



## 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	25/06/2021 15:53 (SGT)
Date of Accident	25/06/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(CITY) BEFORE BRADDELL LANE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK896U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	201611813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-85182081
Alternative Phone No	+65-85182081

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Veze
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	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108804196-01
Cover Note Number	-

### DRIVER

Name of Driver	TIONG CHING KEONG
NRIC No	S0163993E



Accident report SN07216P000G

Date Of Birth	19/07/1952
Occupation	Indoor
Date Of Driving Pass	18/04/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82687039
Alt. Phone Number	-
Email Address	KAHUPLEASING@GMAIL.COM
Address	BLK 707 HOUGANG AVE 2 #09-91
Address complement	-
Postcode	530707
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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 vehicle 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	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)



Accident report SN07216P000G

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 GBD8501Z  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Commercial vehicle  
Name of Driver SOHAG  
Passport No/FIN G6502863N  
Contact Number (Phone) +65-98323599  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) 3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person TIONG CHING KEONG  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMK896U  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No





### IMPORTANT NOTICE

- [illegible]



Faculty Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Driver's Signature \_\_\_\_\_  
 (If driver is not the calculator)  
 Date & Time: 25/6/21 16:31

Reporting Center Personnel's Signature  
Name: Holly Ann  
Date: May 1991 8:40 PM

A- SNK 8710  
B- GRD 8512

Exhibit

CTE (any) vehicle

Describe CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

DECLARATION

I/We declare that the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/6/21 15:30

Reporting Centre Personnel's Signature

Name: Hwa Joo

NRCC ID NO: 592334



**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2021 13:42	Vide Report No.:	Station Diary No 45
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**Informant's Particulars**

Name of Informant TIONG CHING KEONG			Address APT BLK 707 HOUGANG AVENUE 2 #09-91 SINGAPORE 530707	
ID Type / ID No.: NRIC NO / S0163993E			Contact No.: Home/Office	Mobile: 82687039
Nationality SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 19/07/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry	

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2021 10:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow		Traffic Control		Traffic Volume
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
GBD8501Z	Van					0
SMK896U	Car					3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



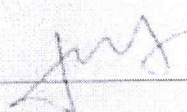
Informant is not able to provide sketch of

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.

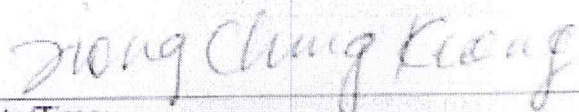
Signature Of Officer Recording The Report:

F /

Sgt 3 PHUA JIA JUN, MARK



Signature Of Informant:



Date/Time:  
25/06/2021 13:42

Signature Of Interpreter:  
Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / AEIT /


Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No: 65476404

Authentication Stamp

NP168





Name	SOHAG	ID No.	G6502863N
Related Vehicle	GBD8501Z (Van)	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
Driver			
Name	TIONG CHING KEONG	ID No.	S0163993E
Related Vehicle	SMK896U (Car)	Contact No.	82687039
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Related Vehicle	GBD8501Z (Van)	Contact No.	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	Hospital/Clinic	NIL	Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
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After which, I stopped my vehicle. Just then, one vehicle, GBD8501Z hit onto the rear of my vehicle. At that time of incident, there was no one injured. There was no police or ambulance at scene.

There is in-built camera installed in my vehicle

was given 5 days of MC.