

# 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 .....              | 11/01/2021 11:30 (SGT)           |
| Date of Accident .....                | 10/01/2021 23:15 (SGT)           |
| Exact Location of Accident .....      | CTE, Singapore                   |
| Additional Location Information ..... | twds sle before jln bahagia exit |
| Country/State of Loss .....           | Singapore                        |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMN2655U |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | LIANG CHAY HONG      |
| NRIC No .....                  | SXXXX295F            |
| Email Address .....            | jayenliang@gmail.com |
| Mobile Phone No .....          | (Phone) +65-91012855 |
| Alternative Phone No .....     | +--                  |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Wish                      |
| 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 .....              | No            |
| Policy Number .....             | 5112054097    |
| Cover Note Number .....         | -             |

### DRIVER

|                      |                 |
|----------------------|-----------------|
| Name of Driver ..... | LIANG CHAY HONG |
| NRIC No .....        | SXXXX295F       |
| Date Of Birth .....  | 05/05/1988      |
| Occupation .....     | Outdoor         |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass .....   | 19/03/2008                |
| Driving experience .....   | 12 YEARS AND 10 MONTHS    |
| Gender .....   | Male                      |
| Mobile Number .....  | (Phone) +65-91012855      |
| Alt. Phone Number .....  | +--                       |
| Email Address .....  | jayenliang@gmail.com      |
| Address .....  | BLK 342A YISHUN RING ROAD |
| Address complement .....   | #05-1904                  |
| Postcode .....   | 761342                    |
| 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 - Head to Rear |
| Weather Conditions ..... | Raining                  |
| Road Surface .....       | Wet                      |

#### 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 material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |      |
|--------------|------|
| Name .....   | -    |
| Gender ..... | Male |

#### PASSENGER 2

|              |        |
|--------------|--------|
| Name .....   | -      |
| 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 - T/20210111/7002.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |            |
|---|------------|
| Vehicle Registration Number .....             | FU2883Z    |
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| 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 .....                              | LIANG CHAY HONG |
| Address .....   | -               |
| Address Complement .....                                  | -               |
| Post Code .....   | -               |
| Approximate Age Years Old .....                           | -               |
| Injuries Sustained .....                                  | NECK & BACK     |
| Injured person in which vehicle? .....                    | SMN2655U        |
| Were seat belts worn? .....                               | Yes             |
| Was this injured conveyed to hospital by ambulance? ..... | No              |

## 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

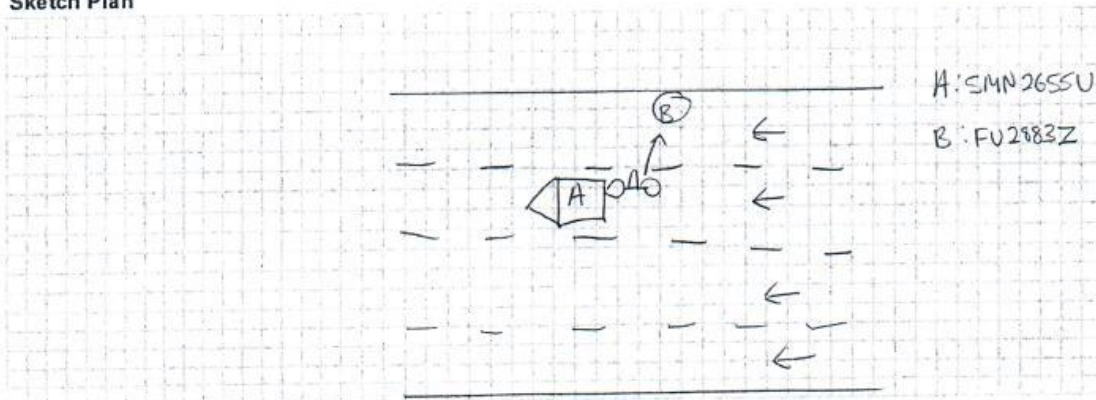
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Refer to police Report.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210111/7002

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

Report No. T/20210111/7002

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>11/01/2021 02:25 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>LIANG CHAY HONG      |            |                              | Address:<br>342A YISHUN RING ROAD #05-1904 SINGAPORE 761342 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8815295F   |            |                              | Contact No.:<br>Home/Office: Mobile: 91012855               |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>jayenliang@gmail.com                              |                    |                            |
| Sex:<br>Male                               | Age:<br>32 | Date of Birth:<br>05/05/1988 | Type of Informant:<br>Driver                                |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Chauffeur                   |            |                              | Driving Licence Information:<br>Class: Date of Expiry:      |                    |                            |

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>10/01/2021 23:15 | Type of Location:<br>Straight Road  |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |                                    |  |                                     |
| Weather:<br>Drizzling  |                  | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |            |        |              |       |          |       |
|------------------------------------|------------|--------|--------------|-------|----------|-------|
| Vehicle No.                        | Type       | Make   | Model        | Color | Conditio | No of |
| FU2883Z                            | Motorcycle |        |              |       |          | 0     |
| SMN2655U                           | Car        | TOYOTA | WISH 1.8 CVT | Grey  |          | 0     |

| <b>Details of Vehicle Insurance</b> |                   |              |           |             |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No.                         | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE  
POLICE FORCE**



T/20210111/7002

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

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Report No. T/20210111/7002

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No. | Effective  | Expiry Date |
| SMN2655U                     | NTUC Income Insurance Co-Operative Limited | 5112054097    | 26/08/2019 | 12/01/2021  |

| Details of Person Involved        |                 |                                |  |
|-----------------------------------|-----------------|--------------------------------|--|
| Any Pedestrian Involved: No       |                 |                                |  |
| No. of Pedestrians Injured: NIL   |                 | Use of Pedestrian Crossing: NA |  |
| Driver                            |                 |                                |  |
| Name                              | LIANG CHAY HONG |                                | ID No. S8815295F   |
| Related Vehicle                   | SMN2655U (Car)  |                                | Contact No. 91012855   |
| Hospital/Clinic                   | NIL             |                                | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL             |                                | Date NIL   |
| No. of Days granted Medical Leave | 03              | Degree of                      | Slight   |

**Brief Details.**

On the 10th January 2021, about 2315Hrs, I was travelling straight along CTE towards SLE before Jalan Bahagia Exit. I noticed that there was Traffic accident ahead of me hence I slowed down and eventually became stationary. Suddenly I felt a collision on the rear of my vehicle and caused me to thrust forward while stationary, I then saw from my side mirror that there was something on fire and burning.

I immediately shifted to vehicle ahead to prevent any explosion between the fire and my vehicle as there was 2 passengers in my vehicle sitting on the passenger's seat at the back.

Upon shifting my vehicle ahead, I then alighted to check on the other party who collided on to me and I realized it was a motorcycle: FU2883Z who collided on to the rear of my vehicle.

When I wanted to check on the safety of the rider, I witnessed that the rider ran towards the bushes located in the middle of the highway to avoid the fire that was burning on his bike.

Shortly after, an ambulance arrived and immediately put out the fire with their fire extinguisher and attended to the rider of FU2883Z.

Upon putting out the fire of the bike, I spoke to the rider to check on him and find out what happened, he then mentioned that he lost control of his motorcycle and self skidded hence the motorcycle collided on to my vehicle.

I have sustained injuries from the above mentioned accident and I am making this report for investigation and insurance claim purposes.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20210111/7002

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Report No. T/20210111/7002

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210111/7002

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

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Report No. T/20210111/7002

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

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

Date/Time:  
11/01/2021 02:25

Classification Of Case:



