

# 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 Authorised 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 ..... 24/12/2020 14:44 (SGT)  
Date of Accident ..... 23/12/2020 21:30 (SGT)  
Exact Location of Accident ..... Near CTE, Singapore  
Additional Location Information ..... CTE TOWARDS ANG MO KIO  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM8174G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HIPPO LEASING PTE LTD  
Company Reg No ..... 201909075G  
Email Address ..... LEASING@TECKWEI.COM.SG  
Mobile Phone No ..... (Phone) +65-64650020  
Alternative Phone No ..... (Office) +65-64650020

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5111039014-01 (DRIVO CLASSIC)  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FONG CHONG WEI  
NRIC No ..... S7432059G  
Date Of Birth ..... 28/09/1974  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/03/1993
Driving experience .....	27 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91377050
Alt. Phone Number .....	-
Email Address .....	JENNYK766@GMAIL.COM
Address .....	APT BLK 664C JURONG WEST STREET 64 #12-220
Address complement .....	-
Postcode .....	643664
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 .....	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 .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material 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

#### PASSENGER 1

Name .....	ANNA LOPEZ
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
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
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8408E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-92961523
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 .....	SNG2870B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-92334133
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 .....	SHB7105U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97336988
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 .....	FONG CHONG WEI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMM8174G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	ANNA LOPEZ
Address .....	-

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMM8174G
Were seat belts worn? .....	-
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.
2. This Form must be completed by the Policyholder and/or the Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

④

③

②

①



A: 5mm 8174 G  
B: 5mm 8408 Z  
C: 5mm 2870 B  
D: 5mm 7405 U

Refer to F/20201224/7021

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

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 674 16697 Fax: 674 92305  
 Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

---

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





TOYOTA MOTOR CORPORATION JAPAN

MODEL DAA-NHP170G-MWXNB  
ENGINE 1NZ-EXE 1496 mL

FRAME No. NHP170-7124106

COLOR 1F7 FB00 N21  
TRIM PLANT OPTION

TRANS./AXLE P510 -02A 591



























**SINGAPORE  
POLICE FORCE**



F/20201224/7021

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20201224/7021

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 24/12/2020 12:52	Vide Report No.	Station Diary No.
Name Of Informant FONG CHONG WEI	Address 664C JURONG WEST STREET 64 #12-220 SINGAPORE 643664	
ID Type / ID No. NRIC NO / S7432059G	Contact No. Home/Office:                      Mobile: 91377050	
Nationality SINGAPORE CITIZEN	Email Address PHILLIPFONG@LIVE.COM	
Occupation Self employed	Sex Male	Age 46
Institution/School Name	Date of Birth 28/09/1974	Race Chinese
Date/Time Of Incident 23/12/2020 21:30	Location Of Incident CENTRAL EXPRESSWAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMM8174G with 1 female passenger, namely Anna Lopez, on board.

I had gradually come to a stop due to traffic conditions when suddenly, I felt 2 impacts from the rear.

My vehicle surged forwards as a result. The impact was so huge that My spectacles flew off my face and cracked upon hitting against the inside of my vehicle.

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: 24/12/2020 12:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20201224/7021

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20201224/7021

I alighted to realise that I was involved in a 4 car chain collision involving:

SMM8174G

SHA8408E

SMG2870B

SHB7105U

My passenger informed me that she was injured and will be seeking her own treatment.

As my vehicle was quite badly damaged, I proceeded home after sending her to her destination.

The next morning, I woke up with soreness over my neck and back areas.

Hence, I proceeded to to Unihealth Clinic Bedok for treatment and was given 5 days MC for my injuries caused by the accident.

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: 24/12/2020 12:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

