

# 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 .....              | 01/02/2021 17:49 (SGT) |
| Date of Accident .....                | 30/01/2021 17:20 (SGT) |
| Exact Location of Accident .....      | KPE, Singapore         |
| Additional Location Information ..... | TOWARDS MCE            |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SMS442D |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | SOH BOON HAO         |
| NRIC No .....                  | SXXXX580I            |
| Email Address .....            | SOH921@HOTMAIL.COM   |
| Mobile Phone No .....          | (Phone) +65-97243400 |
| Alternative Phone No .....     | +65-97243400         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Fit                       |
| 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 .....             | 5116035285    |
| Cover Note Number .....         | -             |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | SOH BOON HAO |
| NRIC No .....        | SXXXX580I    |
| Date Of Birth .....  | 15/03/1992   |
| Occupation .....     | Indoor       |

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 03/01/2012                            |
| Driving experience .....   | 9 YEARS                               |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-97243400                  |
| Alt. Phone Number .....  | +65-97243400                          |
| Email Address .....  | SOH921@HOTMAIL.COM                    |
| Address .....  | BLK 419 JURONG WEST STREET 42 #06-999 |
| Address complement .....   | -                                     |
| Postcode .....   | 640419                                |
| 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? .....  | Yes |
| 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 .....   | JOAN LEE PEI SI |
| Gender ..... | Female          |

#### PASSENGER 2

|              |                  |
|--------------|------------------|
| Name .....   | JAELE SOH RUO QI |
| 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/20210201/7033

#### 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 .....             | SMM7878R             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | CHANHWEE MIN FELICIA |
| NRIC No .....                                 | SXXXX916Z            |
| Contact Number .....                          | (Phone) +65-83223355 |
| 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 .....             | SLG8432E             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | CHUA SOON NYEE       |
| NRIC No .....                                 | SXXXX384E            |
| Contact Number .....                          | (Phone) +65-98244873 |
| 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 .....                              | SOH BOON HAO  |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | BACK AND NECK |
| Injured person in which vehicle? .....                    | SMS442D       |
| Were seat belts worn? .....                               | Yes           |
| Was this injured conveyed to hospital by ambulance? ..... | No            |

##### INJURED 2

|   |                 |
|---|-----------------|
| Name of injured person .....                              | JOAN LEE PEI SI |
| Address .....   | -               |
| Address Complement .....                                  | -               |
| Post Code .....   | -               |
| Approximate Age Years Old .....                           | -               |
| Injuries Sustained .....                                  | BACK AND NECK   |
| Injured person in which vehicle? .....                    | SMS442D         |
| Were seat belts worn? .....                               | Yes             |
| Was this injured conveyed to hospital by ambulance? ..... | No              |

##### INJURED 3

|                              |                  |
|------------------------------|------------------|
| Name of injured person ..... | JAELE SOH RUO QI |
| Address .....                | -                |
| Address Complement .....     | -                |

|   |         |
|---|---------|
| Post Code .....   | -       |
| Approximate Age Years Old .....                           | -       |
| Injuries Sustained .....                                  | BODY    |
| Injured person in which vehicle? .....                    | SMS442D |
| 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' law yers/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' law yers/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 law yers/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

A: SMS442D  
B: 8MM7878R  
C: SLG8432E

### Declaration

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



















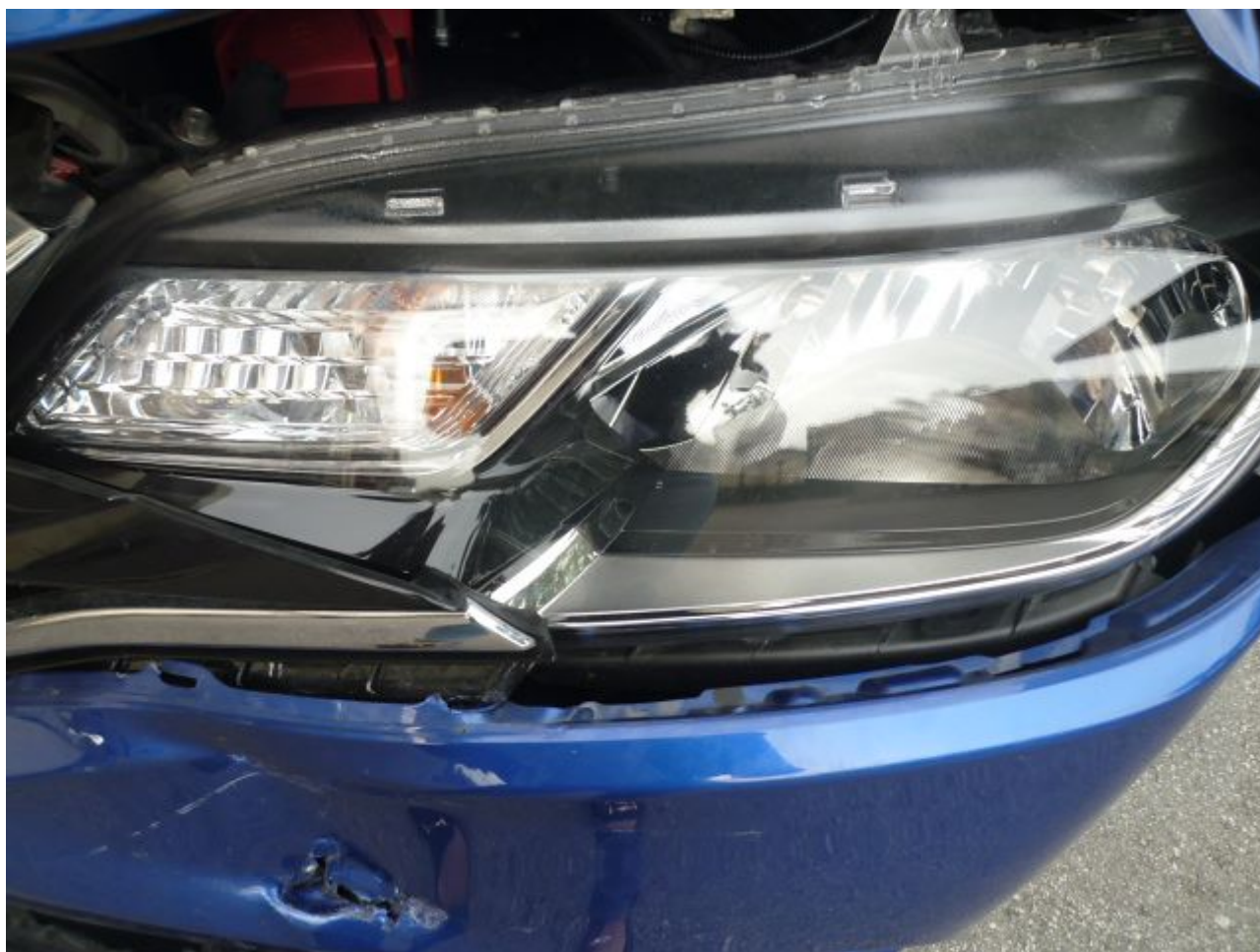






























































**SINGAPORE  
POLICE FORCE**



T/20210201/7033

1 of 4

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

Report No. T/20210201/7033

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>01/02/2021 15:38   |            | Vide Report No.:<br>G/20210130/0227 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>               |            |                                     |  |                    |                            |
| Name of Informant:<br>SOH BOON HAO           |            |                                     | Address:<br>419 JURONG WEST STREET 42 #06-999 SINGAPORE 640419 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9249580I     |            |                                     | Contact No.:<br>Home/Office:                                   |                    | Mobile: 97243400           |
| Nationality:<br>SINGAPORE CITIZEN            |            |                                     | Email:<br>SOH921@HOTMAIL.COM                                   |                    |                            |
| Sex:<br>Male                                 | Age:<br>28 | Date of Birth:<br>15/03/1992        | Type of Informant:<br>Driver                                   |                    |                            |
| Race:<br>Chinese                             |            |                                     | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Electrical engineer (general) |            |                                     | Driving Licence Information:<br>Class: 3                       |                    | Date of Expiry:            |

|  |                              |                                    |   |   |
|--|------------------------------|------------------------------------|---|---|
| <b>General Information of the Accident</b>                   |                              |                                    |   |   |
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>30/01/2021 17:20 | Type of Location:<br>KPE tunnel         |
| Location:<br><br>KALLANG PAYA LEBAR EXPRESSWAY               |                              |                                    |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:<br>70 Km/h                  |   |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                   |   |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

| Details of Vehicle Involved |      |            |                    |       |          |       |
|-----------------------------|------|------------|--------------------|-------|----------|-------|
| Vehicle No.                 | Type | Make       | Model              | Color | Conditio | No of |
| SLG8432E                    | Car  |            |                    | Red   |          | 0     |
| SMM7878R                    | Car  | LAND ROVER |                    | Black |          | 2     |
| SMS442D                     | Car  | HONDA      | FIT+1.3+GF<br>+CVT | Blue  |          | 2     |





**SINGAPORE  
POLICE FORCE**



T/20210201/7033

2 of 4

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

Report No. T/20210201/7033

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| SMS442D                      | NTUC Income Insurance Co-Operative Limited | 5116035285   | 07/02/2020 | 06/02/2021  |

| Details of Person Involved        |                                       |                                |                                   |                                 |
|-----------------------------------|---------------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                                       |                                |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                                       | Use of Pedestrian Crossing: NA |                                   |                                 |
| <b>Driver</b>                     |                                       |                                |                                   |                                 |
| Name                              | SOH BOON HAO                          |                                | ID No.                            | S92495801                       |
| Related Vehicle                   | SMS442D (Car)                         |                                | Contact No.                       | 97243400                        |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY |                                | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            |                                | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | 05                                    | Degree of                      | Slight                            |                                 |
| <b>Passenger</b>                  |                                       |                                |                                   |                                 |
| Name                              | JAELE SOH RUO QI                      |                                | ID No.                            | T2012856E                       |
| Related Vehicle                   | SMS442D (Car)                         |                                | Contact No.                       | 90496602                        |
| Hospital/Clinic                   | KK WOMEN'S AND CHILDREN'S HOSPITAL    |                                | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            |                                | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | NIL                                   | Degree of                      | Slight                            |                                 |
| <b>Passenger</b>                  |                                       |                                |                                   |                                 |
| Name                              | JOAN LEE PEI SI                       |                                | ID No.                            | S9337150Z                       |
| Related Vehicle                   | SMS442D (Car)                         |                                | Contact No.                       | 90496602                        |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY |                                | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 30/01/2021                            |                                | Date                              | 30/01/2021                      |
| No. of Days granted Medical Leave | 05                                    | Degree of                      | Slight                            |                                 |





**SINGAPORE  
POLICE FORCE**



T/20210201/7033

3 of 4

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

Report No. T/20210201/7033

**CONTINUATION OF REPORT**

Brief Details.

On the stated date and time, I was driving my vehicle (SMS442D) along KPE towards MCE at the middle lane. When vehicle (SLG8432E) in front of us did a jam brake, I was able to stop in time with a safe distance with vehicle (SLG8432E). Out of sudden, I felt a huge impact from my rear causing me to thrust forward and hit onto vehicle (SLG8432E). I was involved in a three cars chain collision. My child was conveyed to KK Hospital by ambulance. Me and my wife sustained injuries due to the accident and was given 5 days of MC.

First car - SLG8432E

Second car - SMS442D

Third car - SMM7878R



**SINGAPORE  
POLICE FORCE**



T/20210201/7033

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

4 of 4

Report No. T/20210201/7033

**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 /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

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:  
01/02/2021 15:38

Classification Of Case: