

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 First Submission	04/09/2024 15:47 (SGT)
Reported by	Actual Driver
Date of Accident	03/09/2024 09:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (BEFORE LORNIE ROAD EXIT 20B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7913U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN QIUTONG GRACE
NRIC No	SXXXX892A
Email Address	TOKYONGKUN@GMAIL.COM
Mobile Phone No	(Phone) +65-93385516
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135922285-01

DRIVER

Name of Driver	TOK YONG KUN
NRIC No	SXXXX154Z
Date Of Birth	31/05/1993
Occupation	Indoor
Driving Pass Date	04/08/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91234589
Alt. Phone Number	-
Email Address	TOKYONGKUN@GMAIL.COM
Address	183A WOODLANDS STREET 13
Address complement	10-633
Postcode	731183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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?	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

REFER TO SKETCH PLAN

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	SJR4630S
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	TOK YONG KUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLK7913U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Grace
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/ID card)

Sketch Plan

A = SLK7913U
B = SJR4630S

PIE towards Changi
(Before Lornie Road
Exit 20B)

Describe Circumstance of the Accident

Refer to Police Report

T/20240903/7050

Declaration

I/We declare the foregoing particulars are true in every respect.

Grace

Policyholder's Signature / Date & Time

[Signature]

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

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



**SINGAPORE
POLICE FORCE**



T/20240903/7050

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

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Report No. T/20240903/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2024 16:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TOK YONG KUN		Address: 183A WOODLANDS STREET 13 #10-633 SINGAPORE 731183	
ID Type / ID No.: NRIC NO / S9320154Z		Contact No.: Home/Office: Mobile: 91234589	
Nationality: SINGAPORE CITIZEN		Email: TOKYONGKUN@GMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 31/05/1993	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Interior designer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2024 09:55	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR4630S	Motor car				Seriously Damaged	0
SLK7913U	Motor car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240903/7050

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

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Report No. T/20240903/7050

CONTINUATION OF REPORT

Driver			
Name	TOK YONG KUN	ID No.	S9320154Z
Related Vehicle	SLK7913U (Motor car)	Contact No.	91234589
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving my vehicle SLK7913U along PIE going towards Changi with my seatbelt on.

I was traveling straight along the first lane on the said expressway. As the vehicle in front of me gradually slowed down and came to a stop due to traffic conditions, I also gradually slowed down and came to a stop, keeping a safety distance between my vehicle and the vehicle in front. Suddenly, a massive impact crashed into my vehicle rear, causing my vehicle to surge forward greatly. I was caught totally off guard by the huge impact which caused my body to lurch forward, only to be restrained by my seatbelt. I was shocked by what happened.

Upon alighting, I realised vehicle SJR4630S had crashed into my vehicle rear, leaving it badly dented. I also realised vehicle SJR4630S front portion was badly damaged.

Later in the afternoon, I started feeling pain on my neck, shoulders, lower back and chest. The pain got worse and I decided to seek medical treatment at DR+ medical & paincare Marsiling near my place.

I was given 3 days MC for injuries caused by the accident.

I will be seeking follow up treatment if the pain persists.

**SINGAPORE
POLICE FORCE**

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



T/20240903/7050

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Report No. T/20240903/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
03/09/2024 16:03

Classification Of Case: