

# 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 ..... 25/01/2021 15:45 (SGT)  
Date of Accident ..... 25/01/2021 07:35 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... KPE, SINGAPORE NEAR KPE TUNNEL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW3044R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... PAY POH LING  
NRIC No ..... SXXXX049H  
Email Address ..... paypohling@gmail.com  
Mobile Phone No ..... (Phone) +65-97946580  
Alternative Phone No ..... (Home) +65-97946580

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... Hong Leong  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MP311860  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PAY POH LING  
NRIC No ..... SXXXX049H  
Date Of Birth ..... 28/01/1982  
Occupation ..... Indoor

Date Of Driving Pass .....	26/12/2007
Driving experience .....	13 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-97946580
Alt. Phone Number .....	(Home) +65-97946580
Email Address .....	paypohling@gmail.com
Address .....	4 UPPER SERANGOON CRESCENT
Address complement .....	#14-10
Postcode .....	534034
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 .....	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 .....	3
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 .....	WAHONO TJOKRO
Gender .....	Male

#### PASSENGER 2

Name .....	KRISTIANI TJOKRO
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 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 .....	SKT9989C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C200
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LAW WEI YING
NRIC No .....	SXXXX880C
Contact Number .....	(Phone) +65-90224556
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 .....	SFP388B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Estima
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN XINYI
NRIC No .....	SXXXX967B
Contact Number .....	(Phone) +65-93363638
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 .....	KRISTIANO TJOKRO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	4
Injuries Sustained .....	1 DAY MC
Injured person in which vehicle? .....	SLW3044R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No























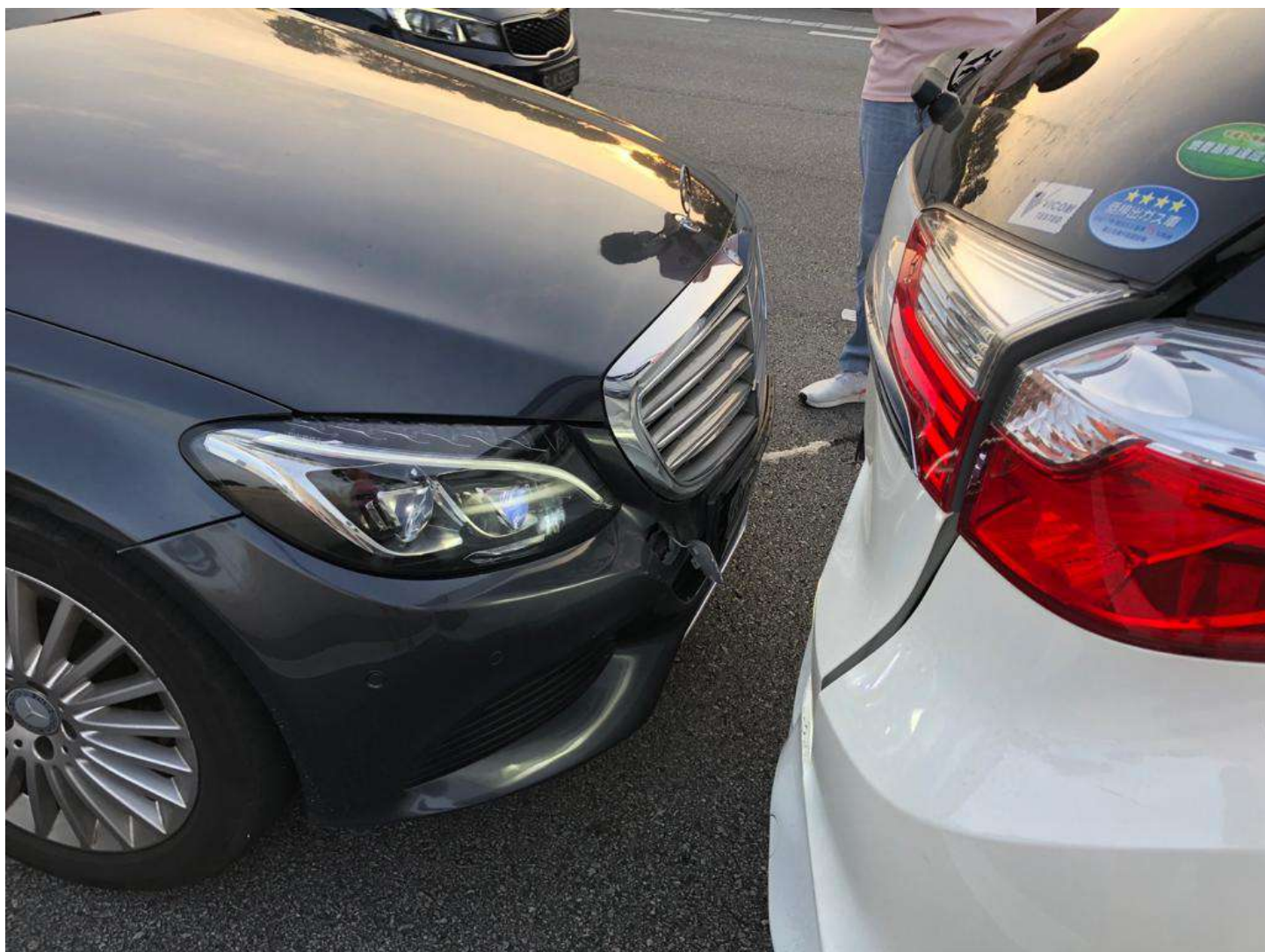
































**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
1000A Avenue 3 SINGAPORE 488888  
Traffic Management

Report No. 2021/000179

1 of 2

Report for a Traffic Accident

Date/Time Report Made: 2021/03/19 14:00

Police Report No.: 2021/000179

Police Day No.: 2021/000179

**Accident Details**

Reported by: RAY PORTLAND

Address: 4 LORONG BAWANGSICH CHANGKAT 874 SINGAPORE

IC Type: B710

Vehicle Registration: SMO10

Contact No.: 97440000

Mobile: 97440000

Insurance: SINGAPORE COUNTRY

Email: rayportland@smc.com

Sex: M

Date of Birth: 20/01/1982

Type of Transport: Car

Phone: 97440000

Language: English

Education: School Name: 2021/000179

Occupation: Traffic Control Information: Date of Entry: 2021/000179

**Accident Information of the Accident**

Page of Accident: 1 of 2

Date: 2021/03/19

Time of Accident: 14:00

Type of Accident: Single Road

Location: 2021/000179

Weather: Clear

Road Surface: Dry

Road Condition: Good

Speed Limit: 50

Traffic Flow: Not Controlled

Traffic Volume: Heavy

Type of Collision: Head-On

Anyone injured by accident: No

**Details of Vehicle Involved**

Vehicle No.	Make	Model	Color	Capacity	Year of
SMO10	Car	TOYOTA	White	5	8
SMO10	Car	TOYOTA	White	5	8
SMO10	Car	TOYOTA	White	5	8

**SINGAPORE POLICE FORCE**

Police Station of Origin: Traffic Police  
101-103, Avenue 2 SINGAPORE 408601  
Tel No: 34470000

Form 1  
Report No. P0001000100

**CONTRIBUTION OF INQUIRY**

Name: <b>PAU POH LEO</b>		ID No: <b>S20343430</b>	
Resident Vehicle: <b>S2034440 (JAC)</b>		Contact No: <b>87488888</b>	
Presented On: <b>18</b>		Date of Injury: <b>18</b>	
		Date of Supply MS: <b>18</b>	
Name: <b>18</b>		ID No: <b>18</b>	
No. of Days (Medical Leave): <b>18</b>		Days of Injury: <b>18</b>	
Presented On: <b>18</b>			
Name: <b>APRILIANO Y JORDO</b>		ID No: <b>Y11000124</b>	
Resident Vehicle: <b>S2034440 (JAC)</b>		Contact No: <b>87488888</b>	
Presented On: <b>18</b>		Date of Injury: <b>18</b>	
		Date of Supply MS: <b>18</b>	
Name: <b>18</b>		ID No: <b>18</b>	
No. of Days (Medical Leave): <b>18</b>		Days of Injury: <b>18</b>	

**Blat Details**  
Cases arising on the basis of PPF, and the cases to be treated, have been applied on the basis of the following: Motorists, Bicycles, and the basis of the law.

 <b>SINGAPORE POLICE FORCE</b> Police Station Of Origin: Traffic Section 110 The Arcade, SINGAPORE 088869 Tel No: 33671000		 Report No: 10001000000
<b>CONTRIBUTION OF INQUIRY</b> Should state: Information not able to provide detail		
Signature of Officer Recording the Report Not applicable		Signature of Informant: The identity of the person making this report has been substantiated by findings. No signature is required. Submit Date: 28/11/2021 14:19
Signature of Investigator Not applicable		Classification Of Case: 10 - 1960 Motor Vehicle Accidents (Non-Fatal) Contact No: 05011339 Authorisation Stamp: none

**SINGAPORE POLICE FORCE**

Police Station (if known):  
Traffic Police  
1000 Avenue 3 SINGAPORE 400003  
Tel No. 90370000

Report No. 170011001101

**DECLARATION OF REPORT**

Details of Vehicle Involved		Insurance No.	Effective	Expiry Date
Vehicle No.	170011001101	1000000000	10/01/2010	10/01/2011
Owner/Registered Person, Mr.				
No. of Persons Involved				
Name	I, <u>170011001101</u> , of <u>170011001101</u>			
Residential Address	<u>170011001101</u>			
Occupied Area	<u>170011001101</u>			
Date	<u>170011001101</u>			
No. of Days (between 1st and 2nd)	<u>170011001101</u>			
Name	<u>170011001101</u>			
Residential Address	<u>170011001101</u>			
Occupied Area	<u>170011001101</u>			
Date	<u>170011001101</u>			
No. of Days (between 1st and 2nd)	<u>170011001101</u>			
Name	<u>170011001101</u>			
Residential Address	<u>170011001101</u>			
Occupied Area	<u>170011001101</u>			
Date	<u>170011001101</u>			
No. of Days (between 1st and 2nd)	<u>170011001101</u>			
Name	<u>170011001101</u>			
Residential Address	<u>170011001101</u>			
Occupied Area	<u>170011001101</u>			
Date	<u>170011001101</u>			
No. of Days (between 1st and 2nd)	<u>170011001101</u>			



**HL Assurance**

**CERTIFICATE OF INSURANCE**

NOTICE: This is a summary of the terms and conditions of the insurance policy. It is not a contract. The full terms and conditions of the insurance policy are set out in the policy document. The policy document is the only document that governs the insurance. It is important to read the policy document carefully before you decide whether to buy or accept the insurance. The policy document is available on the HL Assurance website at [www.hl-assurance.com](http://www.hl-assurance.com).

Particulars	Amount
1. Insured	HL Assurance
2. Insured's Name	HL Assurance
3. Insured's Address	HL Assurance
4. Insured's Telephone	HL Assurance
5. Insured's Fax	HL Assurance
6. Insured's E-mail	HL Assurance
7. Insured's Website	HL Assurance
8. Insured's Business Description	HL Assurance
9. Insured's Business Activity	HL Assurance
10. Insured's Business Location	HL Assurance
11. Insured's Business Size	HL Assurance
12. Insured's Business Type	HL Assurance
13. Insured's Business Sector	HL Assurance
14. Insured's Business Industry	HL Assurance
15. Insured's Business Sub-sector	HL Assurance
16. Insured's Business Division	HL Assurance
17. Insured's Business Department	HL Assurance
18. Insured's Business Function	HL Assurance
19. Insured's Business Role	HL Assurance
20. Insured's Business Position	HL Assurance
21. Insured's Business Status	HL Assurance
22. Insured's Business Grade	HL Assurance
23. Insured's Business Rank	HL Assurance
24. Insured's Business Level	HL Assurance
25. Insured's Business Class	HL Assurance
26. Insured's Business Category	HL Assurance
27. Insured's Business Group	HL Assurance
28. Insured's Business Family	HL Assurance
29. Insured's Business Cluster	HL Assurance
30. Insured's Business Network	HL Assurance
31. Insured's Business Alliance	HL Assurance
32. Insured's Business Partnership	HL Assurance
33. Insured's Business Collaboration	HL Assurance
34. Insured's Business Cooperation	HL Assurance
35. Insured's Business Synergy	HL Assurance
36. Insured's Business Complementarity	HL Assurance
37. Insured's Business Complementarity	HL Assurance
38. Insured's Business Complementarity	HL Assurance
39. Insured's Business Complementarity	HL Assurance
40. Insured's Business Complementarity	HL Assurance
41. Insured's Business Complementarity	HL Assurance
42. Insured's Business Complementarity	HL Assurance
43. Insured's Business Complementarity	HL Assurance
44. Insured's Business Complementarity	HL Assurance
45. Insured's Business Complementarity	HL Assurance
46. Insured's Business Complementarity	HL Assurance
47. Insured's Business Complementarity	HL Assurance
48. Insured's Business Complementarity	HL Assurance
49. Insured's Business Complementarity	HL Assurance
50. Insured's Business Complementarity	HL Assurance
51. Insured's Business Complementarity	HL Assurance
52. Insured's Business Complementarity	HL Assurance
53. Insured's Business Complementarity	HL Assurance
54. Insured's Business Complementarity	HL Assurance
55. Insured's Business Complementarity	HL Assurance
56. Insured's Business Complementarity	HL Assurance
57. Insured's Business Complementarity	HL Assurance
58. Insured's Business Complementarity	HL Assurance
59. Insured's Business Complementarity	HL Assurance
60. Insured's Business Complementarity	HL Assurance
61. Insured's Business Complementarity	HL Assurance
62. Insured's Business Complementarity	HL Assurance
63. Insured's Business Complementarity	HL Assurance
64. Insured's Business Complementarity	HL Assurance
65. Insured's Business Complementarity	HL Assurance
66. Insured's Business Complementarity	HL Assurance
67. Insured's Business Complementarity	HL Assurance
68. Insured's Business Complementarity	HL Assurance
69. Insured's Business Complementarity	HL Assurance
70. Insured's Business Complementarity	HL Assurance
71. Insured's Business Complementarity	HL Assurance
72. Insured's Business Complementarity	HL Assurance
73. Insured's Business Complementarity	HL Assurance
74. Insured's Business Complementarity	HL Assurance
75. Insured's Business Complementarity	HL Assurance
76. Insured's Business Complementarity	HL Assurance
77. Insured's Business Complementarity	HL Assurance
78. Insured's Business Complementarity	HL Assurance
79. Insured's Business Complementarity	HL Assurance
80. Insured's Business Complementarity	HL Assurance
81. Insured's Business Complementarity	HL Assurance
82. Insured's Business Complementarity	HL Assurance
83. Insured's Business Complementarity	HL Assurance
84. Insured's Business Complementarity	HL Assurance
85. Insured's Business Complementarity	HL Assurance
86. Insured's Business Complementarity	HL Assurance
87. Insured's Business Complementarity	HL Assurance
88. Insured's Business Complementarity	HL Assurance
89. Insured's Business Complementarity	HL Assurance
90. Insured's Business Complementarity	HL Assurance
91. Insured's Business Complementarity	HL Assurance
92. Insured's Business Complementarity	HL Assurance
93. Insured's Business Complementarity	HL Assurance
94. Insured's Business Complementarity	HL Assurance
95. Insured's Business Complementarity	HL Assurance
96. Insured's Business Complementarity	HL Assurance
97. Insured's Business Complementarity	HL Assurance
98. Insured's Business Complementarity	HL Assurance
99. Insured's Business Complementarity	HL Assurance
100. Insured's Business Complementarity	HL Assurance

**HL ASSURANCE PTE. LTD.**

**Authorized Signature**

**Signature: 10 Jan 2010**

**HL Assurance Pte. Ltd.**

**10 Jan 2010**