

# 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 ..... 17/01/2022 16:53 (SGT)  
Date of Accident ..... 14/01/2022 22:50 (SGT)  
Exact Location of Accident ..... Near 9V24+XV Singapore  
Additional Location Information ..... CTE Towards SLE Before Ang Mo Kio Ave 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ2070R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Wong Transport  
Company Reg No ..... 53404402J  
Email Address ..... liezan0808@gmail.com  
Mobile Phone No ..... (Phone) +65-92305959  
Alternative Phone No ..... +65-92305959

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... HYBRID 7-SEATER 1.8X CVT  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI21V12267/VPL/R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Wong Lie Zan  
NRIC No ..... S8539743E

Date Of Birth .....	27/12/1985
Occupation .....	Indoor
Date Of Driving Pass .....	20/11/2006
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92305959
Alt. Phone Number .....	-
Email Address .....	liezan0808@gmail.com
Address .....	Blk 490A Choa Chu Kang Avenue 5 #12-249
Address complement .....	Singapore
Postcode .....	681490
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	owner
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) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Unknown
Gender .....	Female

#### PASSENGER 2

Name .....	Unknown
Gender .....	Female

#### PASSENGER 3

Name .....	Unknown
Gender .....	Female

#### PASSENGER 4

Name .....	Unknown
Gender .....	Male

#### PASSENGER 5

Name .....	Unknown
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan and Police Report no.T/20220116/2047.

## 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 ..... SMP5728M  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 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 ..... Wong Lie Zan  
 Gender ..... Male  
 Phone No ..... (Phone) +65-92305959  
 Address ..... Blk 490A Choa Chu Kang Avenue 5 #12-249  
 Address Complement ..... Singapore  
 Post Code ..... 681490  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMQ2070R  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

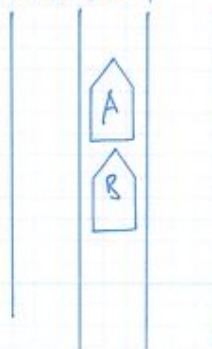
### IMPORTANT NOTICE

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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	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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### Sketch Plan

CTE TWDS SLE B4 ANG MO KIO AVE 1



A - SMQ2070R  
B - SMP5728M

Describe Circumstances of the Accident





I WAS TRAVELLING ALONG CTE TOWARDS SLE BEFORE ANG MO KIO AVE 1 ON LANE 2. SUDDENLY VEHICLE B REAR ENDED MY VEHICLE.

Pls refer to Police Report # 3/2022 0116/2047.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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/20220116/2047

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No: T/20220116/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2022 16:10	Vide Report No.:	Station Diary No.: 87
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**Informant's Particulars**

Name of Informant: WONG LIE ZAN	Address: APT BLK 490A CHOA CHU KANG AVENUE 5 #12-249 SINGAPORE 681490		
ID Type / ID No.: NRIC NO / S8539743E	Contact No.:	Mobile: 92305959	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 36	Date of Birth: 27/12/1985	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2022 22:50	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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 Passenger
SMP5728M	Car	AUDI	Q2 1.0 TFSI S TRONIC	White	No Damage	0
SMQ2070R	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Black	Seriously Damaged	5



**SINGAPORE  
POLICE FORCE**



T/20220116/2047

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 5

Report No: T/20220116/2047

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG Min Yi	ID No.	S8942383Z
Related Vehicle	SMP5728M (Car)	Contact No.	91396193
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
<b>Driver</b>			
Name	WONG LIE ZAN	ID No.	S8539743E
Related Vehicle	SMQ2070R (Car)	Contact No.	92305959
Hospital/Clinic	NAM SENG CLINIC PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	15/01/2022	Date Discharge	15/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the stated time, date and location I was driving along the CTE expressway when suddenly I felt an impact hitting the rear of my vehicle. The impact was strong enough to pushed me forward. I immediately came down and check on my vehicle damages. My vehicle rear bumper and rear bonnet door was badly damaged. The other vehicle did not sustain any damages. No parties including my passenger was injured. No police or ambulance was at scene.

But the next day, I started to feel pain on my back and neck area, thus I went to the clinic to get myself check. The doctor assessed that I suffered minor whiplash from my neck and back. I was given 5 days MC. I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**

T/20220116/2047

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7659999

2 of 3

Report No. T/20220116/2047

## 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

J /  
Sgt 2 MOHAMMAD BANI BIN  
Osman

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/01/2022 16:10

Officer In Charge Of Case:

TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case

Authentication Stamp  
NP168