

# 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 ..... 22/09/2021 11:47 (SGT)  
Date of Accident ..... 18/09/2021 11:55 (SGT)  
Exact Location of Accident ..... Tuas Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGA6787K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HONG GIM KHEONG  
NRIC No ..... SXXXX469H  
Email Address ..... kchrist@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-98167122  
Alternative Phone No ..... +65-98167122

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Odyssey  
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 ..... 2356

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MS001949-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HONG GIM KHEONG  
NRIC No ..... SXXXX469H

Date Of Birth .....	18/06/1957
Occupation .....	Indoor
Date Of Driving Pass .....	22/05/1982
Driving experience .....	39 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98167122
Alt. Phone Number .....	+65-98167122
Email Address .....	kchrist@singnet.com.sg
Address .....	BLK 989C JURONG WEST STREET 93
Address complement .....	#13-675
Postcode .....	643989
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 .....	Side Swipe
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 .....	KEK LOO GHUAT
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

PLS REFER TO THE POLICE REPORT :J/20210919/7015

#### 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 .....	YJ9044R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
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 .....	HONG GIM KHEONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SGA6787K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	KEK LOO GHUAT
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SGA6787K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT 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. 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:

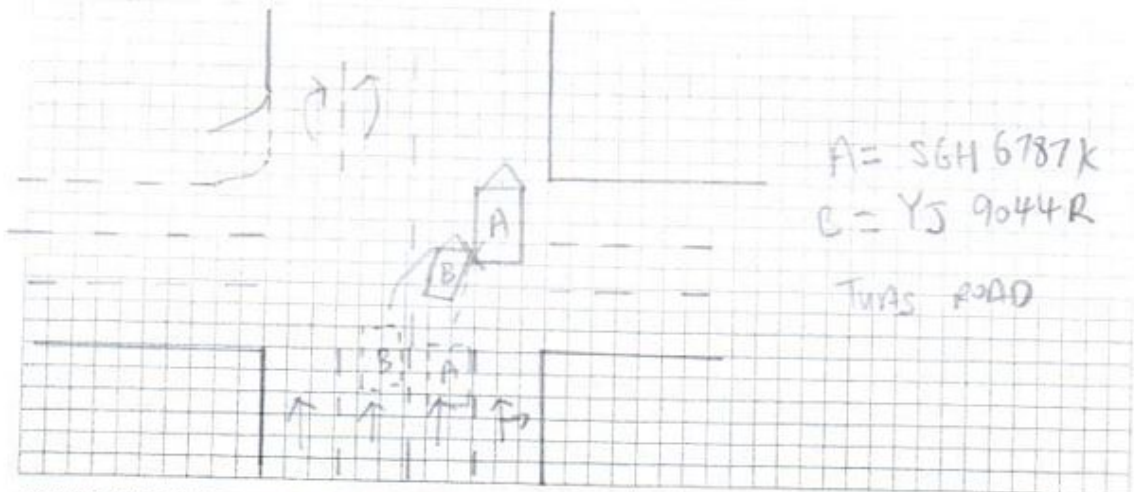
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/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.
- (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.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. J/20210919/7015

## DECLARATION

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

7/10/20

Policyholder's Signature

926

Driver's Signature

sym 22/09/21

Reporting Centre Personnel's Signature





**SINGAPORE  
POLICE FORCE**



J/20210919/7015

1 of 3

**POLICE REPORT (NP299)**

Report No. J/20210919/7015

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

Date/Time Report Made 19/09/2021 15:47	Vide Report No.	Station Diary No.
Name Of Informant HONG GIM KHEONG	Address 989C JURONG WEST STREET 93 #13-675 SINGAPORE 643989	
ID Type / ID No. NRIC NO / S1275469H	Contact No. Home/Office:                      Mobile: 98167122	
Nationality SINGAPORE CITIZEN	Email Address kchrist@singnet.com.sg	
Occupation Operations officer (except transport operations)	Sex Male	Age 64
	Date of Birth 18/06/1957	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 18/09/2021 11:55	Location Of Incident TUAS ROAD	

**Brief details.**

On the stated date and time, I was driving my vehicle SGA6787K along PIE(Tuas) slip road towards Tuas Road.

My wife Kek Loo Ghuat was my front passenger and both of us are wearing our safety belts.

I was travelling straight along the middle of 3 lanes of the roundabout below Tuas Flyover and had exited

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: 19/09/2021 15:47
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20210919/7015

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210919/7015

the roundabout via exit towards Gul Circle.

Suddenly, I felt a huge impact from my left causing my vehicle to rock sideways violently.

The unexpected impact caused me to knock my left knee against the centre console of my vehicle while my wife knocked her left elbow against the front passenger door.

I looked to my left to realise that YJ9044R, which was on the extreme left lane of the roundabout had hit onto my vehicle.

I pulled over at a side road after exiting the roundabout along Tuas Road expecting the driver of YJ9044R to stop. However, said vehicle drove off after I stopped my vehicle.

I waited in the hopes that the errant driver would come back but to no avail.

After about 5 mins I left.

Later the same afternoon, my wife and I started experiencing stiffness over our neck and back areas as well as pain over the areas we suffered knocks.

Our neck and back areas got increasingly sore and as such, we proceeded to our family doctor at Unihealth 24-Hr Clinic Jurong East for treatment the same evening.

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:  
19/09/2021 15:47

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20210919/7015

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210919/7015

We were given painkillers and 3 days MC each for injuries suffered by the accident.

I am lodging this report as the driver of YJ9044R had committed hit & run.

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: 19/09/2021 15:47
Officer In-Charge Of Case:	Classification Of Case:

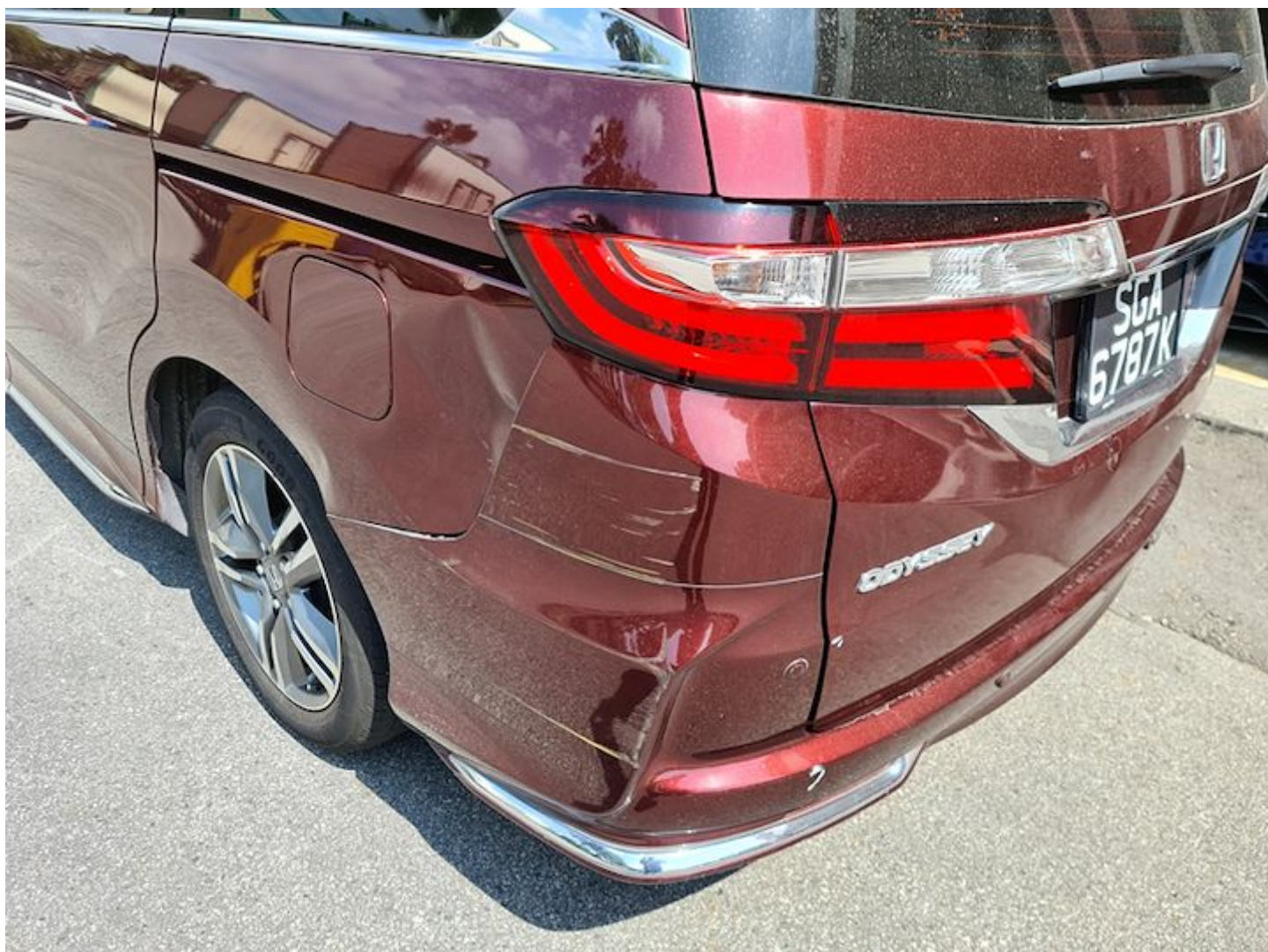






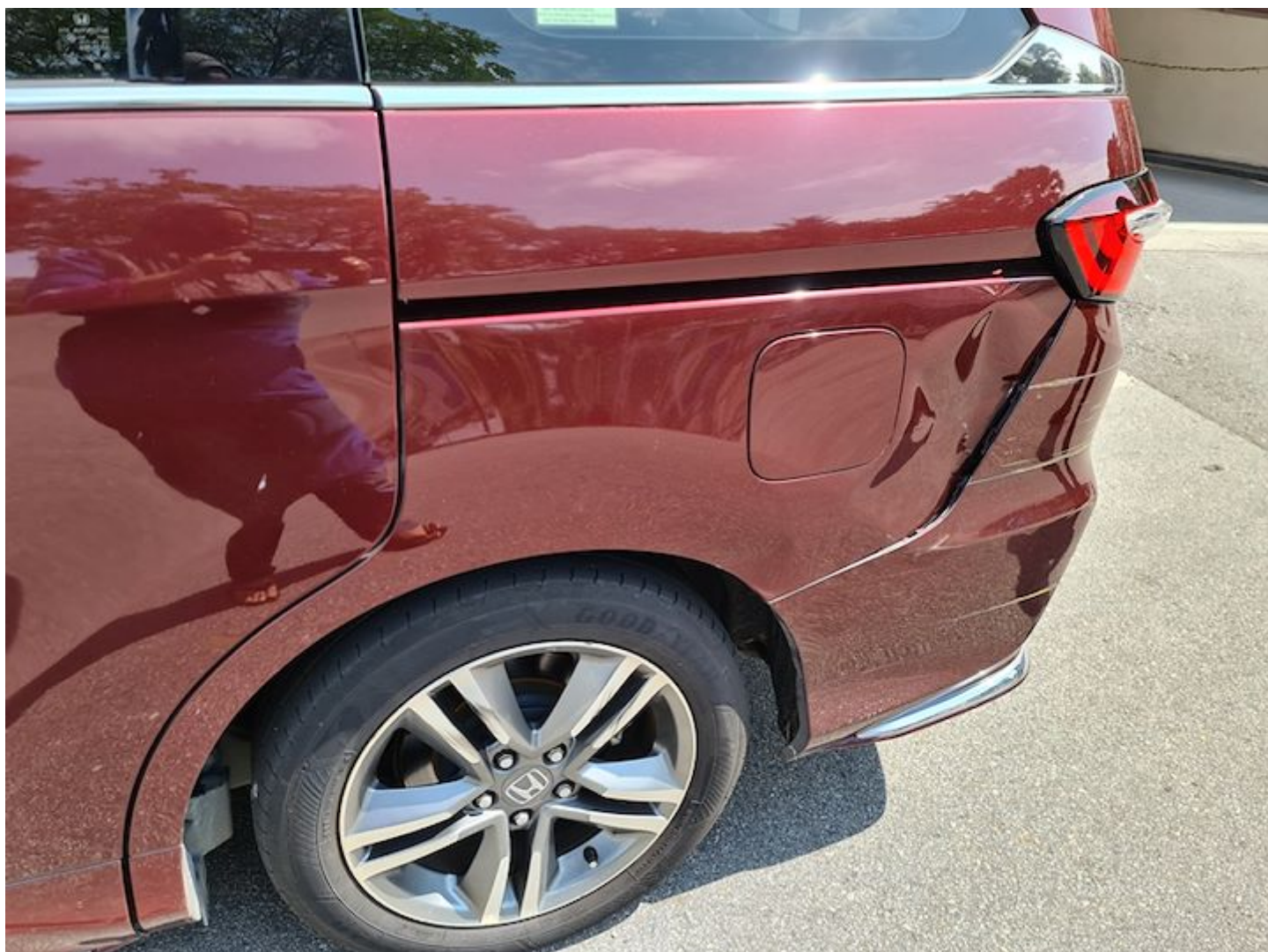










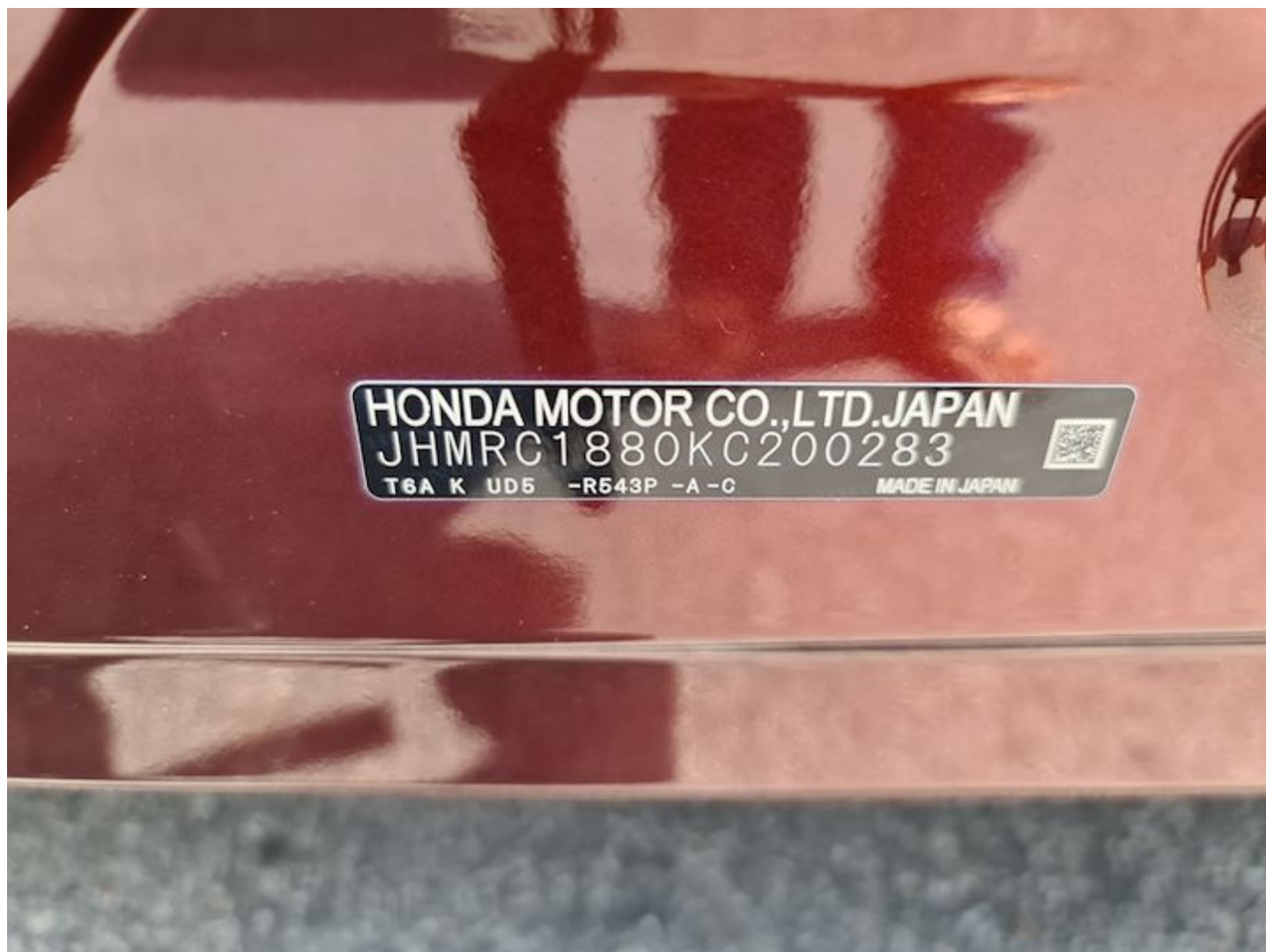
















**SINGAPORE  
POLICE FORCE**



J/20210919/7015

1 of 3

**POLICE REPORT (NP299)**

Report No. J/20210919/7015

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

Date/Time Report Made 19/09/2021 15:47	Vide Report No.	Station Diary No.
Name Of Informant HONG GIM KHEONG	Address 989C JURONG WEST STREET 93 #13-675 SINGAPORE 643989	
ID Type / ID No. NRIC NO / S1275469H	Contact No. Home/Office:      Mobile: 98167122	
Nationality SINGAPORE CITIZEN	Email Address kchrist@singnet.com.sg	
Occupation Operations officer (except transport operations)	Sex Male	Age 64
	Date of Birth 18/06/1957	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 18/09/2021 11:55	Location Of Incident TUAS ROAD	

**Brief details.**

On the stated date and time, I was driving my vehicle SGA6787K along PIE(Tuas) slip road towards Tuas Road.

My wife Kek Loo Ghuat was my front passenger and both of us are wearing our safety belts.

I was travelling straight along the middle of 3 lanes of the roundabout below Tuas Flyover and had exited

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: 19/09/2021 15:47
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



J/20210919/7015

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210919/7015

the roundabout via exit towards Gul Circle.

Suddenly, I felt a huge impact from my left causing my vehicle to rock sideways violently.

The unexpected impact caused me to knock my left knee against the centre console of my vehicle while my wife knocked her left elbow against the front passenger door.

I looked to my left to realise that YJ9044R, which was on the extreme left lane of the roundabout had hit onto my vehicle.

I pulled over at a side road after exiting the roundabout along Tuas Road expecting the driver of YJ9044R to stop. However, said vehicle drove off after I stopped my vehicle.

I waited in the hopes that the errant driver would come back but to no avail.

After about 5 mins I left.

Later the same afternoon, my wife and I started experiencing stiffness over our neck and back areas as well as pain over the areas we suffered knocks.

Our neck and back areas got increasingly sore and as such, we proceeded to our family doctor at Unihealth 24-Hr Clinic Jurong East for treatment the same evening.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
19/09/2021 15:47

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



J/20210919/7015

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210919/7015

We were given painkillers and 3 days MC each for injuries suffered by the accident.

I am lodging this report as the driver of YJ9044R had committed hit & run.

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:  
19/09/2021 15:47

Officer In-Charge Of Case:

Classification Of Case: