SN08237C0004 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 12/07/2023 16:33 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (12/07/2023 16:33 (SGT))

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 witholding 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	12/07/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2023 19:00 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TOWARDS CTE AFTER WOODLANDS AVENUE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1737X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN MING JIE
NRIC No	SXXXX238A
Email Address	mingjie091@gmail.com
Mobile Phone No	(Phone) +65-84986275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00001682300

DRIVER

Name of Driver	HAN MING JIE
NRIC No	SXXXX238A
Date Of Birth	02/09/1991
Occupation	Outdoor

Date Of Driving Pass	11/05/2010
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986275
Alt. Phone Number	-
Email Address	mingjie091@gmail.com
Address	BLK 470 PASIR RIS DRIVE 6 #06-446
Address complement	-
Postcode	510470
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	3
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	JACQUELINE
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/20230712/7026

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW4052Z
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	SLG4162K
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	HAN MING JIE
Gender	Male
Phone No	(Phone) +65-84986275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL1737X
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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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.

Policyholder's Signature / Date & Time

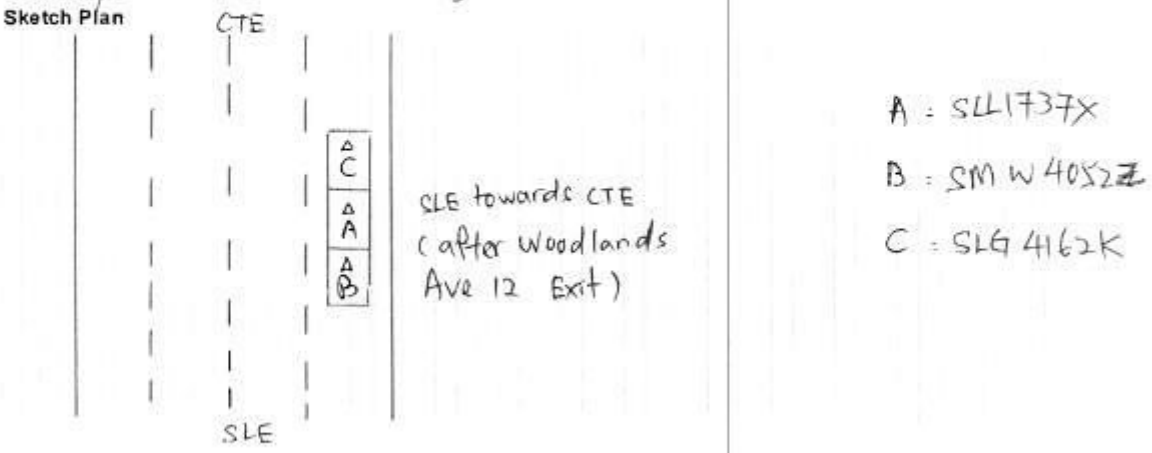
Driver's Signature (if driver is not the policyholder) / Date & Time

12/7/23 12:38pm

Witnessed by Reporting Centre Personnel

12/07/2023

Sketch Plan



Describe Circumstances of the Accident

On 11.07.23 at about 7:00 pm, I was travelling along SLE towards CTE (after Woodlands Ave 12 Exit). The front vehicle slowed down and stopped, I follow. Suddenly, Vehicle B (SNW 4052Z) hit my rear portion of my vehicle (SLL 1737X), I was involved in a 3 vehicles chain collision.

Please refer to the police report - T/20230712/7026.

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 12/7/23 12:38pm

Witnessed by Reporting Centre Personnel 12/07/2023

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

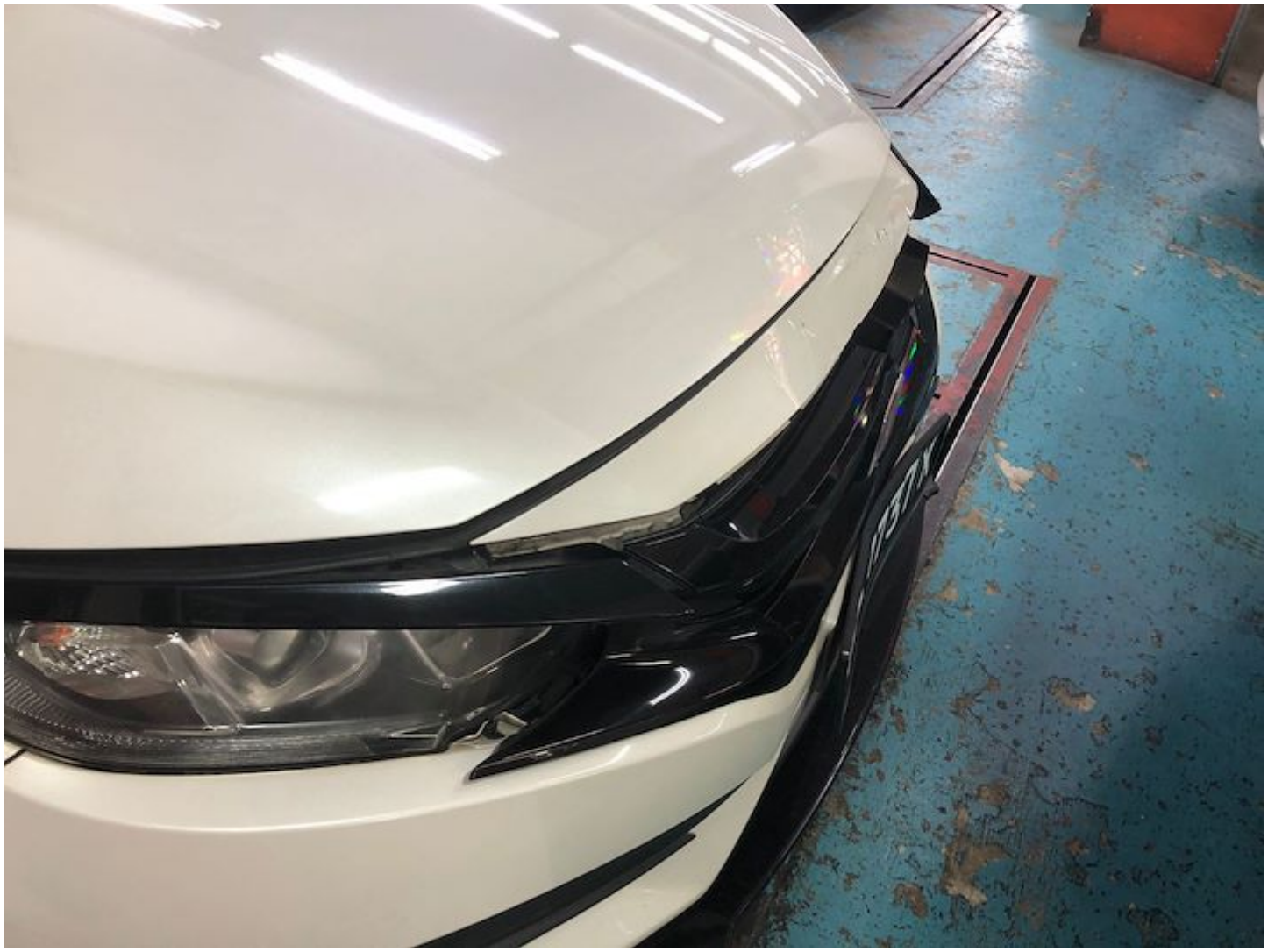
IMAGES #6

HONDA AUTOMOBILE(THAILAND)CO.,LTD.
CHASSIS NO. MRHFC5650GT001118
ENGINE NO. R16B2-1601417
TEC G SA5 NH-788P A

IMAGES #7

IMAGES #8

IMAGES #9



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IMAGES #11

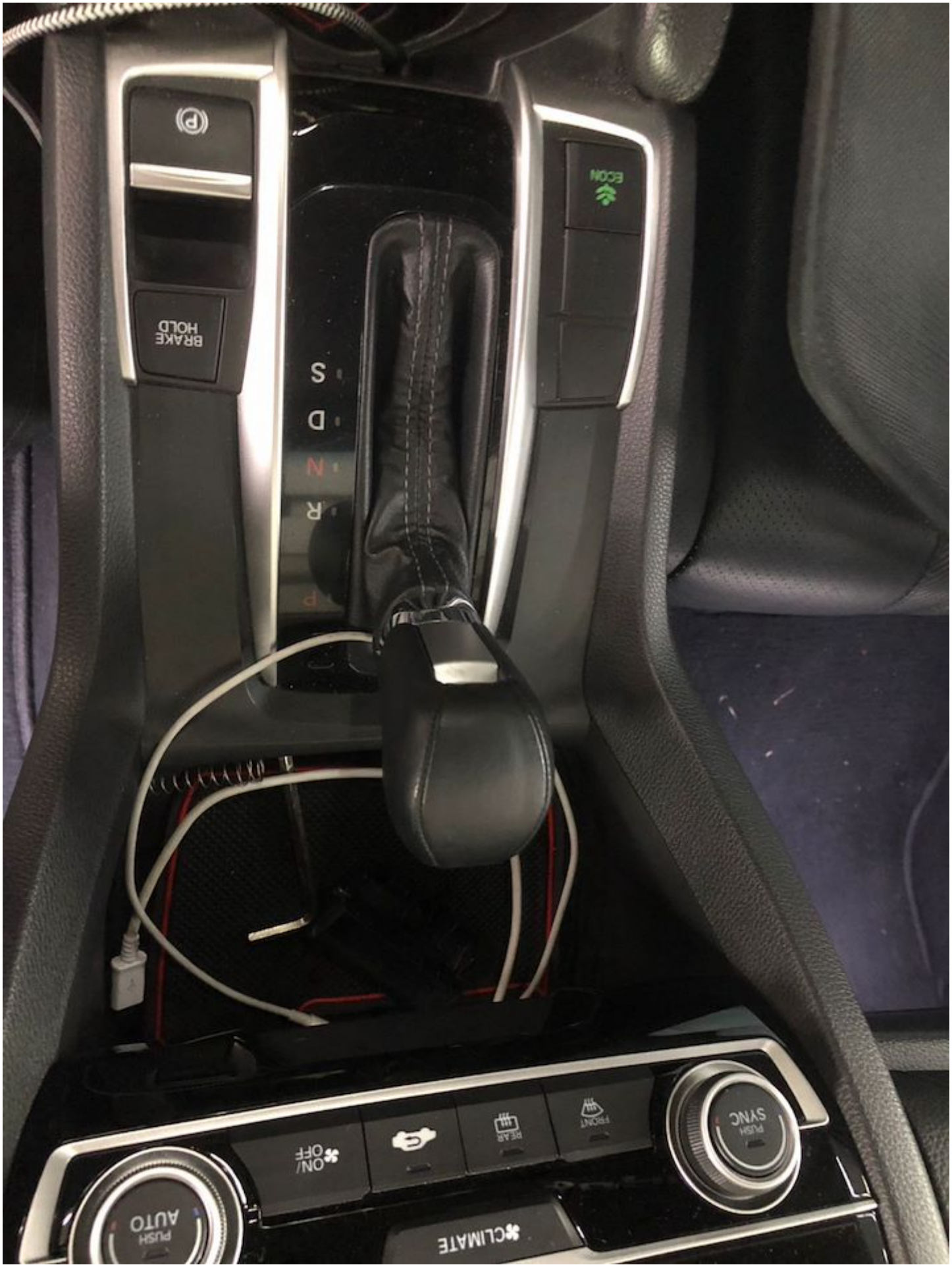
IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16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BRAKE HOLD
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ON/ OFF
REAR
FRONT
PUSH SYNC
PUSH AUTO
CLIMATE

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20

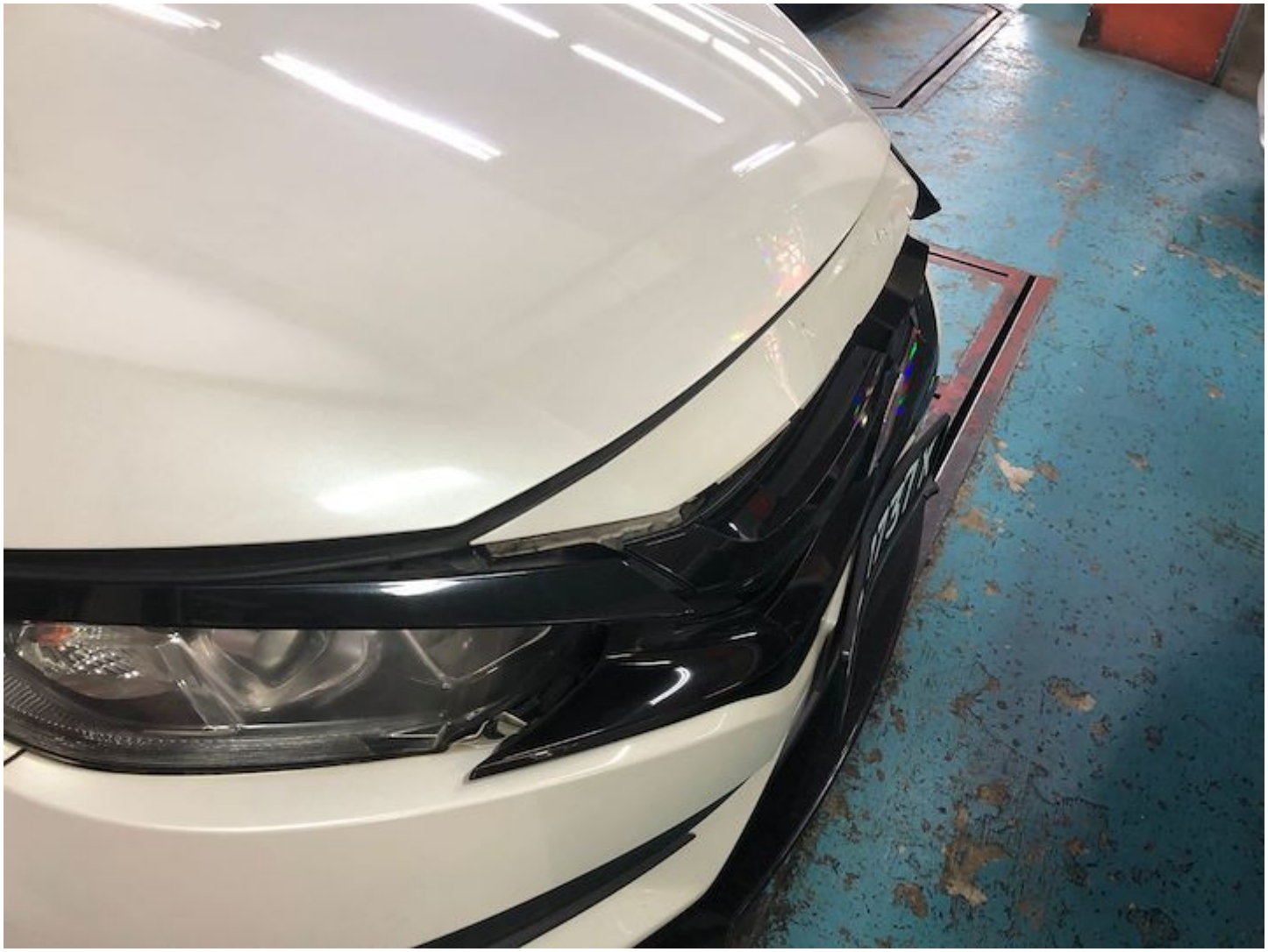
IMAGES #21

HONDA AUTOMOBILE(THAILAND)CO.,LTD.
CHASSIS NO. MRHFC5650GT001118
ENGINE NO. R16B2-1601417
TEC G SA5 NH-788P A

IMAGES #23

IMAGES #24

IMAGES #25



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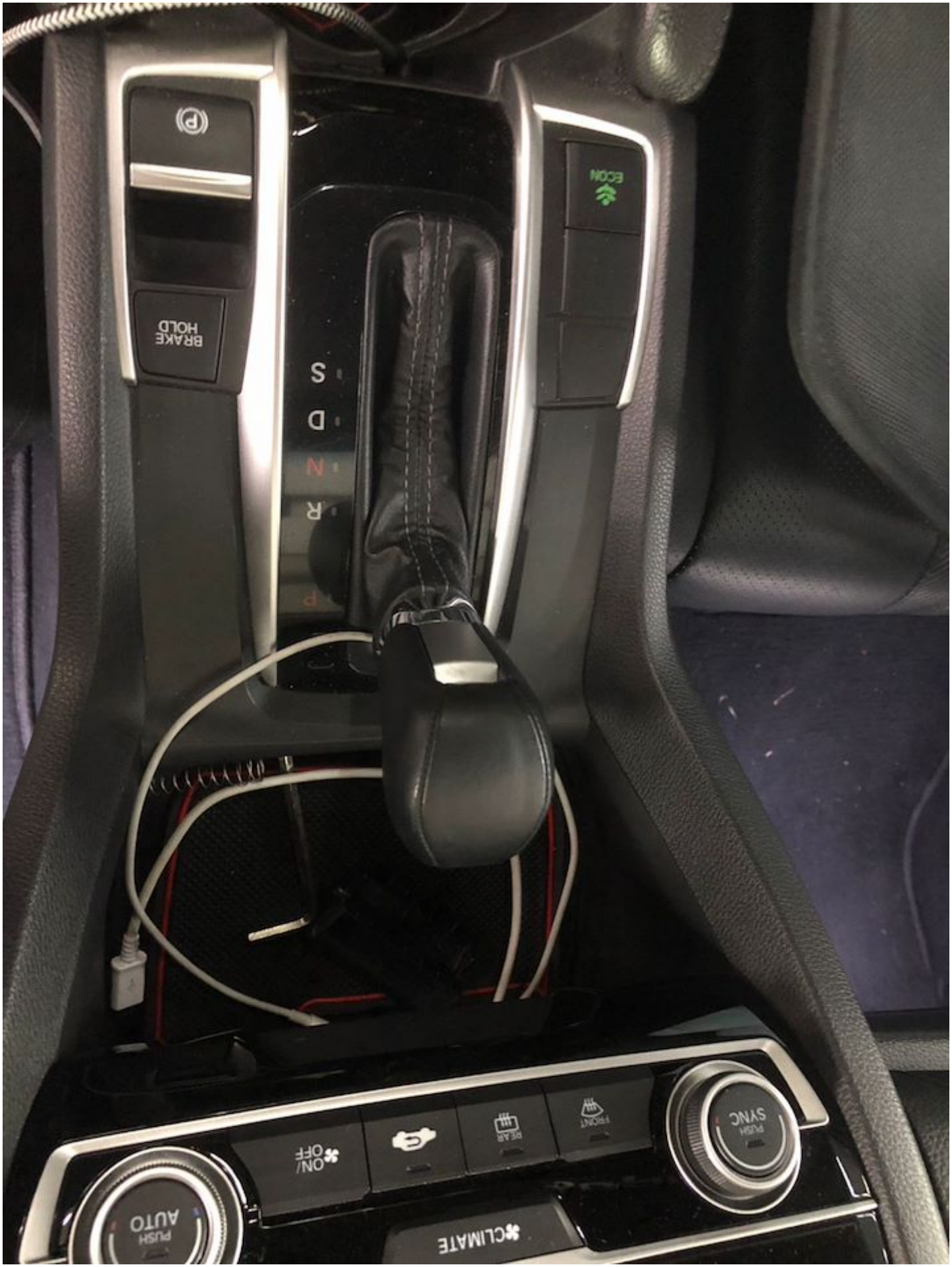
IMAGES #30

IMAGES #31

IMAGES #32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PUSH SYNC
PUSH AUTO
CLIMATE

SINGAPORE POLICE FORCE

T/20230712/7026

Report No. T/20230712/7026

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
12/07/2023 12:36		

Informant's Particulars

Name of Informant: HAN MING JIE			Address: 470 PASIR RIS DRIVE 6 #06-446 SINGAPORE 510470	
ID Type / ID No.: NRIC NO / S9130238A			Contact No.: Home/Office:	Mobile: 84986275
Nationality: SINGAPORE CITIZEN			Email: MINGJIE091@GMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 02/09/1991	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Interior designer			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2023 19:00	Type of Location: Straight Road
Location: SLE TOWARDS CTE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SLG4162K	Car					0
SLL1737X	Car	HONDA	CIVIC 1.6 VTI CVT	White	Seriously Damaged	1
SMW4052Z	Car					0

SINGAPORE POLICE FORCE

T/20230712/7026

Report No. T/20230712/7026

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1737X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000016 82300	16/02/2023	15/02/2024

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	HAN MING JIE		ID No.	S9130238A	
Related Vehicle	SLL1737X (Car)		Contact No.	84986275	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	12/07/2023		Date	12/07/2023	
No. of Days granted Medical Leave	05		Degree of	Serious	
Passenger					
Name	JACQUELINE		ID No.	NIL	
Related Vehicle	NIL		Contact No.	NIL	
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	

Brief Details.
On 11.07.2023 at about 7:00pm. I was travelling along SLE towards CTE (after woodlands Ave 12exit). The front vehicle slowed down and stopped, I follow. Suddenly, vehicle B (SMW 4052Z) hit my rear portion of my vehicle (SLL 1737X), I was involved in a 3 vehicles chain collision.

I felt pain to my shoulder, neck and back. I visited Our Family Physician Clinic & Surgery after the accident. The doctor gave me 5 days MC.

SINGAPORE POLICE FORCE

T/20230712/7026

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

Report No. T/20230712/7026

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: 12/07/2023 12:36
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168

PRIVATE HIRE