

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 14/01/2022 13:23 (SGT)
Date of Accident 13/01/2022 08:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG KPE BEFORE AIRPORT RD EXIT (LANE 1)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ375K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KWONG SOON TRADING COMPANY
Company Reg No 04835100L
Email Address JINSEAHKWANG@YAHOO.COM
Mobile Phone No (Phone) +65-96283743
Alternative Phone No +65-96283743

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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5106937736-02
Cover Note Number -

DRIVER

Name of Driver KWANG JIN SEAH
NRIC No S2099383I

Date Of Birth	13/01/1943
Occupation	Indoor
Date Of Driving Pass	08/02/1961
Driving experience	60 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96283743
Alt. Phone Number	-
Email Address	JINSEAHKWANG@YAHOO.COM
Address	BLK122,SENGKANG EAST WAY, #15-13
Address complement	-
Postcode	540122
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	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	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

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	GBE2502E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NUR QAMARI BIN ABDULLAH
Contact Number	(Phone) +65-87504791
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	SKM7643A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KAY PENG PAUL
Contact Number	(Phone) +65-96720023
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ375K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

KWONG SOO TRADING COMPANY
Business Reg. No. 04835100L
3027 Ubi Road 1 #03-132 Singapore 408720
Tel: (+65) 62930367



Policyholder's Signature / Date & Time

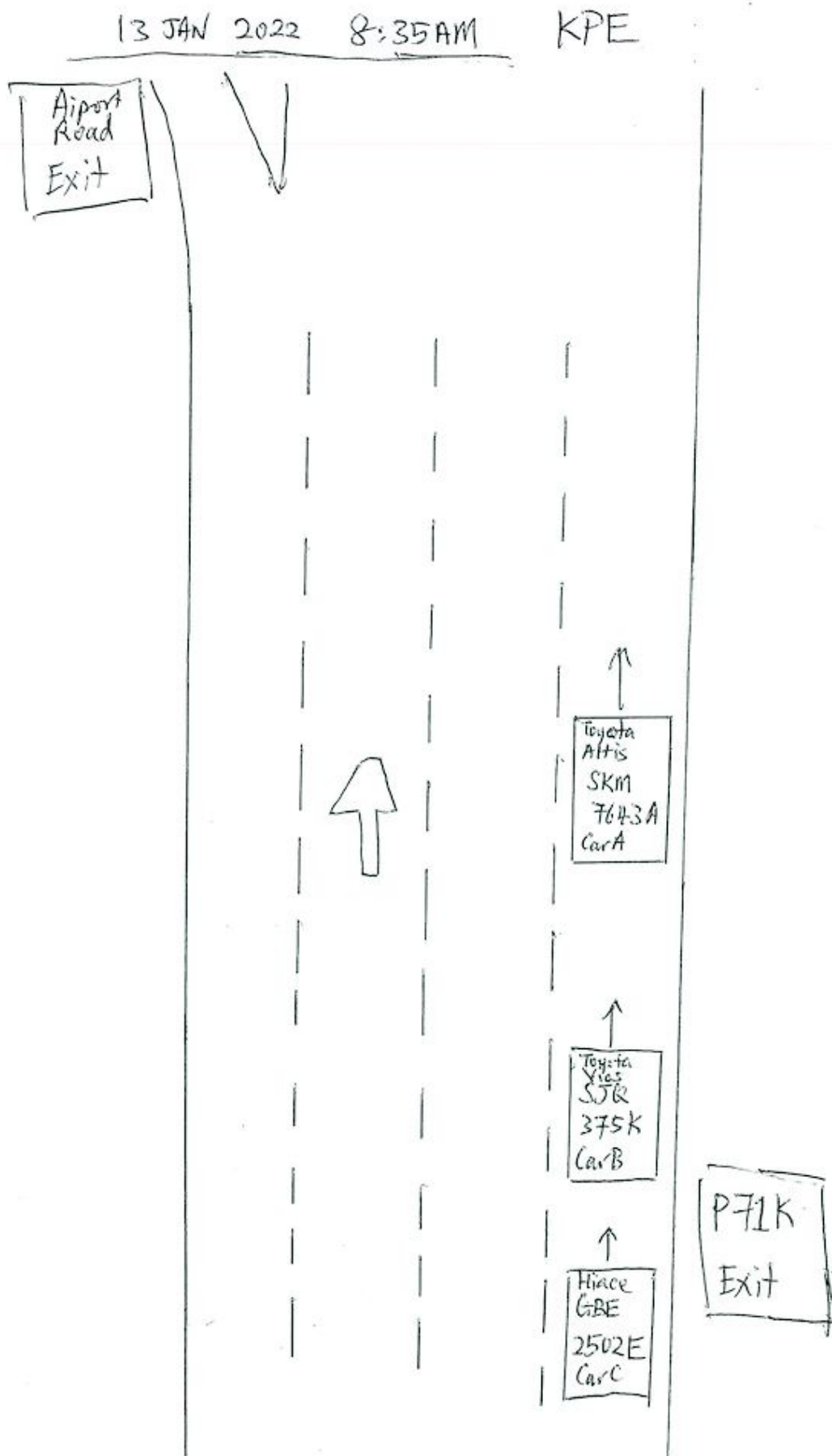
Driver's Signature (If driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

Police Report attach

Declaration

We declare the foregoing particulars are true in every respect.

x

KWONG SOON TRADING COMPANY

Business Reg. No. 04835100L
3027 Ubi Road 1 #03-132 Singapore 408723
Tel: (+65) 62930367

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

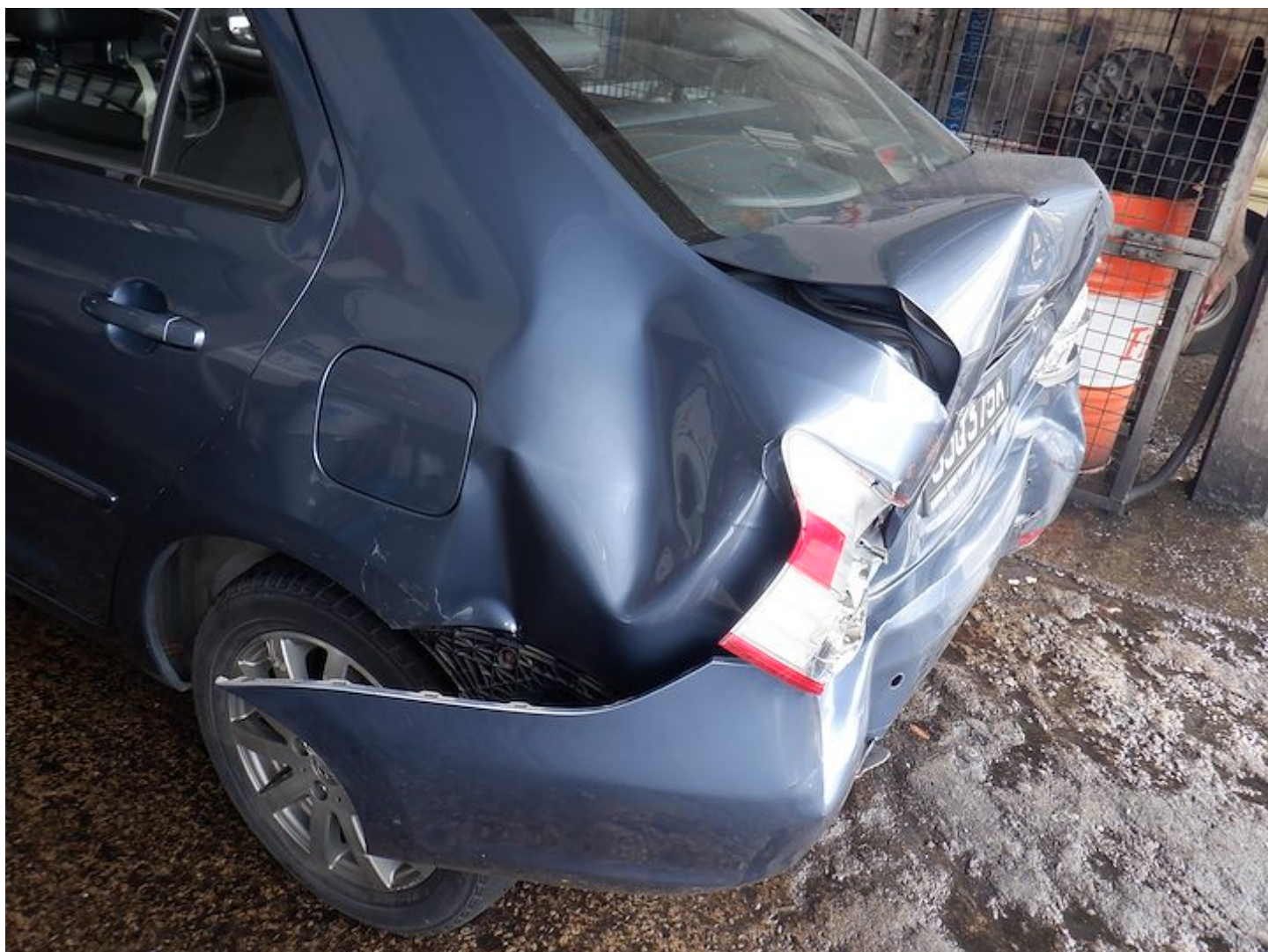
CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

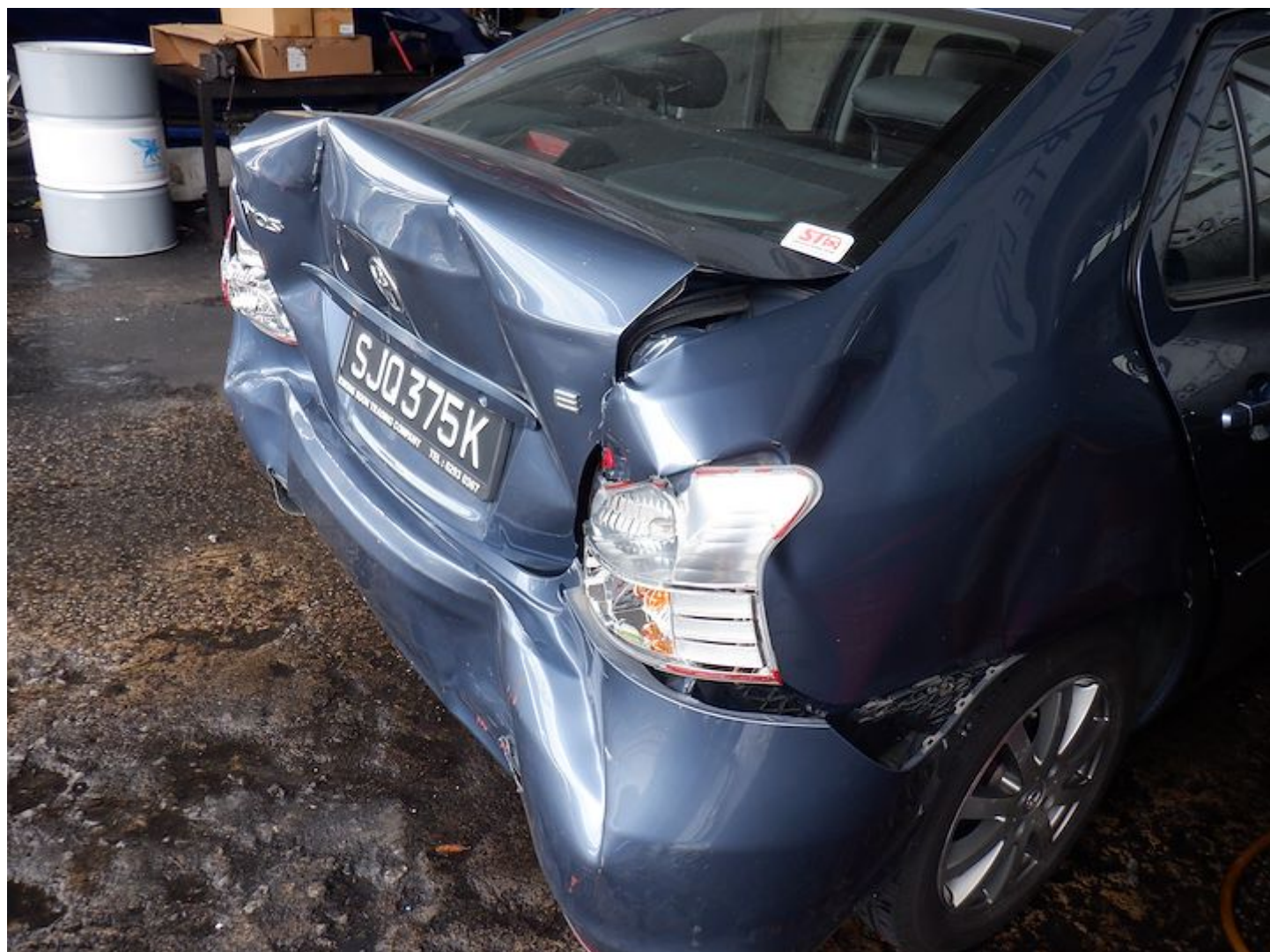






















**SINGAPORE
POLICE FORCE**



T/20220113/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20220113/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2022 19:33		Vide Report No.:		Station Diary No.: 105
Informant's Particulars				
Name of Informant: KWANG JIN SEAH		Address: APT BLK 122 SENGKANG EAST WAY #15-13 SINGAPORE 540122		
ID Type / ID No.: NRIC NO / S20993831		Contact No.: Home/Office: Mobile: 96283743		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 79	Date of Birth: 13/01/1943	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2022 08:35	Type of Location:
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBE2502E	Van		Seng Kang Square #01-02 S(545025)	Slightly Damaged	Slightly Damaged	0
SJQ375K	Car		Seng Kang Square #01-02 S(545025)	Slightly Damaged	Slightly Damaged	3
SKM7643A	Car		Seng Kang Square #01-02 S(545025)	Slightly Damaged	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220113/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20220113/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWANG JIN SEAH	ID No.	S2099383I
Related Vehicle	SJQ375K (Car)	Contact No.	96283743
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2022	Date Discharge	13/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	KWANG SEAT LAN	ID No.	S7317304C
Related Vehicle	SJQ375K (Car)	Contact No.	96600521
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2022	Date Discharge	13/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/01/2022 at about 0830 hrs , I was driving along KPE towards Airport Road Exit and I was at the 1st lane. There are 3 other passengers in my vehicle and the traffic was heavy.

At about 0835 hrs , the vehicle in front of me , SKM7643A suddenly jammed brake and we managed to brake in time as well. However the vehicle , GBE2502E that was behind me was unable to stop in time and hit onto my vehicle.

Due to the impact , my vehicle inch forward and hit onto the front vehicle , SKM7643A. We all alighted from vehicles and exchanged particulars before leaving the scene. There are damages at my front and back of my vehicle.

At about 1030 hrs , all 4 of us felt pain at our body area and we decided to see a doctor. Only me who was suffering from back pain and my daughter who has slight bleeding from her right toe was given 5 days MC by Sengkang general Hospital..



**SINGAPORE
POLICE FORCE**



T/20220113/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20220113/2101

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220113/2101

4 of 4

Report No. T/20220113/2101

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

[Handwritten signature]

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 / Sr Staff Sgt WU WENHAO, DENIS	Signature Of Informant: <i>[Handwritten signature]</i>
Signature Of Interpreter: Not applicable <i>[Handwritten signature]</i>	Date/Time: 13/01/2022 19:33
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1R 221E0009 Vehicle Registration No: SJQ 375 K
 Name (as shown in NRIC): KWONG Jim Seah NRIC/FIN/Passport No: S 20993881
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 122 Sengkang East way #15-13 Singapore (540122)
 Contact (Tel): _____ Mobile No.: 96 28 374 3
 Email Address: jinsiahkwang@yahoo.com
 Date of Accident: 13/01/2022 Time of Accident: 08:35
 Place of Accident: Along Kpe before airport rd Exit (Lane 1)
 Insurance Company: HTUC IHOMG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

✓ I upload Amended police report

Policyholder / Driver's Signature
Date:

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1234 Fax: 6453 7044
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: