

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	12/09/2024 16:31 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNS4009J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR CHOICE LEASING PTE LTD
Company Reg No	2XXXXX892N
Email Address	leasingops@carchoice.com.sg
Mobile Phone No	(Phone) +65-91999068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1490
Vehicle Fuel	Petrol-Electric
First Registration Date	06/08/2024
Chassis no	MXPL101120908
Effective Date/Time of Ownership	06/08/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003412400

DRIVER

Name of Driver	KONG ZHENG HSIANG
NRIC No	SXXXX749I
Date Of Birth	07/12/1990
Occupation	Outdoor
Driving Pass Date	30/08/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87663668
Alt. Phone Number	-
Email Address	leasingops@carchoice.com.sg
Address	BLK 896C WOODLANDS DRIVE 50 #11-80
Address complement	-
Postcode	732896
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	4
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	KONG KAY ZI
Gender	Female

PASSENGER 2

Name	LON YOKE KIEW
Gender	Female

PASSENGER 3

Name	REYNA WONG
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

REFER TO POLICE REPORT

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 TAKEN BY TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX1748S
Vehicle Manufacturer Hyundai
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Government
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 KONG ZHENG HSIANG
Gender Male
Phone No (Phone) +65-87663668
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BACK, RIGHT FINGER
Injured person in which vehicle? SNS4009J
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.

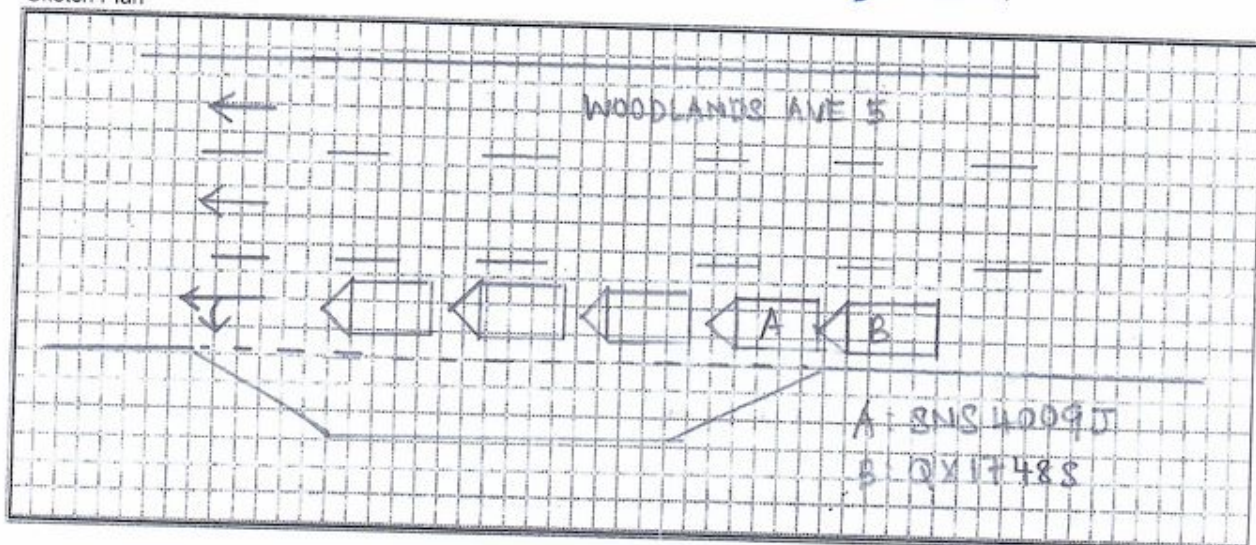


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

please refer to police report attached

7/20240911 / 7050

Declaration

We declare the foregoing particulars are true in every respect.



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/20240911/7050

1 of 3

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

Report No. T/20240911/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 12:51		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: KONG ZHENG HSIANG		Address: 896C WOODLANDS DRIVE 50 #11-80 SINGAPORE 732896		
ID Type / ID No.: NRIC NO / S90717491		Contact No.: Home/Office: Mobile: 87663668		
Nationality: SINGAPORE CITIZEN		Email: PIERRE.KONG90@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 07/12/1990	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Delivery man using motorised personal mobility aids/devices		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2024 18:25	Type of Location: Straight Road
Location: WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
QX1748S	Police Car	HYUNDAI			Slightly Damaged	0
SNS4009J	Motor car	TOYOTA	Sienta Hybrid	White	Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20240911/7050

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

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Report No. T/20240911/7050

CONTINUATION OF REPORT

Driver			
Name	KONG ZHENG HSIANG	ID No.	S9071749I
Related Vehicle	SNS4009J (Motor car)	Contact No.	87663668
Hospital/Clinic	WOODLANDS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2024	Date Discharge	11/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

The queue was quite long and I was queuing behind a van. I was not moving and the police car behind me just bang the car i was driving. The traffic police took away the sd card for investigation. There are 3 passengers onboard. Due to the impact, my niece hit her cheek and causes redness. We will monitor her condition and consult a doctor if necessary. At that time, I did not feel anything wrong, but later in the night i felt abit of discomfort behind my shoulder. And around 4am i woke up because of the pain so I went to Woodlands Health A&E on the following morning. Then the doctor gave me 5 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20240911/7050

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Report No. T/20240911/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN
Contact No.: 65476223

NP168

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

Date/Time:
11/09/2024 12:51

Classification Of Case: