



# 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	13/01/2021 14:26 (SGT)
Date of Accident	12/01/2021 17:30 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	ALONG PIONEER ROAD TURNING RIGHT TO TUAS ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3781K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW WAI YEE
NRIC No	SXXXX831I
Email Address	WILLIAMFONGZH@GMAIL.COM
Mobile Phone No	(Phone) +65-94666189
Alternative Phone No	(Home) +65-94666189

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116360569
Cover Note Number	-

### DRIVER

Name of Driver	WILLIAM FONG ZHI HAO
NRIC No	SXXXX559J
Date Of Birth	09/11/1966
Occupation	Indoor



Date Of Driving Pass	01/02/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94666189
Alt. Phone Number	-
Email Address	WILLIAMFONGZH@GMAIL.COM
Address	APT BLK 444 ANG MO KIO AVE 10 #08-1591
Address complement	-
Postcode	560444
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANSON LIEW
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SMU9505L
Vehicle Manufacturer	Volvo
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	WILLIAM FONG ZHI HAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR3781K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	ANSON LIEW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR3781K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



Describe Circumstances of the Accident

On 12/1/21 at about 5.30pm, I was driving my car, SMR3781K along Pioneer Rd towards Tass Rd. My son Aron was the front passenger in my car. As I approached the junction I stopped my car at the traffic light waiting to turn right to Tass Rd. Suddenly I felt a great impact and my car jerked forward. I then realised that a motor car had collided into the rear of my car.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*[Signature]*

*[Signature]*

William Tong  
10.35am 13/1/2021

## SKETCH PLAN

## IMPORTANT NOTICE

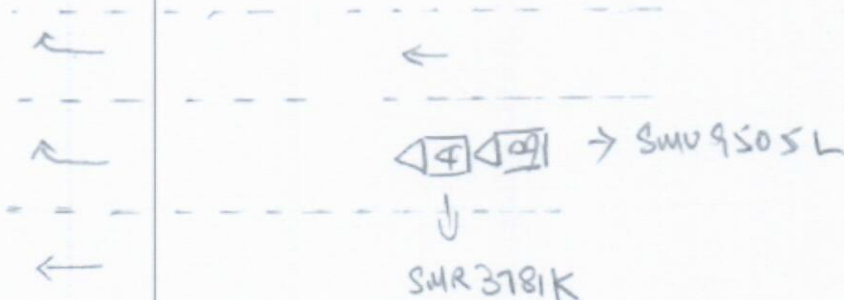
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel







# SINGAPORE POLICE FORCE



T/20210113/7010

1 of 4

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

Report No. T/20210113/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2021 15:38	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: WILLIAM FONG ZHI HAO		Address: 444 ANG MO KIO AVENUE 10 #08-1591 SINGAPORE 560444	
ID Type / ID No.: NRIC NO / S1765559J		Contact No.: Home/Office: Mobile: 94550031	
Nationality: SINGAPORE CITIZEN		Email: williamfongzh@gmail.com	
Sex: Male	Age: 54	Date of Birth: 09/11/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Surveyor (general)		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2021 17:30	Type of Location: Straight Road	
Location:  PIONEER ROAD					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR3781K	Car	TOYOTA	Altis	White	Slightly Damaged	1
SMU9505L	Car	VOLVO		Black		0

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





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

Report No. T/20210113/7010

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR3781K	NTUC Income Insurance Co-Operative Limited	5116360569	22/02/2020	18/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WILLIAM FONG ZHI HAO		ID No.	S1765559J
Related Vehicle	SMR3781K (Car)		Contact No.	94550031
Hospital/Clinic	KI MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2021		Date	12/01/2021
No. of Days granted Medical Leave		04	Degree of	Slight
Passenger				
Name	ANSON LIEW WEN JUN		ID No.	S9875644B
Related Vehicle	SMR3781K (Car)		Contact No.	81689667
Hospital/Clinic	KI MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2021		Date	12/01/2021
No. of Days granted Medical Leave		04	Degree of	Slight
Driver				
Name	CHUAN KOK HWEE		ID No.	S7923702G
Related Vehicle	SMU9505L (Car)		Contact No.	97695447
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20210113/7010

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210113/7010

**CONTINUATION OF REPORT**

Brief Details.

On 12/01/21 at about 5.30 pm, I was driving along Pioneer Road towards Tuas Road. My car is SMR 3781 K and my son Anson Liew S9875644-B was the front passenger. We stopped at the junction as the traffic light signal was red, waiting to turn right to Tuas Road. Suddenly, there was a loud bang and my car jerk forward. I then realized that a motorcar had collided into my car from behind. The motorcar is SMU 9505 L and the driver is Chuan Kok Hwee, NRIC : S7923702G of 115 Tampines Road #16-16 Singapore 533901. His contact number is 97695447.

My rear bumper was damaged and the boot was unable to close. My son Anson Liew and I subsequently sought treatment at the clinic and we were given 4 days of mc each.



**SINGAPORE  
POLICE FORCE**



T/20210113/7010

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Report No. T/20210113/7010

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

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:  
13/01/2021 15:38

Classification Of Case: