

## 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 ..... 04/01/2022 18:29 (SGT)  
Date of Accident ..... 02/01/2022 21:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER SERANGOON ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKH2996R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KONG KIAN HAU  
NRIC No ..... SXXXX816E  
Email Address ..... ALEXANDERKONG75@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96395912  
Alternative Phone No ..... +65-96395912

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1598

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01007149  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIEW MARLLY  
NRIC No ..... SXXXX633G

Date Of Birth .....	16/08/1966
Occupation .....	Indoor
Date Of Driving Pass .....	04/08/2003
Driving experience .....	18 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93588778
Alt. Phone Number .....	-
Email Address .....	DENGCFASHI@GMAIL.COM
Address .....	BLK 412 SAUJANA ROAD
Address complement .....	#09-76
Postcode .....	670412
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER: PRESIDENT BUDDHIST SOCIETY , DRIVER : REGISTERED SOCIETY (ABBOT)
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SIM LEE KIAW
Gender .....	Female

#### PASSENGER 2

Name .....	TOK SIEW KEOW
Gender .....	Female

#### PASSENGER 3

Name .....	LEE GEOK LAN
Gender .....	Female

#### PASSENGER 4

Name .....	SEOW YEAW HWEE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
REPORT NO.

1. T/20220103/2097
2. T/20220103/2100
3. T/20220104/2005

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 ..... YM5797L  
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 ..... LIEW MARLLY  
Gender ..... Female  
Phone No ..... (Phone) +65-93588778  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... PAIN AT THE WHOLE RIGHT SIDE OF THE BODY, FOREHEAD,  
RIGHT EYEBROW AREA , NECK, BOTH LEGS AND WITH A  
SWOLLEN RIGHT PALM. BRUISES AT UPPER RIGHT ARM AND  
CHEST AREA. 5 DAYS MC GIVEN FROM RAFFLES MEDICAL  
Injured person in which vehicle? ..... SKH2996R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 2

Name of injured person ..... SIM LEE KIAW  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SHE FELT PAIN AND SLIGHT SWELLING AT THE LEFT BACK  
OF THE HEAD.  
Injured person in which vehicle? ..... SKH2996R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**WITNESS DETAILS**

WITNESS 1

Name ..... SIM LEE KIAW  
Phone ..... -  
Email ..... -

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

REPORT NO.

- 1) T/20220103/2097
- 2) T/20220103/2100
- 3) T/20220104/2005

Declaration

We declare the foregoing particulars are true in every respect.

 4/1/22  
4:30PM X  
Policyholder's Signature / Date & Time

 04/01/22 17:00PM X  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

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)**

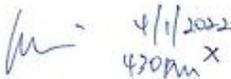
I understand, acknowledge, agree and consent that :

(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 :

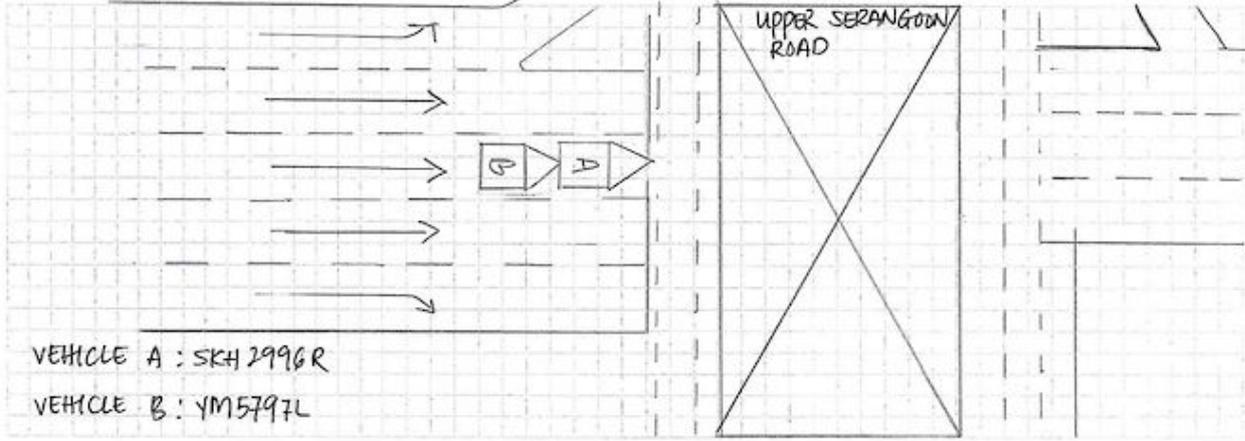
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

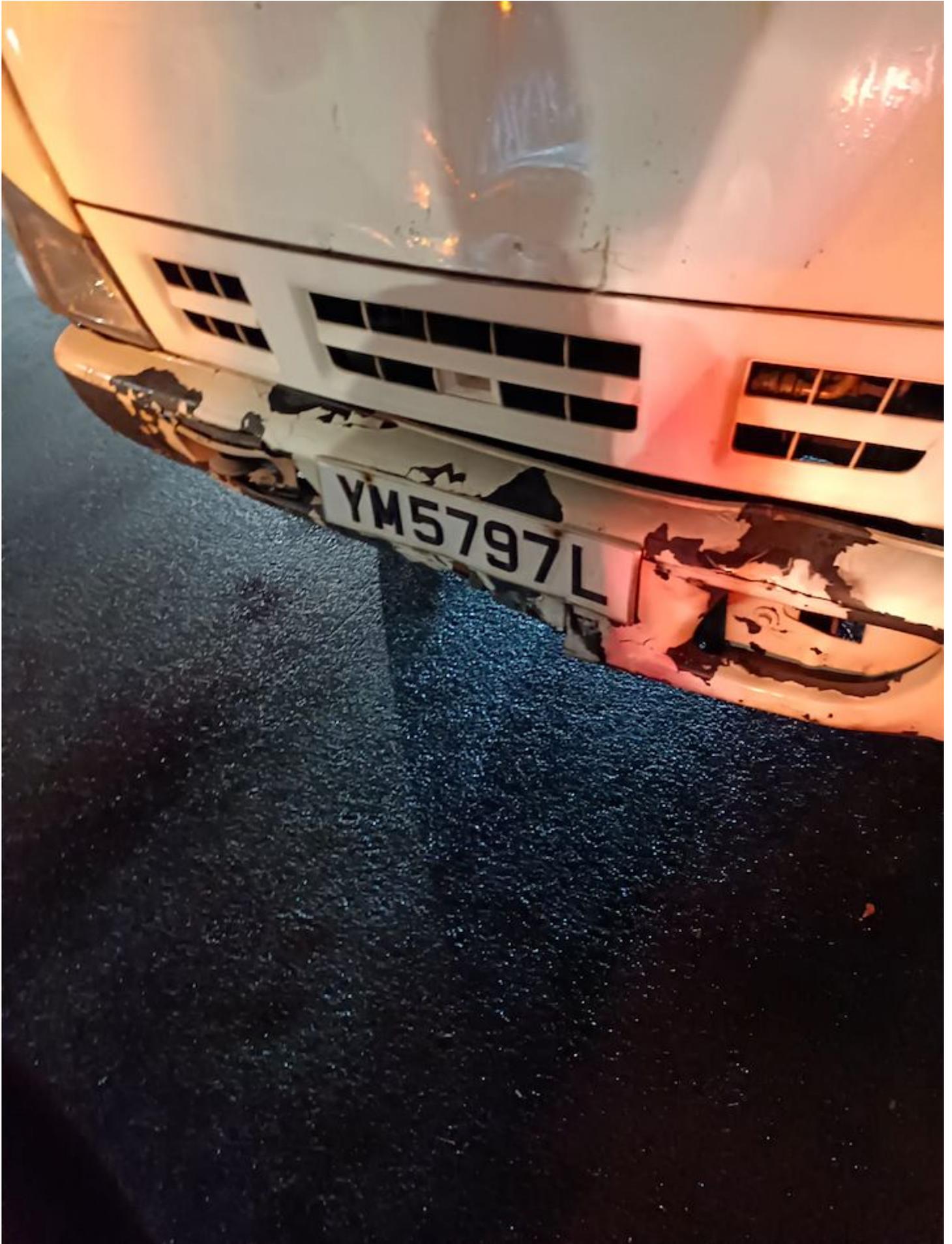
 Policyholder's Signature / Date & Time 4/1/2022 4:30pm x	 Driver's Signature (if driver is not the policyholder) / Date & Time 04/01/22 5:00pm x	 Witnessed by Reporting Centre Personnel
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**Sketch Plan**






















**SINGAPORE  
POLICE FORCE**


T/20220103/2097

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 4

Report No. T/20220103/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2022 18:58	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: LIEW MARLLY		Address: APT BLK 412 SAUJANA ROAD #09-76 SINGAPORE 670412	
ID Type / ID No.: NRIC NO / S2700633G		Contact No.: Home/Office: Mobile: 93588778	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 16/08/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ABBOT		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 21:30	Type of Location: X-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SKH2996R	Car				Seriously Damaged	4
YM5797L	Lorry					0

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



**SINGAPORE  
POLICE FORCE**



T/20220103/2097

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20220103/2097

## CONTINUATION OF REPORT

Passenger			
Name	SIM LEE KIAW	ID No.	S6882716G
Related Vehicle	SKH2996R (Car)	Contact No.	97329781
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	LIEW MARLLY	ID No.	S2700633G
Related Vehicle	SKH2996R (Car)	Contact No.	93588778
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
Passenger			
Name	TOK SIEW KEOW	ID No.	S6903566C
Related Vehicle	SKH2996R (Car)	Contact No.	97983184
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
Passenger			
Name	LEE GEOK LAN	ID No.	S0057354Z
Related Vehicle	SKH2996R (Car)	Contact No.	94315572
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



**SINGAPORE  
POLICE FORCE**



T/20220103/2097

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20220103/2097

CONTINUATION OF REPORT

**Brief Details.**

On 02/01/2022 at about 2130hrs, I was driving my car SKH2996R along Upper Serangoon Road. I was driving 4 other passenger in the car. While reaching the junction of Upper Serangoon Road and Simon Road, I noticed that the traffic light turned amber, thus I start to stop before the stopping line. However, a few second after I stopped, one lorry YM5797L, from behind hit heavily onto the back of my car. Due to the impact, my car was pushed to the yellow box.

All of us were still inside the car and I was shocked after the accident. The lorry driver came towards me and scolded me and demanded for my driving license. I was confused at that point of time and did not handed my license to him. The driver then accused me of driving without license claimed that he will make a police report. He then went to his lorry and left.

I then drive off too. After the accident, I started to vomit 3 times. My right arm could not lift up and felt there was bruises. On 03/01/2022, I went to see the doctor and I was given 5 days of MC as I felt weak. Thus I am making this report as I was injured and am not feeling well. I had an in-car camera installed on the front and back of my car. The damage of the back of the car was totally dented.



**SINGAPORE  
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T/20220103/2097

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

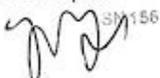
4 of 4  
Report No. T/20220103/2097

CONTINUATION OF REPORT

**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.

Signature of Officer Recording The Report F / Sgt 3 TEO JING XIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 18:58
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	


**SINGAPORE  
POLICE FORCE**


T/20220103/2100

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No. T/20220103/2100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2022 19:16		Vide Report No.: T/20220103/2097		Station Diary No.: 58	
<b>Informant's Particulars</b>					
Name of Informant: LIEW MARLLY			Address: APT BLK 412 SAUJANA ROAD #09-76 SINGAPORE 670412		
ID Type / ID No.: NRIC NO / S2700633G			Contact No.: Home/Office: Mobile: 93588778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 16/08/1966	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ABBOT		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 21:30	Type of Location: X-Junction	
Location:  UPPER SERANGOON ROAD					
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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	Condition	No of Passenger
SKH2996R	Car				Seriously Damaged	4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220103/2100

2 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20220103/2100

**CONTINUATION OF REPORT**

Driver			
Name	LIEW MARLLY	ID No.	S2700633G
Related Vehicle	SKH2996R (Car)	Contact No.	93588778
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	SEOW YEAW HWEE	ID No.	S7214120B
Related Vehicle	SKH2996R (Car)	Contact No.	97605001
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

**Brief Details.**

I am making this report to add in some more information in regards to my MC status and one more witness.



**SINGAPORE  
POLICE FORCE**



T/20220103/2100

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No. T/20220103/2100

CONTINUATION OF REPORT

**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.

Signature of Officer Recording The Report

F /

Sgt 3 TEO JING XIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2022 19:16

Officer In Charge Of Case:

TP / AEIT /

Insp (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168


**SINGAPORE  
POLICE FORCE**


T/20220104/2005

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Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20220104/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/01/2022 01:01		Vide Report No.: T/20220103/2097		Station Diary No.: 10
<b>Informant's Particulars</b>				
Name of Informant: LIEW MARLLY		Address: APT BLK 412 SAUJANA ROAD #09-76 SINGAPORE 670412		
ID Type / ID No.: NRIC NO / S2700633G		Contact No.: Home/Office:                      Mobile: 93588778		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 55	Date of Birth: 16/08/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ABBOT		Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 21:30	Type of Location: X-Junction
Location:  UPPER SERANGOON ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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	Condition	No of Passenger
SKH2996R	Car				Seriously Damaged	4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220104/2005

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Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20220104/2005

## CONTINUATION OF REPORT

Vehicle Owner			
Name	KONG KIAN HAU	ID No.	S7581816E
Related Vehicle	SKH2996R (Car)	Contact No.	96395912
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
Passenger			
Name	SEOW YEAW HWEE	ID No.	S7214120B
Related Vehicle	SKH2996R (Car)	Contact No.	97605001
Hospital/Clinic	SHENTON MEDICAL GROUP (BUANGKOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	LIEW MARLLY	ID No.	S2700633G
Related Vehicle	SKH2996R (Car)	Contact No.	93588778
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	TOK SIEW KEOW	ID No.	S6903566C
Related Vehicle	SKH2996R (Car)	Contact No.	97983184
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20220104/2005

3 of 5

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20220104/2005

## CONTINUATION OF REPORT

Passenger			
Name	SIM LEE KIAW	ID No.	S6882716G
Related Vehicle	SKH2996R (Car)	Contact No.	97329781
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/01/2022	Date Discharge	03/01/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	LEE GEOK LAN	ID No.	S0057354Z
Related Vehicle	SKH2996R (Car)	Contact No.	94315572
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	Slight

**Brief Details.**

On 03/01/2022, I have lodged T/20220103/2097 and T/20220103/2100.

I am lodging this report to further include information with regards to my passengers' MC and degree of injuries.

The accident took place on 02/01/2022 at 2130hrs along Upper Serangoon Road.

I wish to state that the vehicle owner of SKH2996R, Kong Kian Hau has given me the permission to drive his vehicle on 02/01/2022.

On 03/01/2022, I went to Raffles Medical to seek medical assistance and was given 5 days of MC from 03/01/2022 to 07/01/2022.

I will be seeking for further medical assistance as I felt pain at the whole right side of the body, forehead, right eyebrow area, neck, both legs and with a swollen right palm.  
I also discovered more bruises at my upper right arm and chest area.

I wish to state that due to the accident, my handphone's screen protector was cracked.

On 03/01/2022, Sim Lee Kiaw went to Raffles Medical to seek medical assistance as she felt pain and slight swelling at the left back of the head ever since the accident.

The doctor wanted to give her 2 days of MC however as she was a housewife.  
Hence, she did not take the 2 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20220104/2005

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Report No. T/20220104/2005

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**CONTINUATION OF REPORT**

On 03/01/2022, Tok Siew Keow went to Raffles Medical to seek medical assistance as she felt pain at her head, right shoulder and right upper back.

Tok Siew Keow was given 2 days of MC from 04/01/2022 to 05/01/2022.

According to the doctor, there was a 2cm swelling at the back of her right head.

On 03/01/2022, Seow Yeaw Hwee went to Shenton Medical Group (Buangkok) to seek medical assistance as he felt giddy and pain in both shoulders blade ever since the accident.

Seow Yeaw Hwee was given 2 days of MC from 04/01/2022 to 05/01/2022.

As for Lee Geok Lan, she has yet to seek medical assistance.

However she will be seeking medical assistance as she felt pain at the right side of the head ever since the accident and on 03/01/2022, she also felt pain at the right side of her body.



**SINGAPORE  
POLICE FORCE**



T/20220104/2005

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

5 of 5

Report No. T/20220104/2005

**CONTINUATION OF REPORT**

**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.

Signature of Officer Recording The Report F / Sgt 3 JACQUELINE TOH XIN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2022 01:01
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case: 0N168
Authentication Stamp NP168	



**Sompo Insurance Singapore Pte. Ltd.**  
 50 Raffles Place, #03-03  
 Singapore Land Tower, Singapore 048623  
 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
 Co. Reg. No.: 199905490E | GST Reg. No.: M200903196

### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D21MTPV01007149  
 Insured : KONG KIAN HAU  
 Motor Vehicle (Registration No.): SKH2996R  
 Coverage : Comprehensive - ExcelDrive FOCUS  
 Policy Commencement Date : 26 MAY 2021 00:00  
 Policy Expiry Date : 25 MAY 2022 23:59  
 Maximum Liability (Section I) : Market value at time of loss  
 Excess\* : \$500 - Section I  
 Voluntary Excess\* : N.A  
 Windscreen Excess\* : S\$100.00 for each and every applicable claim.

\* Subject to GST wherever applicable

#### Persons or Classes of Persons entitled to drive\*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

#### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

#### ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 17 MAY 2021 15:01

#### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11D09106 & D&S AUTO AGENCY CI Code: 22A LJDHBOH4IY1BLKRA