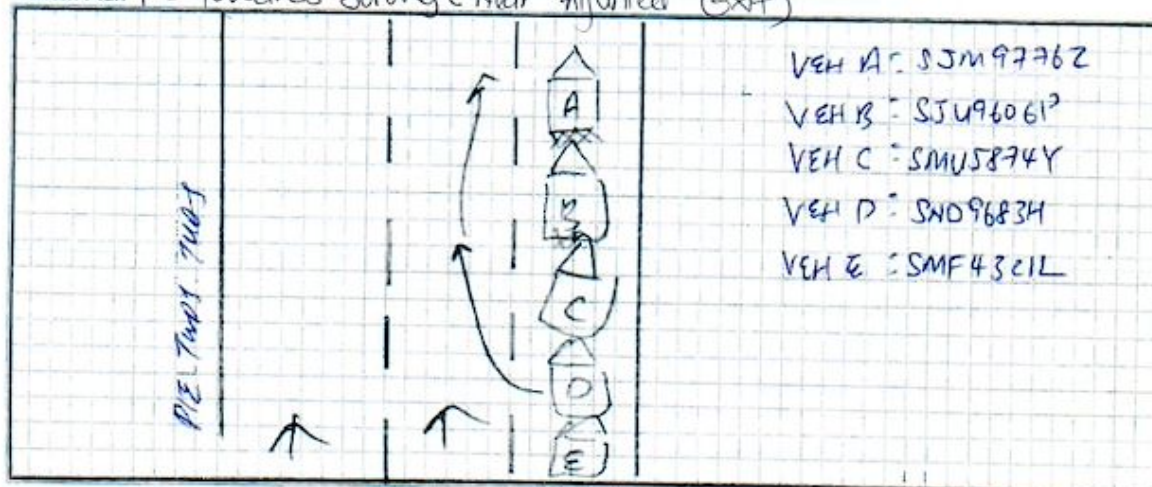
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Sketch Plan *PIE towards Jurong C Near Aljunied (Exit)*



Describe Circumstance of the Accident

On the stated date and time, I was traveling on the extremely right lane as the traffic was a little heavy, the front vehicle slow down and I follow suit, suddenly veh R (5T49606P) bang into the rear portion of my vehicle. There are total 5 vehicle including my vehicle. After the accident, my friend and me was not feeling well.. She complaint of her back was pain.

Declaration

I/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

 12/6/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230612/7047

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

2 of 3

Report No. T/20230612/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHUA LAY TEE	ID No.	S1816515E
Related Vehicle	NIL	Contact No.	88081967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 10 Jun 2023 at 10.50pm, Mr. Chong Kim Long was driving SJM9776Z on PIE toward Jurong (Near Ajanied Exit) at the extermining right lane.
As the traffic was a little heavy, the front vehicle slow down and he followed. Suddenly, vehicle SJU9606P bang into the rear position of SJM9776Z.
There were total 5 vehicle involved in this accident.

After the accident, Mr. Chong and I were feeling uncomfortable. Especially, I felt my back was in pain.

We went to see doctor the very next morning, we had obtain 5 days MC.























**SINGAPORE
POLICE FORCE**



T/20230612/7047

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

1 of 3

Report No. T/20230612/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 14:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHUA LAY TEE	Address: 209 BOON LAY PLACE #05-239 SINGAPORE 640209		
ID Type / ID No.: NRIC NO / S1816515E	Contact No.: Home/Office: Mobile: 88081967		
Nationality: SINGAPORE CITIZEN	Email: homieinno@gmail.com		
Sex: Female	Age: 56	Date of Birth: 21/03/1967	Type of Informant: Passenger
Race: Chinese	Language: English		
Occupation: Salesperson (door-to-door)	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/06/2023 23:50	Type of Location: Straight Road
Location: ALJUNIED CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
SJM9776Z	Car	HONDA	Crossroad	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM9776Z		D22MTPV0101968 5	21/11/2022	20/11/2023

CS CamScanner



**SINGAPORE
POLICE FORCE**



T/20230612/7047

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

2 of 3

Report No. T/20230612/7047

CONTINUATION OF REPORT

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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHUA LAY TEE	ID No.	S1816515E
Related Vehicle	NIL	Contact No.	88081967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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**SINGAPORE
POLICE FORCE**



T/20230612/7047

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

3 of 3

Report No. T/20230612/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
12/06/2023 14:25

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168