

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 31/03/2021 17:25 (SGT)
Date of Accident 31/03/2021 07:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR7553L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SLOAN TRANSPORT SERVICES
Company Reg No 5XXXX388K
Email Address SLOANWONG5227@GMAIL.COM
Mobile Phone No (Phone) +65-97791797
Alternative Phone No (Home) +65-97791797

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5092999137-03
Cover Note Number -

DRIVER

Name of Driver WONG CHEE HONG
NRIC No SXXXX227B

Date Of Birth	08/07/1971
Occupation	Outdoor
Date Of Driving Pass	18/10/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97791797
Alt. Phone Number	-
Email Address	SLOANWONG5227@GMAIL.COM
Address	APT BLK 104 COMMONWEALTH CRESCENT #07-142
Address complement	-
Postcode	140104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SJV1657P
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 CHEE HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJR7553L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- [illegible]

SLOW TRANSPORT SERVICES

Policyholder's Signature (Date & Time)

Driver's Signature (If driver is not the policyholder) / Date
A. _____

Submitted by Reviewing Committee

Sketch Plan



(A) 332 255 26

(a) 834,633 p

Describe Circumstances of the Accident

Order no police report no = 0/20210811/702

Declarations

Two Decade Old Technology makes sense, and true in every respect.

國立編譯館 館址：臺北市中正區
本館代印：中華書局

Policyholder's Signature / Date & Time

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

Minerals by Registering Online

















**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP298)

Report No. D/20210311/003

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue S SINGAPORE 129858
Tel No 1800-7749900

Date/Time Report Made 15/03/2021 16:01	File Report No.	Station Duty No.
Name Of Informant WONG CHEE HONG	Address 104 COMMONWEALTH CRESCENT #07-142 SINGAPORE 140104	
ID Type / ID No. NRIC NO : S7125227B	Contact No. Home/Office:	Mobile: 97731757
Nationality SINGAPORE CITIZEN	Email Address 210AMWONG5227@GMAIL.COM	
Occupation priv driver	Sex Male	Age 45
Institution/School Name	Date of Birth 08/02/1971	Race Chinese
Date/Time Of Incident 15/03/2021 12:00 - 15/03/2021 12:15	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

At around 7am along AYE towards Tuas, I stopped my vehicle SUR7553L at the first lane as there was an accident in further up front and another vehicle SUR1657P came from behind and rear ended my vehicle. The driver of SUR1657P and I proceeded to take pictures and exchange contact before we proceed on our own way.

I was ferrying a male passenger when the accident happened. I felt pain after I dropped off my passenger and went to seek medical help. I was awarded 3 days MC.

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Stamp/Photo. No signature is required.
Signature Of Interpreter Not applicable	Date/Time: 21/03/2021 16:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP298)

CONTINUATION OF REPORT

Report No. D/20210311/003

Subjects Involved			
Victim	Person Name		
Person Name	WONG CHEE HONG	ID No	S7125227B
ID Type	NRIC NO	Age	45
Contact	Home	Mobile	97731757
Race	Chinese	Address	104 COMMONWEALTH CRESCENT #07-142 SINGAPORE 140104
Occupation	priv driver	Mobile No	97731757
Mobile No	97731757	Is Informant A Victim?	No
Person Name: WONG CHEE HONG (Informant)			

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Stamp/Photo. No signature is required.
Signature Of Interpreter Not applicable	Date/Time: 21/03/2021 16:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

