

# 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 ..... 25/01/2022 16:27 (SGT)  
Date of Accident ..... 24/01/2022 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... GREEN VERGE CARPARK BLK 624B  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB9463K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH SIONG ANG CINDY  
NRIC No ..... SXXXX759D  
Email Address ..... KSAcindy@gmail.com  
Mobile Phone No ..... (Phone) +65-92327818  
Alternative Phone No ..... (Office) +65-92327818

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Type of Coverage ..... -  
Fleet Policy ..... No  
Policy Number ..... DH0M120041751901  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHNG MENG TECK  
NRIC No ..... SXXXX078D

Date Of Birth	01/10/1969
Occupation	Indoor
Date Of Driving Pass	26/07/1990
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98638378
Alt. Phone Number	-
Email Address	KSAcindy@gmail.com
Address	BLK 124 SIMEI ST 1
Address complement	#09-366
Postcode	520124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHNG KAILIN
Gender	Female

#### PASSENGER 2

Name	KOH SIONG ANG
Gender	Female

#### 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

PLEASE REFER TO POLICE REPORT NO:T/20220125/7010

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY6520L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SINKANAN BOOMINATHAN
Passport No/FIN .....	GXXXX461L
Contact Number .....	(Phone) +65-90858460
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 .....	CHNG MENG TECK
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	CHNG KAILIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 3

Name of injured person .....	KOH SIONG ANG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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**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.

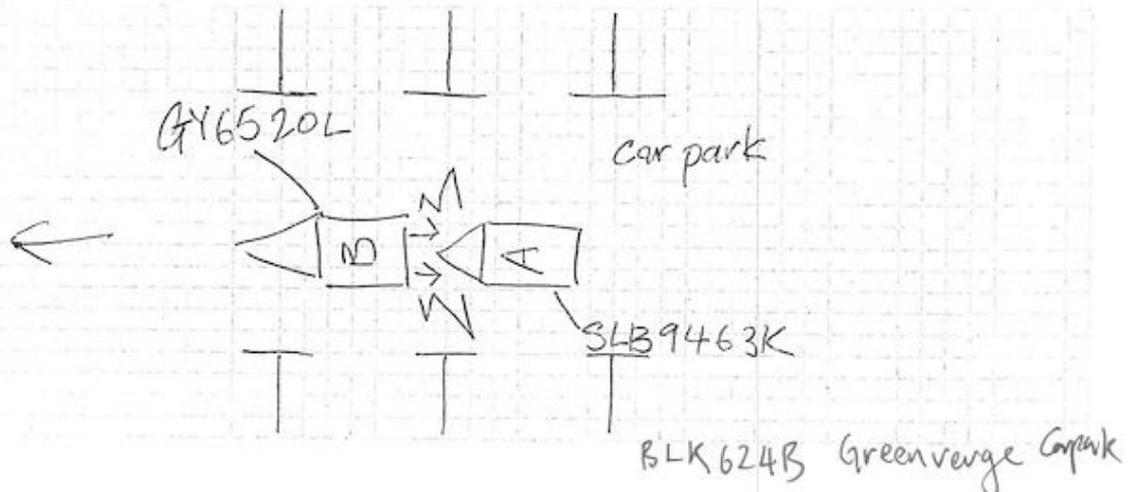
(collectively the "Purposes")

(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 24/01/2022	 Driver's Signature (If driver is not the policyholder) / Date & Time 24/01/2022	 Witnessed by Reporting Centre Personnel
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**Sketch Plan**



Describe Circumstances of the Accident

- REFER TO POLICE REPORT -

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 24/01/2022

Policyholder's Signature / Date & Time

*[Signature]* 24/01/2022

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

*[Signature]*

Witnessed by Reporting Centre Personnel

















TOYOTA MOTOR CORPORATION JAPAN  
MODEL ZGE20R-HPXNP 1798 mL  
ENGINE 2ZR-FAE  
FRAME No. JTDGG20WX0J003458 OPTION  
COLOR TRIM PLANT  
8V9 FA12 A32 823  
TRANS./AXLE K311 -02A


**SINGAPORE  
POLICE FORCE**


T/20220125/7010

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

1 of 4  
Report No. T/20220125/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/01/2022 12:26	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHNG MENG TECK			Address: 124 SIMEI STREET 1 #09-366 SINGAPORE 520124		
ID Type / ID No.: NRIC NO / S6934078D			Contact No.: Home/Office: Mobile: 98638378		
Nationality: SINGAPORE CITIZEN			Email: KSAcindy@gmail.com		
Sex: Male	Age: 52	Date of Birth: 01/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		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: 24/01/2022 14:30	Type of Location: Car Park
Location: TAMPINES AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GY6520L	Lorry					0
SLB9463K	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220125/7010

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

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Report No. T/20220125/7010

## CONTINUATION OF REPORT

Driver			
Name	CHNG MENG TECK	ID No.	S6934078D
Related Vehicle	SLB9463K (Car)	Contact No.	98638378
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	CHNG KAILIN	ID No.	T0131968F
Related Vehicle	SLB9463K (Car)	Contact No.	88761911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious
Passenger			
Name	KOH SIONG ANG	ID No.	S7118759D
Related Vehicle	SLB9463K (Car)	Contact No.	92327818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS STATIONARY WAITING FOR GY6520L TO MOVE OFF/PARK.

OUT OF NOWHERE, GY6520L BEGAN TO REVERSE AT A HIGH SPEED.

I IMMEDIATELY CHECKED MY MIRRORS TO CHECK IF IT IS SAFE FOR ME TO REVERSE WHILE HIGH BEAMING AND HONKING GY6520L TO AVOID AN ACCIDENT BUT GY6520L HIT ONTO THE FRONT PORTION OF MY VEHICLE AT A HIGH SPEED.

MY VEHICLE HAD 2 OTHER PASSENGERS.

WE ALL EXPERIENCED PAIN FROM THE ACCIDENT AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM THE DOCTOR AND MYSELF AND KOH SIONG ANG WERE GIVEN 3 DAYS



**SINGAPORE  
POLICE FORCE**



T/20220125/7010

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

3 of 4

Report No. T/20220125/7010

**CONTINUATION OF REPORT**

OF MC WHILE CHNG KAILIN WAS GIVEN 2 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20220125/7010

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

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Report No. T/20220125/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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:  
25/01/2022 12:26

Officer In Charge Of Case:  
TPA/TPIB/A  
BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

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: SN0822P004 Vehicle Registration No: SLB9463K  
 Name (as shown in NRIC): Chng Meng Teck NRIC/FIN/Passport No: SXXX 078D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 124 Simei St 1 #09-366 Singapore (S7024)  
 Contact (Tel): 9863 8378 Mobile No.: \_\_\_\_\_  
 Email Address: KSAcindy@gmail.com  
 Date of Accident: 24/01/22 Time of Accident: 1430  
 Place of Accident: Green Vange Carpark. BLK 624B.  
 Insurance Company: United Overseas Ins

**(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:

Uploaded correct Police Report No: T/20220125/7010

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 24/1/22

1 boomin<sub>^</sub> vehicle GY6X20L  
at 2:30p.m Tampines 624B Car park  
reverse and knock onto SLB94631c

J Boomin  
24/07/22