

# 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 ..... 13/09/2021 16:55 (SGT)  
Date of Accident ..... 10/09/2021 20:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE TWDS CTE BEFORE WOODLANDS AVE 2 EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKQ9980S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENG SUAN KEE  
NRIC No ..... SXXXX037J  
Email Address ..... JORDANKANJH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98575860  
Alternative Phone No ..... (Home) +65-98575860

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5069621124-06  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HENG SUAN KEE  
NRIC No ..... SXXXX037J

Date Of Birth .....	20/04/1958
Occupation .....	Indoor
Date Of Driving Pass .....	30/07/1977
Driving experience .....	44 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98575860
Alt. Phone Number .....	(Home) +65-98575860
Email Address .....	JORDANKANJH@GMAIL.COM
Address .....	BLK 76 LORONG LIMAU #02-09
Address complement .....	-
Postcode .....	320076
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 .....	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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 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 .....	YP270G
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
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 .....	HENG SUAN KEE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKQ9980S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Describe Circumstances of the Accident**

Refer to police report T/20210912/7007.

**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

  
 Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210912/7007

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

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Report No. T/20210912/7007

**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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID AL HINDIJAN  
Contact No.: 65476404  
NP188

Signature Of Informant:

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

Date/Time:  
12/09/2021 13:32

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210912/7007

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

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Report No. T/20210912/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKQ9980S	NTUC Income Insurance Co-Operative Limited	5069621124-06	12/01/2021	11/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
NAME	HENG SUAN KEE		ID NO.	S1304037J
Related Vehicle	SKQ9980S (Car)		Contact No.	98575860
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	11/09/2021		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

**Brief Details.**

On the stated time and date, I was driving my vehicle SKQ9980S travelling along SLE towards city on my way to my niece's house in woodlands. I was driving on lane 3 out of 3 lanes, preparing to exit the highway when I felt a huge impact from my rear. I alighted my vehicle and realised that YP270G had rear ended my vehicle. We moved our vehicles to the road shoulder to exchange particulars and left the scene shortly to avoid congesting the highway. The next day, I went to Intemedical Kovan Clinic as I was feeling pain in my wrist, elbow and back and received 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210912/7007

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

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Report No. T/20210912/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/09/2021 13:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: HENG SUAN KEE			Address: 76 LORONG LIMAUI #02-09 SINGAPORE 320076	
ID Type / ID No.: NRIC NO / S1304037J			Contact No.: Home/Office: Mobile: 98575860	
Nationality: SINGAPORE CITIZEN			Email: Heng.josephine@gmail.com	
Sex: Female	Age: 63	Date of Birth: 20/04/1958	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2021 20:15	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
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

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKQ99805	Car	HONDA	VEZEL 1.5A A	BLUE	Slightly Damaged	1
YP270G	Lorry				Slightly Damaged	0