

# 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 ..... 02/03/2021 18:55 (SGT)  
Date of Accident ..... 01/03/2021 18:10 (SGT)  
Exact Location of Accident ..... KJE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD362K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... INFERNO KUDOS PTE LTD  
Company Reg No ..... 2XXXXX467K  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96696484  
Alternative Phone No ..... +65-96696484

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00123662000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG YEW KWONG  
NRIC No ..... SXXXX529J  
Date Of Birth ..... 13/09/1954  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/02/1977
Driving experience .....	44 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96696484
Alt. Phone Number .....	-
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 414 BUKIT BATOK WEST AVE 4 #02-238
Address complement .....	-
Postcode .....	650414
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210302/2046

#### 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 .....	SMT9516K
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 .....	SHC1392B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	YN1709M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	SMG8507L
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 YEW KWONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBD362K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Describe Circumstances of the Accident**

On 01.03.2021 at about 18:10pm. I was travelling along KJE towards TUAS (After Choa Chu Kong Before Brickland). In front vehicle stopped, I stopped. Suddenly, I felt an impact from my rear and my vehicle moved forward and hit the front vehicle. I was involved in a 5 vehicles chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

車光

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

Ant

Witnessed by Reporting Centre Personnel



































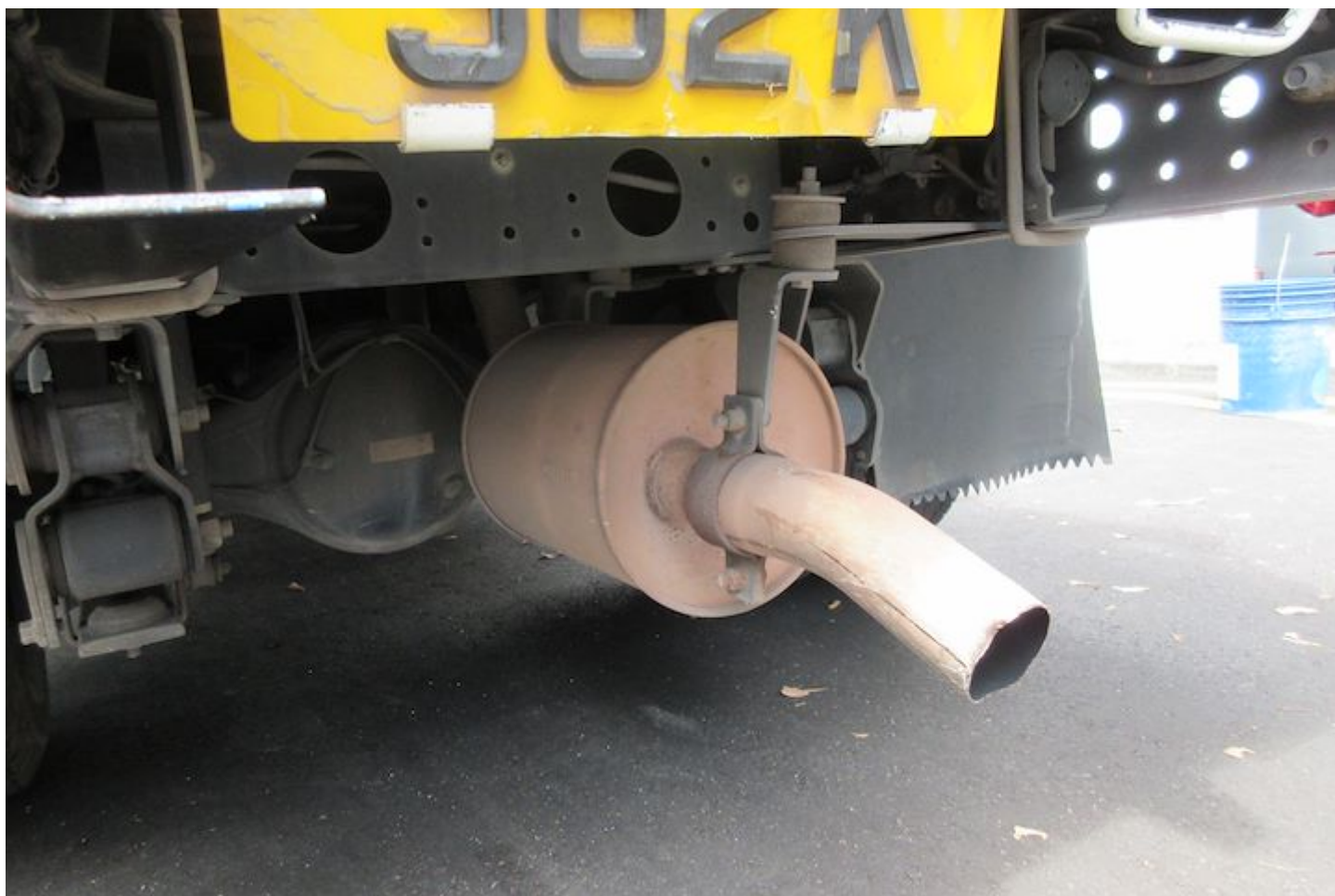














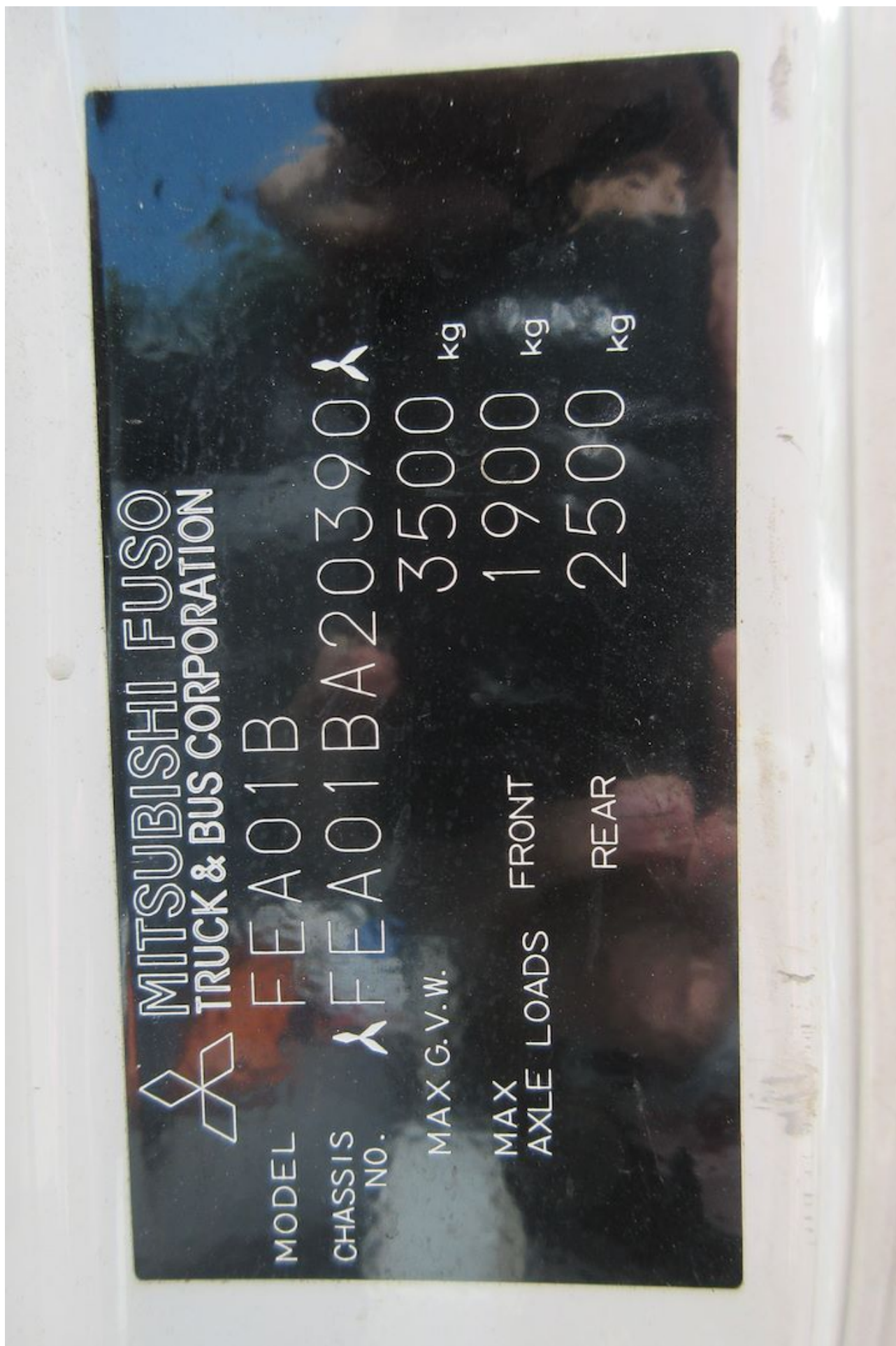
















# SINGAPORE POLICE FORCE



T/20210302/2046

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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20210302/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 13:29	Vide Report No.: J/20210301/0111	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: WONG YEW KWONG		Address: APT BLK 414 BUKIT BATOK WEST AVENUE 4 #02-238 SINGAPORE 650414	
ID Type / ID No.: NRIC NO / S0147529J		Contact No.: Home/Office: Mobile: 96696484	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 13/09/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2021 18:10	Type of Location: Straight Road
Location:  KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD362K	Lorry	MITSUBISHI	CANTER FEA01BR1S DEB (CBU)	White	Seriously Damaged	0
SHC1392B	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Seriously Damaged	3





**SINGAPORE  
POLICE FORCE**



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Tel No: 1800-4439999

Report No. T/20210302/2046

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG8507L	Car	MAZDA	MAZDA3 HATCHBAC K 1.5 AT DELUXE EU6	Grey	Slightly Damaged	0
SMT9516K	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	White	Seriously Damaged	0
YN1709M	Lorry	HINO	XZU415R 4.0 MT ABS TURBO	White	Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YEW KWONG	ID No.	S0147529J
Related Vehicle	GBD362K (Lorry)	Contact No.	96696484
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/03/2021	Date Discharge	02/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 01/03/2021, at about 1810hrs, I was driving along KJE Expressway towards Tuas, after choa chu kang exit before brickland exit at the most left lane. The traffic was heavy at that point of time, the car bearing the registration number SMG8507L that was driving in front of me started to slow down and came to a stop. I proceed to slow down and came to a stop. Suddenly I heard a bang at my rear of my vehicle. I then realize that a vehicle bearing the registration number SMT9516K had hit on to my rear of the vehicle. Due to the Impact of the collision, my vehicle move forward and hit on to the front of the vehicle.

I then came out of the vehicle and realise that it was a chain collision. The followings vehicle involve in the car accident are SMG8507L, GBD362K, SMT9516K, SHC1392B and YN1709M. Subsequently traffic police and ambulance arrive. I was then given a case card and asked to make a traffic police report.

I wish to state that I do not have any in-car camera. I also like to state that my vehicle suffered damage on the rear and the front of the vehicle. I am unsure of the repair fees.

As I was feeling pain on my neck and back today when I wake up, I went to Wong Family & Surgery Pte Ltd to seek for treatment. I was given 3 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20210302/2048

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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20210302/20

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210302/2046

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Report No. T/20210302/2046

Police Station Of Origin:  
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629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**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 /

Sgt 3 CHUA CHANG YU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/03/2021 13:29

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID

Contact No.: 65476247

Authentication Stamp

NP168



Classification Of Case:

SIGNATURE