

# 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 ..... 06/09/2021 17:13 (SGT)  
Date of Accident ..... 04/09/2021 09:45 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... BEFORE BF AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC8683T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SG CAR CHOICES 2 PTE LTD  
Company Reg No ..... 201701987N  
Email Address ..... INFO@SGCARCHOICE2.COM  
Mobile Phone No ..... (Phone) +65-91711191  
Alternative Phone No ..... +65-91711191

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... QBE Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 8-V0014956-MVA-R004  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KENG WEE CLEAVON  
NRIC No ..... S8945441G

Date Of Birth .....	25/12/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	31/12/2016
Driving experience .....	4 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91711191
Alt. Phone Number .....	-
Email Address .....	CLEAVONTAN89@GMAIL.COM
Address .....	BLK 362C SEMBAWANG CRESCENT #12-793
Address complement .....	-
Postcode .....	753362
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	4
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KEITH LIOW JUN SEN
Gender .....	Male

#### PASSENGER 2

Name .....	PECK HONG AN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 .....	SLF8435C
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 .....	SMH5579T
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 3

Vehicle Registration Number .....	SGW4128K
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 .....	TAN KENG WEE CLEAVON
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLC8683T  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 2

Name of injured person ..... KEITH LIOW JUN SEN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLC8683T  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 3

Name of injured person ..... PECK HONG AN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLC8683T  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

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 lodgment 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/mailed 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

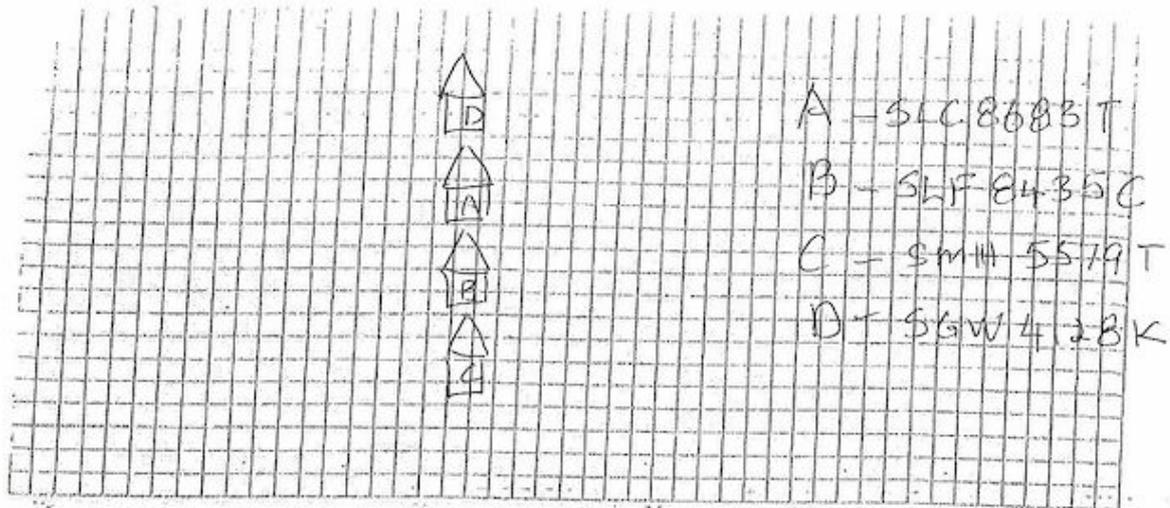
Policyholder's Signature:   
 Date & Time: \_\_\_\_\_



Driver's Signature:   
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature:   
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

44986 201701987H 001 3/0



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the extreme right lane suddenly the front car slowing down and stop, I follow suit but a few second later I felt a very great impact hitting my rear car due to the great impact my car move forward and hit the front car. I came out and discovered there's 4 car involved in this chain collision.

DECLARATION

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

Policyholder's Signature  
 Date & Time:



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

Reporting Centre Personnel's Signature  
 Name:  
 NSIC/FIN No.:

400007 (State/Province) 3/15





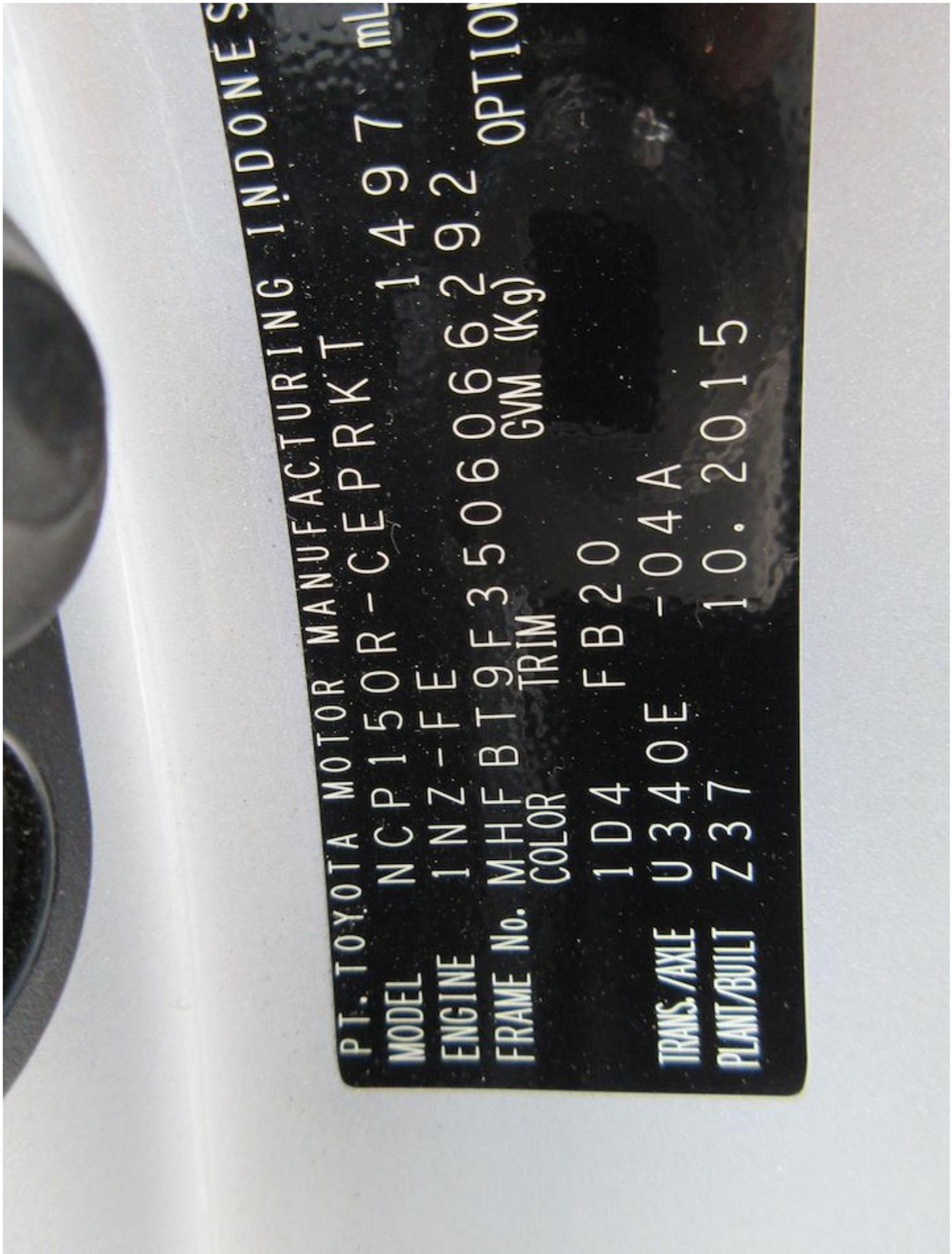












PT. TOYOTA MOTOR MANUFACTURING INDONESIA  
MODEL NCP150R-CEPRKT 1497 ml  
ENGINE 1NZ-FE  
FRAME No. MHFBT9F350606292 OPTION  
GVM (Kg)  
COLOR 1D4 FB20  
TRANS./AXLE U340E -04A  
PLANT/BUILT Z37 10.2015







**SINGAPORE  
POLICE FORCE**



T/20210904/7047

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210904/7047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2021 20:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KEITH LIOW JUN SEN			Address: 501C WELLINGTON CIRCLE #08-76 SINGAPORE 753501		
ID Type / ID No.: NRIC NO / S9438323D			Contact No.: Home/Office:                      Mobile: 97766499		
Nationality: SINGAPORE CITIZEN			Email: KEITHLIOW@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 30/09/1994	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales demonstrator			Driving Licence Information: Class: 3		Date of Expiry: 04/09/2021

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2021 09:45	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGW4128K	Car	HONDA	STREAM			0
SLC8683T	Car					0
SLF8435C	Car	HONDA	JAZZ			0
SMH5579T	Car	HYUNDAI				0



**SINGAPORE  
POLICE FORCE**



T/20210904/7047

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20210904/7047

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KEITH LIOW JUN SEN	ID No.	S9438323D
Related Vehicle	NIL	Contact No.	97766499
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 04/09/2021
Date	04/09/2021	Date	04/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	TAN KENG WEE CLEAVON	ID No.	S8945441G
Related Vehicle	NIL	Contact No.	91711191
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/09/2021	Date	04/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	PECK HONG AN	ID No.	S9216863H
Related Vehicle	NIL	Contact No.	83216189
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2021	Date	04/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date , i was in the car on the extreme right lane suddenly the front car slowed down and stop, we followed . After a few seconds a great impact and pushed our car ahead. In a split second i felt another impact from the rear. I came out of the car and discovered 2 more car behind us . we felt pain and numb and decide to consult a Doctor .



**SINGAPORE  
POLICE FORCE**



T/20210904/7047

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210904/7047

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210904/7047

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210904/7047

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476201

NP168

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

Date/Time:  
04/09/2021 20:22

Classification Of Case: