

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 15/02/2021 19:38 (SGT)
Date of Accident 13/02/2021 17:10 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG7108Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG CHI KIT
NRIC No SXXXX518I
Email Address CHIKIT713@YAHOO.COM
Mobile Phone No (Phone) +65-92200715
Alternative Phone No +65-92200715

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 Direct Asia
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00416686
Cover Note Number -

DRIVER

Name of Driver WONG CHI KIT
NRIC No SXXXX518I
Date Of Birth 13/07/1983
Occupation Indoor

Date Of Driving Pass	03/10/2005
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92200715
Alt. Phone Number	+65-92200715
Email Address	CHIKIT713@YAHOO.COM
Address	BLK 266D PUNGGOL WAY #13-358
Address complement	-
Postcode	824266
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	5
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MANDY
Gender	Female

PASSENGER 2

Name	ZEPHYE
Gender	Male

PASSENGER 3

Name	ZELDA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 SKA287D
Vehicle Manufacturer -
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMY3364A
Vehicle Manufacturer -
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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLZ3212G
Vehicle Manufacturer -
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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLE747K
Vehicle Manufacturer -
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 WONG CHI KIT
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLG7108Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person MANDY
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLG7108Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person ZEPHYR
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLG7108Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person ZELDA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLG7108Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

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 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 :

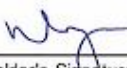
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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")

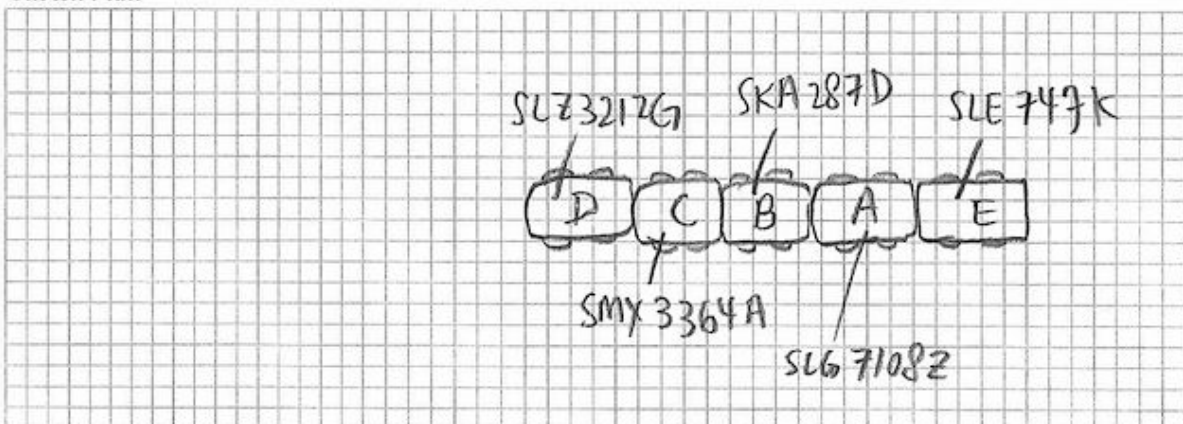
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

Mandy (F)
Zephyr (M)
Zelda (F) } injury.

Refer to police report for details.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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/20210215/2079

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 2

Report No. T/20210215/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2021 15:48		Vide Report No.: T/20210213/2039		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: WONG CHI KIT			Address: APT BLK 266D PUNGGOL WAY #13-358 SINGAPORE 824266		
ID Type / ID No.: NRIC NO / S8371518I			Contact No.: Home/Office: 92200715 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 13/07/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RESEARCH ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2021 17:10	Type of Location:
Location: SELETAR EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Brief Details.

For my report T/20210213/2039, I would like to make some amendments to the facts in the 1st paragraph. I was driving my car SLG7108Z along Seletar Expressway, suddenly the car in front SLE747K jammed braked, I also jammed brake however I have not yet hit the car in front. Suddenly the car behind us hit our rear and my car jerked forward and hit the car in front of us. That is all



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20210215/2079

2 of 2

Report No. T/20210215/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Staff Sgt MOHAMMAD HAFEEZ ASHRAF BIN
HARON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

15/02/2021 15:48

Classification Of Case:



SIGNATURE


**SINGAPORE
POLICE FORCE**


T/20210213/2039

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 5

Report No. T/20210213/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2021 14:50	Vide Report No.:	Station Diary No.: 94
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: WONG CHI KIT			Address: APT BLK 266D PUNGGOL WAY #13-358 SINGAPORE 824266		
ID Type / ID No.: NRIC NO / S8371518I			Contact No.: Home/Office: Mobile: 92200715		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 13/07/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR RESEARCH ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2021 17:10	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA287D	Car	FORD		Grey	Slightly Damaged	1
SLE747K	Car	MERCEDES BENZ		Red	Slightly Damaged	0
SLG7108Z	Car	HONDA	VEZEL 1.5X A	White	Slightly Damaged	3
SLZ3212G	Car	TOYOTA		White	Slightly Damaged	1
SMX3364A	Car	VOLKSWAGO N		White	Seriously Damaged	4



**SINGAPORE
POLICE FORCE**



T/20210213/2039

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 5

Report No. T/20210213/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG7108Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00416686/03	11/10/2017	10/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	ADWIN TAY CHUNG YANG		ID No.	S7839721G
Related Vehicle	SKA287D (Car)		Contact No.	90110109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	RAVI C NADESON		ID No.	S7007494Z
Related Vehicle	SLE747K (Car)		Contact No.	97612565
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	WONG CHI KIT		ID No.	S8371518I
Related Vehicle	SLG7108Z (Car)		Contact No.	92200715
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/02/2021		Date Discharge	12/02/2021
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210213/2039

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 5

Report No. T/20210213/2039

CONTINUATION OF REPORT

Passenger			
Name	ONG HAN YANG ZEPHYR	ID No.	T1328888C
Related Vehicle	SLG7108Z (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2021	Date Discharge	12/02/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	ONG YEE MIN - WANG YUMIN	ID No.	S8335290F
Related Vehicle	SLG7108Z (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2021	Date Discharge	12/02/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	ONG JING XUAN ZELDA	ID No.	T18166299C
Related Vehicle	SLG7108Z (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/02/2021	Date Discharge	12/02/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	THERON	ID No.	NIL
Related Vehicle	SMX3364A (Car)	Contact No.	98386615
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210213/2039

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 5

Report No. T/20210213/2039

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 12/02/2021 at about I was driving my vehicle bearing the registration plate number SLG7108Z along SLE towards CTE. My wife and two of my children aged 7 and 2 years old were also in the vehicle. Suddenly, the vehicle bearing the registration plate number SLE747K had applied sudden brake. Thus, I tried to stop but couldn't manage to stop in time and had collided to the rear of his vehicle. Suddenly, an impact came from the rear of my vehicle as the rear vehicle (SKA287D) collided to the rear of my vehicle. Subsequently, we felt a few impacts coming from the rear and one of the impact caused my airbag to deploy.

I then alighted from my vehicle and noticed there my vehicle were involved in a chain collision involving 5 vehicles including mine. Subsequently, Traffic and police came. I was then advised to lodge a traffic accident report.

My wife sustained minor cuts on her jaw area, my 2 years daughter suffered nose bleed and my 7 years old son sustained bruise on his forehead. I then brought my children to KK hospital and brought my wife to Sengkang General hospital. I also visited a doctor due to the impact of the accident.

The following mc were given by the doctors.

- 1) My wife - 2 days of MC from 12/02/2021 to 13/01/2021
- 2) My daughter - 2 days of MC from 12/02/2021 to 13/01/2021
- 3) My son - 2 days of MC from 12/02/2021 to 13/01/2021

The following vehicles that were involved in the traffic accidents:

- 1st vehicle - SLE747K
- 2nd vehicle - SLG7108Z
- 3rd vehicle - SKA287D
- 4th vehicle - SMX3364A
- 5th vehicle - SLZ3212G



**SINGAPORE
POLICE FORCE**



T/20210213/2039

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

5 of 5

Report No. T/20210213/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TENG WEI KANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2021 14:50
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	SN 159

SIGNATURE