

# 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 ..... 14/03/2022 13:35 (SGT)  
Date of Accident ..... 11/03/2022 17:15 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... KPE TAMPINES EXPRESSWAY SINGAPORE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL9064B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ANG GEK LENG  
NRIC No ..... S1689548B  
Email Address ..... ANGIE81811965@LIVE.COM  
Mobile Phone No ..... (Phone) +65-81811965  
Alternative Phone No ..... +65-81811965

### VEHICLE PARTICULARS

Manufacturer ..... Ssangyong  
Model ..... Tivoli  
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 ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 22-MR006238-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG GEK LENG  
NRIC No ..... S1689548B

Date Of Birth .....	11/12/1965
Occupation .....	Indoor
Date Of Driving Pass .....	21/04/1984
Driving experience .....	37 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81811965
Alt. Phone Number .....	+65-81811965
Email Address .....	ANGIE81811965@LIVE.COM
Address .....	APT BLK 202 MARSILING DRIVE #14-126
Address complement .....	-
Postcode .....	730202
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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 .....	PAX 1
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV5639E
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHOW CHEE CHANG SAMSON
NRIC No .....	S7733693A
Contact Number .....	(Phone) +65-90691425
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 .....	SKM357Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TERENCE YEO JOO WAH
NRIC No .....	S1812780F
Contact Number .....	(Phone) +65-98159619
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 3

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	ANG GEK LENG
Gender .....	Female
Phone No .....	(Phone) +65-81811965
Address .....	APT BLK 202 MARSILING DRIVE #14-126
Address Complement .....	-
Post Code .....	730202
Approximate Age Years Old .....	-
Injuries Sustained .....	-

Injured person in which vehicle? .....	SLL9064B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## Describe Circumstances of the Accident

REFER TO POLICE REPORT

## 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

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

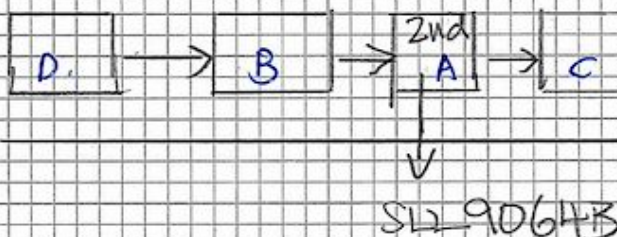
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SL29064B  
B: SMV5639E  
C: SKM357Y  
D: UNKNOWN

























SsangYong Motor Co., Ltd.

\*KPT36B1USHP145391\*

GROSS VEHICLE  
WEIGHT RATING

KG

GROSS VEHICLE WEIGHT  
TRAILER WITH BRAKE

KG

FRONT AXLE MAX  
WEIGHT RATING

KG

REAR AXLE MAX  
WEIGHT RATING

KG

BODY PAINT COLOR

OAT

DATE OF MANUFACTURE













**SINGAPORE  
POLICE FORCE**



T/20220312/2044

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20220312/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/03/2022 15:06		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: ANG GEK LENG			Address: APT BLK 202 MARSILING DRIVE #14-126 SINGAPORE 730202		
ID Type / ID No.: NRIC NO / S1689548B			Contact No.: Home/Office: Mobile: 81811965		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 11/12/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Driver			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: 11/03/2022 17:15	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKM357Y	Car				Slightly Damaged	0
SLL9064B	Car	SSANGYONG	TIVOLI XLV 1.6D 6AT 2WD ESP E5	Brown	Slightly Damaged	1
SMV5639E	Car				Slightly Damaged	0
	Car				Seriously Damaged	0



**SINGAPORE  
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T/20220312/2044

Police Station Of Origin:  
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560321  
Tel No: 1800-4599999

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Report No. T/20220312/2044

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL9064B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR006238	19/11/2020	14/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TERENCE YEO JOO WAH		ID No.	S1812780F
Related Vehicle	SKM357Y (Car)		Contact No.	98159619
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	ANG GEK LENG		ID No.	S1689548B
Related Vehicle	SLL9064B (Car)		Contact No.	81811965
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/03/2022		Date Discharge	12/03/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	CHOW CHEE CHANG SAMSON		ID No.	S7733693A
Related Vehicle	SMV5639E (Car)		Contact No.	90691425
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/20220312/2044

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Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20220312/2044

**CONTINUATION OF REPORT****Brief Details.**

On 11/03/2022, at about 1715hrs, I was driving (Plate Number: SLL9064B) along TPE towards Yishun near exit 9 and 10 on lane 1. It was raining and the traffic was moving smoothly. Suddenly, I saw a motorcycle switched from lane 2 to lane 1 and fell off his bike. I quickly jam braked and stopped my vehicle completely. There was another car in front of me before the motorbike. I wish to inform that my car did not hit the car in front of me (Plate Number: SKM357Y). However, in that split second, the vehicle behind me (Plate Number: SMV5639E) collided onto my car, resulting in my vehicle moving forward and hitting onto the car in front of me. Upon coming out of my vehicle, I came to know that there was one other car behind the vehicle that hit the rear of my car. My car was damaged on the front and back bumper, including my front number plate. I had a customer in my car as I was doing a job order for TADA. However, she informed that she is fine. Apart from the motorcyclist, no one was injured.

On 12/03/2022, at about 1130hrs, I felt unwell on my neck, thumb and back. I went to see a doctor at Mount Alvernia Hospital and was given a Medical Certificate for 5 days.



**SINGAPORE  
POLICE FORCE**



T/20220312/2044

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560321  
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Report No. T/20220312/2044

**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 / Other KOH WEI JUN, JONES

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/03/2022 15:06

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case:

NP168