

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	12/08/2021 15:55 (SGT)
Date of Accident	10/08/2021 08:48 (SGT)
Exact Location of Accident	Dairy Farm Rd, Singapore
Additional Location Information	EXIT 2 FROM BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ127L
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWOK SIEW PENG
NRIC No	SXXXX381J
Email Address	fiona@lauauto.com
Mobile Phone No	(Phone) +65-91900238
Alternative Phone No	+65-96800830

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is300
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
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00122132101
Cover Note Number	-

DRIVER

Name of Driver	KWOK SIEW WAI (GUO SHAOWEI)
NRIC No	SXXXX900B

Date Of Birth	21/02/1982
Occupation	Indoor
Date Of Driving Pass	13/11/2000
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96800830
Alt. Phone Number	-
Email Address	kelvinkwok1919@gmail.com
Address	8 CHOA CHU KANG GROVE #20-18
Address complement	-
Postcode	688206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG SIOK LUAN SHERLYN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20210810/7024 AND T/20210812/2050

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	SLT9841H
Vehicle Manufacturer	Kia

Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG DING JIE
NRIC No	SXXXX005C
Contact Number	(Phone) +65-91053639
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWOK SIEW WAI KELVIN
Gender	Male
Phone No	(Phone) +65-96800830
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLQ127L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SIOK LUAN SHERLYN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLQ127L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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' 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: [Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time: RICK SIEW LAY KEEW 10 AUG 21

Witnessed by Reporting Centre Personnel: [Signature] 12/08/2021

Sketch Plan

DAIRY FORM F1717 2 FROM BKE

A: SLQ127L
B: SLT9841H

Describe Circumstances of the Accident


I, KWOK SIU WAI KELVIN was exiting BKE towards woodland direction 3 at Daisy Farm exit (exit number 2) at 0845H. As I approach the give way line, after exiting the expressway, I slow down and subsequently stopped my car to check for any on-coming vehicle before entering Daisy Farm Road. While I was checking for vehicles, Mr Ang Ding Jie, driving vehicle SLT 9841 H, hit the back of my car.

POLICE REPORT
2/20210810/2021 / 7/20210812/2021

Declaration

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


Policyholder's Signature / Date & Time


KWOK SIU WAI KELVIN 10 AUG 21
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

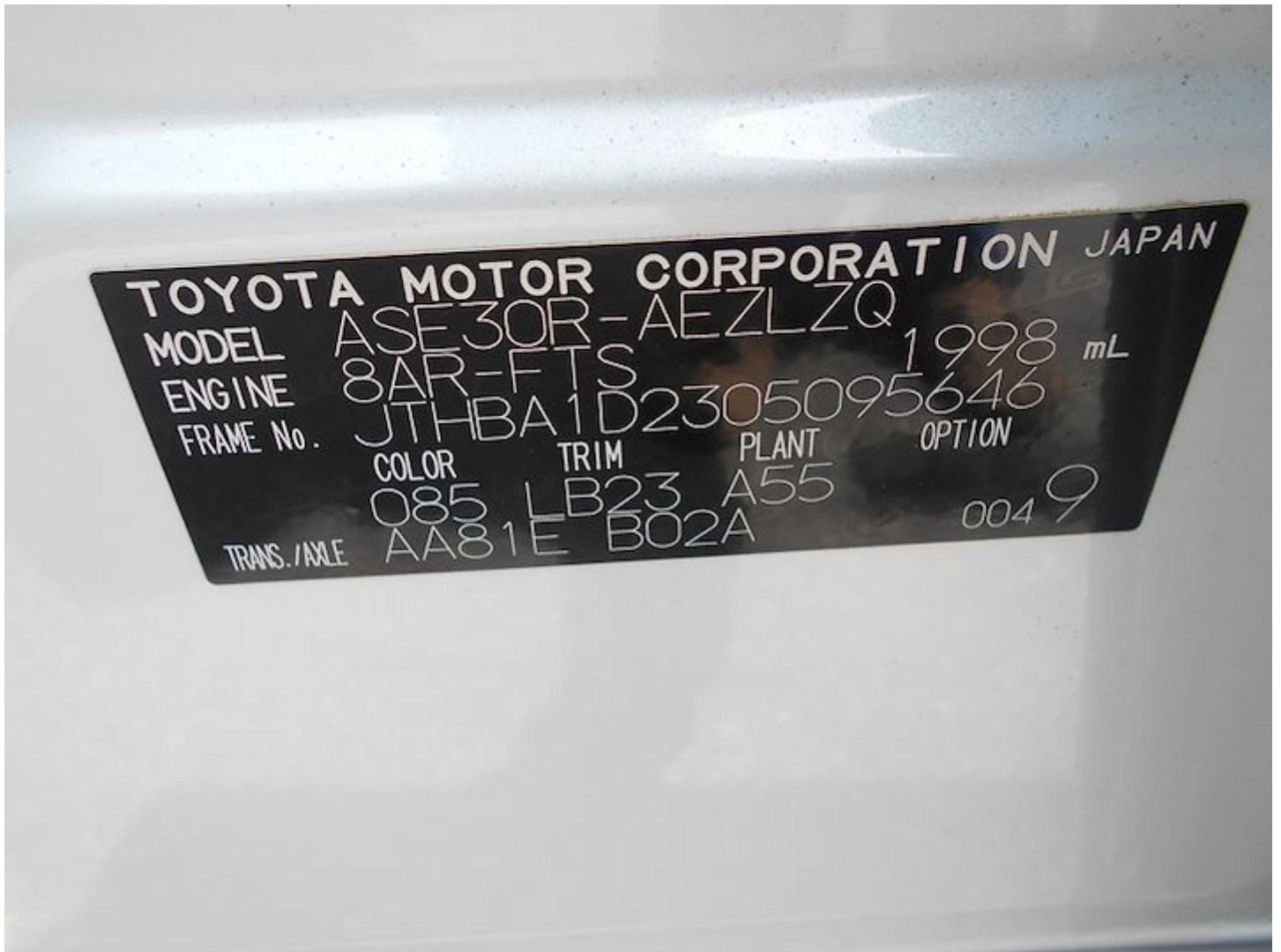

















**SINGAPORE
POLICE FORCE**


J/20210810/7024

1 of 2

POLICE REPORT (NP299)

Report No. J/20210810/7024

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 10/08/2021 13:31	Vide Report No.		Station Diary No.	
Name Of Informant KWOK SIEW WAI KELVIN	Address 8 CHOA CHU KANG GROVE #20-18 SINGAPORE 688206			
ID Type / ID No. NRIC NO / S8204900B	Contact No. Home/Office:		Mobile: 96800830	
Nationality SINGAPORE CITIZEN	Email Address kelvinkwok1919@gmail.com			
Occupation Singapore Armed Forces personnel	Sex Male	Age 39	Date of Birth 21/02/1982	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/08/2021 08:50 - 10/08/2021 08:50	Location Of Incident 8 CHOA CHU KANG GROVE #20-18 SINGAPORE 688206			

Brief details.

I, Kwok Siew Wai Kelvin, met an car accident on the morning of 8 Aug 2021 at 0848H. I was driving my car (SLQ127L) exiting BKE (towards woodland direction) at Dairy Farm exit (exit number 2) at 0848H. As I approached the give way line, after exiting the expressway, I slowed down and subsequently stopped my car to check for any oncoming vehicle before entering Dairy Farm Road. While I was checking for vehicles, Mr Ang Ding Jie, driving vehicle SLT9841H, hit the back of my car. Video taken from Mr Ang's car could not be uploaded. Photos had been attached instead.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2021 13:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210810/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210810/7024

Insurance filing processes had been started.

Subjects Involved			
Victim			
Person Name	KWOK SIEW WAI KELVIN		
ID Type	NRIC NO	ID No	S8204900B
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Singapore Armed Forces personnel	Address	8 CHOA CHU KANG GROVE #20-18 SINGAPORE 688206
Mobile No	96800830	Is Informant A Victim?	Yes
Person Name	Ng Siok Luan Sherlyn		
ID Type	NRIC NO	ID No	S8214639C
Gender	Female	Age	39
Race	Chinese	Language	English
Occupation	Child /After school care centre worker	Address	20-18 Choa Chu Kang Grove SINGAPORE 688206
Home/Office No	96800830	Mobile No	81180710
Relation To Informant	Wife		
Person Name	KWOK SIEW WAI KELVIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

10/08/2021 13:31

Classification Of Case:



T/20210812/2050

1 of 3

Report No. T/20210812/2050

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No J/20210810/7024

Report Number T/20210812/2050

Vide Report Number

Date/Time of Report Made 12/08/2021 15:16

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant KWOK SIEW WAI KELVIN

ID Type / ID No. NRIC NO / S8204900B

Home/Office 81180710

Mobile 96800830

Email

Type of Accident Non-Injury

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 10/08/2021 08:45

Accident Location BUKIT TIMAH EXPRESSWAY

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SLQ127L	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



T/20210812/2050
2 of 3
Report No. T/20210812/2050

Continuation of CSF For NP168

Driver Name	KWOK SIEW WAI KELVIN		ID No.	S8204900B
Related Vehicle	SLQ127L (Car)		Contact No.	96800830
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	NG SIOK LUAN SHERLYN		ID No.	S8214639C
Related Vehicle	SLQ127L (Car)		Contact No.	81180710
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	01	Degree of Injury	NIL	

Brief Facts.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

AFTER EXITING BKE (TOWARDS WOODLANDS DIRECTION) AT DAIRY FARM EXIT NUMBER 2.

I WAS DRIVING ON THE LEFT LANE ON A 2 LANE ROAD.

I STOPPED AT THE GIVE WAY LANE AND CHECKED ONCOMING VEHICLES.

A CAR(SLT9841H) SUDDENLY COLLIDED INTO MY REAR PORTION OF MY VEHICLE AND DAMAGED MY REAR PORTION OF MY CAR.

DRIVER NAME: ANG DING JIE. NOBODY WAS INJURED.

MY WIFE EXPERIENCED UNCOMFORT AND UNDER MONITORING. BUT SHE HAS NO INJURIES.

POLICE AND AMBULANCE WAS NOT AT SCENE.

I HAVE PICTURES AND FOOTAGE OF THE ACCIDENT.

EXCHANGED PARTICULARS WITH THE DRIVER.

THAT IS ALL.



T 20210812/2050

3 of 3

Report No. T/20210812/2050

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIA /
TAN JEOK LENG

Classification of Case 1) NON-INJURY

SINGAPORE
POLICE FORCE

Signature: _____

Signature of Informant