

## 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 .....	04/06/2024 12:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/06/2024 16:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JURONG TOWN HALL ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD6588G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HUN JING KWANG
NRIC No .....	SXXXX809C
Email Address .....	HUNJINGKWANG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81831442
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00122492303

#### DRIVER

Name of Driver .....	HUN JING KWANG
NRIC No .....	SXXXX809C
Date Of Birth .....	04/08/1971
Occupation .....	Indoor

Driving Pass Date .....	24/12/1994
Driving experience .....	29 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81831442
Alt. Phone Number .....	-
Email Address .....	HUNJINGKWANG@GMAIL.COM
Address .....	BLK 87 CASHEW ROAD
Address complement .....	#02-01
Postcode .....	679658
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 .....	Collision - Change/cross lane
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? .....	Yes
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 .....	HUN KENG SIEW
Gender .....	Male

#### 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 T/20240601/7078

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	WD7653D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods 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 .....	HUN JING KWANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	HUN KENG SIEW
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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:

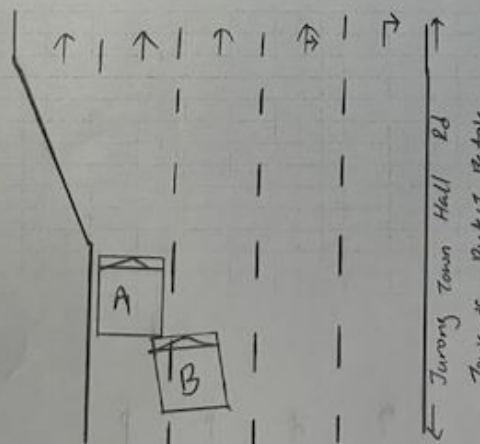
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Veh A: SMD6588G  
Veh B: WD7653D

## Describe Circumstances of the Accident

Refer to Police Report. no : T/202PO601/7078.

### Declaration

We declare the foregoing particulars are true in every respect.

~~2~~

Policyholder's Signature / Date &  
Time



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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20240601/7078

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

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Report No. T/20240601/7078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2024 22:25		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: HUN JING KWANG		Address: 87 CASHEW ROAD #02-01 SINGAPORE 679658		
ID Type / ID No.: NRIC NO / S7127809C		Contact No.: Home/Office: Mobile: 81831442		
Nationality: SINGAPORE CITIZEN		Email: hunjingkwang@gmail.com		
Sex: Male	Age: 52	Date of Birth: 04/08/1971	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Production specialist		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2024 16:10	Type of Location:
Location:  JURONG TOWN HALL ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD6588G	Motor car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	White		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMD6588G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00122492 303	30/08/2023	29/08/2024



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20240601/7078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUN JING KWANG		ID No. S7127809C
Related Vehicle	SMD6588G (Motor car)		Contact No. 81831442
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)	02	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SMD6588G with my son Hun Keng Siew on board my vehicle along Jurong town hall road towards Bukit Batok direction.

Both of us were belted.

Before PIE(TUAS) exit, I was travelling straight in my lane when a huge impact hit my vehicle's rear right portion, causing it to spin to the right.

My vehicle was pushed for some distance while my car continued spinning uncontrollably until the ordeal finally stopped.

My son and I were both very shaken by the traumatising event.

Upon alighting, I realised that WD7653D, which was initially behind me on my right, had crashed into the rear right portion of my vehicle after coming into my lane.

I was totally blindsided.

Said heavy vehicle continued going straight after colliding into me and as a result, my vehicle spun 180 degrees.

I started feeling aches over my neck and right shoulder areas and I called for ambulance due to the pain.

I was conveyed to NTFGH for treatment and was discharged later the same day with 2 days MC.

After I was discharged, I started feeling aches over my lower back area as well.

I will seek follow up treatment if the pain does not go away.

I have not checked on my son if he suffered any injuries as of now.



**SINGAPORE  
POLICE FORCE**

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



T/20240601/7078

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Report No. T/20240601/7078

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: 01/06/2024 22:25
Officer In Charge Of Case: TP / TPIB / MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367	Classification Of Case:

NP168



























