

# 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 21:12 (SGT)  
Date of Accident ..... 01/03/2021 18:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KJE EXIT TO BRICKLAND ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG8507L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOON JIAN MING, ADREAN  
NRIC No ..... S8630929G  
Email Address ..... ADREANLOON@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90487736  
Alternative Phone No ..... (Home) +65-90487736

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... Axa  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA558397  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOON JIAN MING, ADREAN  
NRIC No ..... S8630929G  
Date Of Birth ..... 05/11/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	14/05/2010
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90487736
Alt. Phone Number .....	(Home) +65-90487736
Email Address .....	ADREANLOON@GMAIL.COM
Address .....	BLK 23 YISHUN STREET 51 #09-08
Address complement .....	-
Postcode .....	768086
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LOW CI YAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 .....	GBD362K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WONG YEW KWONG
NRIC No .....	S0147529J
Contact Number .....	(Phone) +65-96696484
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 .....	SMT9516K
Vehicle Manufacturer .....	Hyundai
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 .....	SHC1392B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	MOHMAD BIN KASSIM
NRIC No .....	S1265450B
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 .....	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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... LOW CI YAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... HEADACHE  
Injured person in which vehicle? ..... SMG8507L  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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' 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

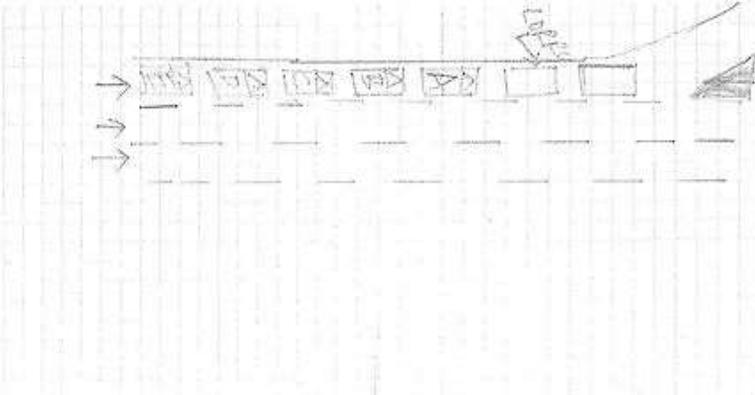
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**




  
 A: CMG 8507L  
 B: GBD 362 K  
 C: SMT 9516 K  
 D: SHC 1392 B  
 E: YN 1704 M

**Describe Circumstances of the Accident**

✓ At 1500hrs on 01 Mar 2021 I was travelling on the KJE in the direction of PIE. As I was exiting KJE slip road into backland road, lorry GBD 362K hit me from the rear my passenger sought medical attention from A&E Ng Teng Fong hospital.

5 vehicle chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

2/30  
1710P  
  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



T/20210302/2043

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Report No. T/20210302/2043

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2021 13:10	Vide Report No.:	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: LOON JIAN MING, ADREAN		Address: BLK 23 YISHUN STREET 51 #09-08 SINGAPORE 768086	
ID Type / ID No.: NRIC NO / S8630929G		Contact No.: Home/Office:	Mobile: 90487736
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 05/11/1986	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Air traffic controller		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	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: Moderate	
Type of Collision: Chain Collision between 5 vehicles			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD362K	Lorry				Slightly Damaged	0
SHC1392B	Taxi				Slightly Damaged	1
SMG8507L	Car	MAZDA	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6	Grey	Slightly Damaged	1
SMT9516K	Car				Slightly Damaged	1
					Seriously Damaged	1


**SINGAPORE  
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Report No. T/20210302/2043

## CONTINUATION OF REPORT

Details of Vehicle Involved						No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
YN1709M	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No			
SMG8507L	AXA INSURANCE SINGAPORE PTE LTD	GA558397		31/12/2020	30/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
Nc. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Wong Yew Kwong	ID No.	S0147529J
Related Vehicle	GBD362K (Lorry)	Contact No.	96699484
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
<b>Driver</b>			
Name	Mohmad Bin Kassim	ID No.	S1265450B
Related Vehicle	SHC1392B (Taxi)	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	NIL


**SINGAPORE  
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Report No. T/20210302/2043

## CONTINUATION OF REPORT

Driver			
Name	LOON JIAN MING, ADREAN	ID No.	S8630929G
Related Vehicle	SMG8507L (Car)	Contact No.	90487736
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2021	Date Discharge	01/03/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Low Ci Yan	ID No.	S8739734C
Related Vehicle	SMG8507L (Car)	Contact No.	90487316
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2021	Date Discharge	01/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date time and location, I was driving my car along KJE towards Brickland Rd. I was at the filter lane of the exit and my car was stationary at that point of time. While stationary, I heard a loud bang. After which I felt an impact coming from the rear. My wife was in my car. I then went to make a check and discovered that I was involved in a Chain Collision accident between 5 vehicles.

A lorry GBD362K had hit onto the rear portion of my car and another car (SMT9516K) had hit onto the lorry. The said car was hit from the rear by a taxi (SHC1392B). The taxi was hit by another lorry (YN1709M) from the rear.

I then took photo of the accident and managed to exchange details with the taxi driver and the lorry driver that hit onto me. As I had an emergency, I had to rush off. I was informed that the passenger of the taxi was conveyed to hospital by ambulance.

After the accident my wife and I went to Ng Teng Fong General Hospital to get treatment. My wife was given 3 days medical leave. I was not given any medical leave but was told to monitor myself.



**SINGAPORE  
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T/20210302/2043

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Report No. T/20210302/2043

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:  
E /  
Sgt 3 MUHAMMAD RIDZUAN BIN ABDUL  
RAHMAN  
*[Signature]*

Signature Of Informant:  
*[Signature]*  
Date/Time:  
02/03/2021 13:10

Signature Of Interpreter:  
Not applicable

Classification Of Case:  
SN 061

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN  
JUNID  
Contact No.: 65476247  
Authentication Stamp  
NP168

*[Signature]*  
SIGNATURE