

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	05/04/2022 08:41 (SGT)
Date of Accident	04/04/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4938H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TONG KHING KIA
NRIC No	SXXXX028E
Email Address	tongvincent16@gmail.com
Mobile Phone No	(Phone) +65-96171332
Alternative Phone No	+65-96171332

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MR005763-R01
Cover Note Number	-

DRIVER

Name of Driver	TONG KHING KIA
NRIC No	SXXXX028E

Date Of Birth	24/10/1961
Occupation	Outdoor
Date Of Driving Pass	04/05/1979
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171332
Alt. Phone Number	+65-96171332
Email Address	tongvincent16@gmail.com
Address	BLK 795 YISHUN RING RD
Address complement	#10-3394
Postcode	760795
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SMT4167S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIMONSEN DAVID MOELLER
Passport No/FIN	GXXXX779T
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	TONG KHING KIA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMF4938H
Were seat belts worn?	Yes
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.

 4/4/2022
Policyholder's Signature / Date & Time

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

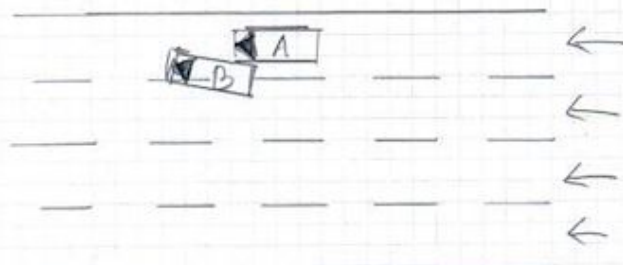
 05/04/22
Witnessed by Reporting Centre Personnel

Sketch Plan

ECP TWDS CHANGI AIRPORT

A - SMF49384

B - SMT41675




Describe Circumstances of the Accident


P/s refer to the police report: T/20220404/2059

Declaration

I/We declare the foregoing particulars are true in every respect.


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/20220404/2059

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20220404/2059

CONTINUATION OF REPORT

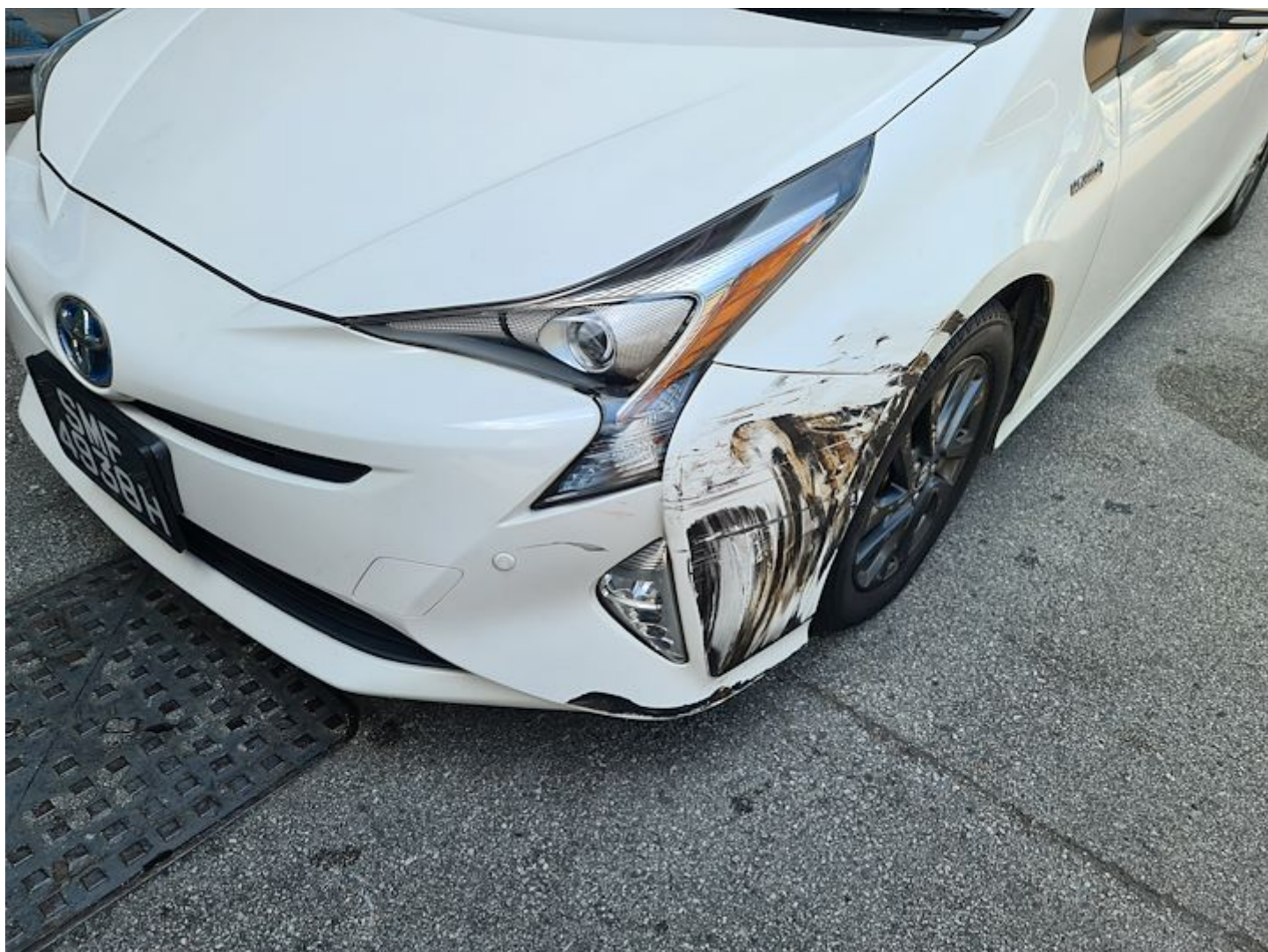
Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF4938H	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR005763	14/11/2020	13/11/2022

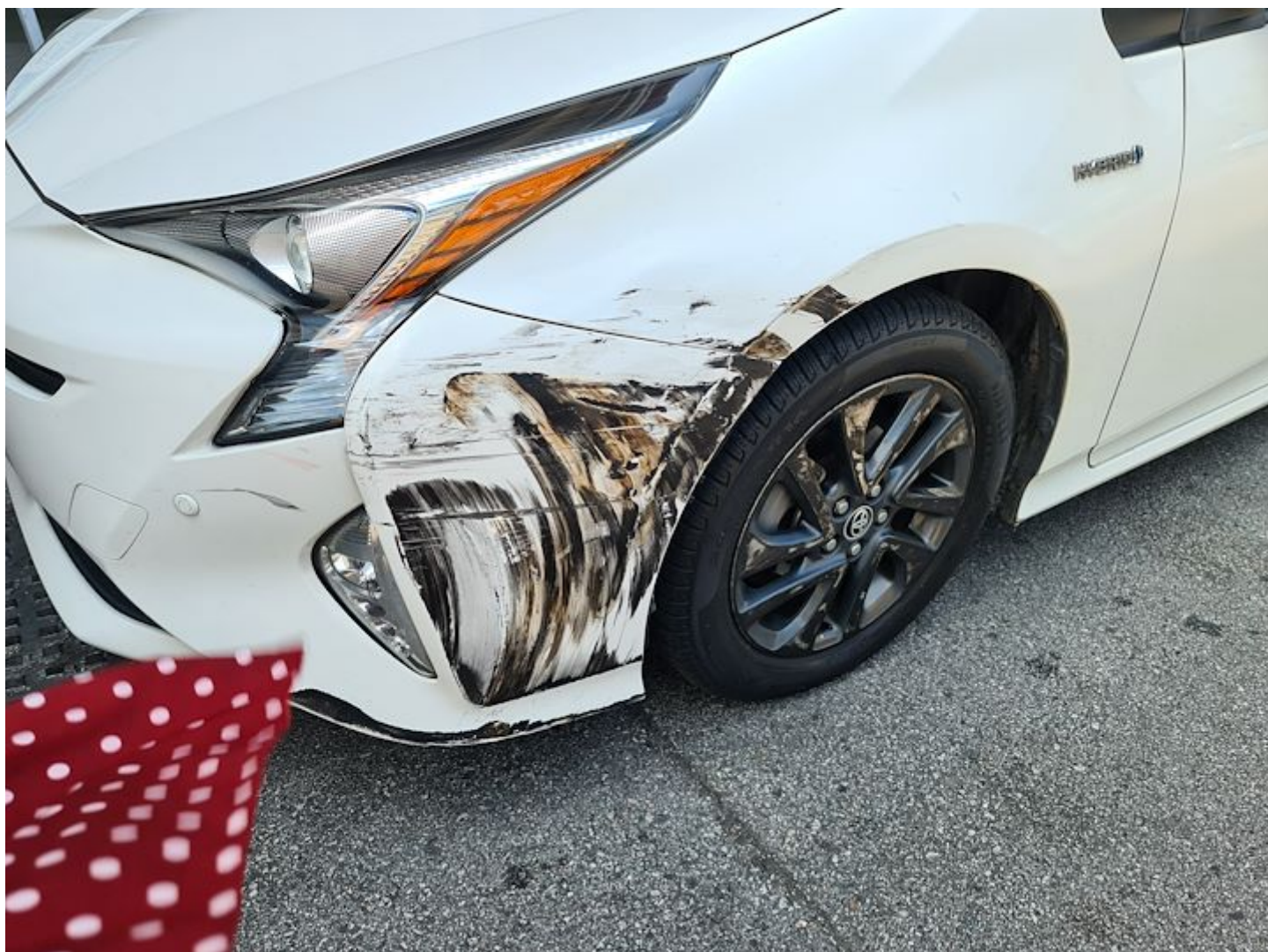
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TONG KHING KIA		ID No. S1470028E
Related Vehicle	SMF4938H (Car)		Contact No. 96171332
Hospital/Clinic	SATA COMMHEALTH UTTAMRAM MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2022		Date Discharge 04/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

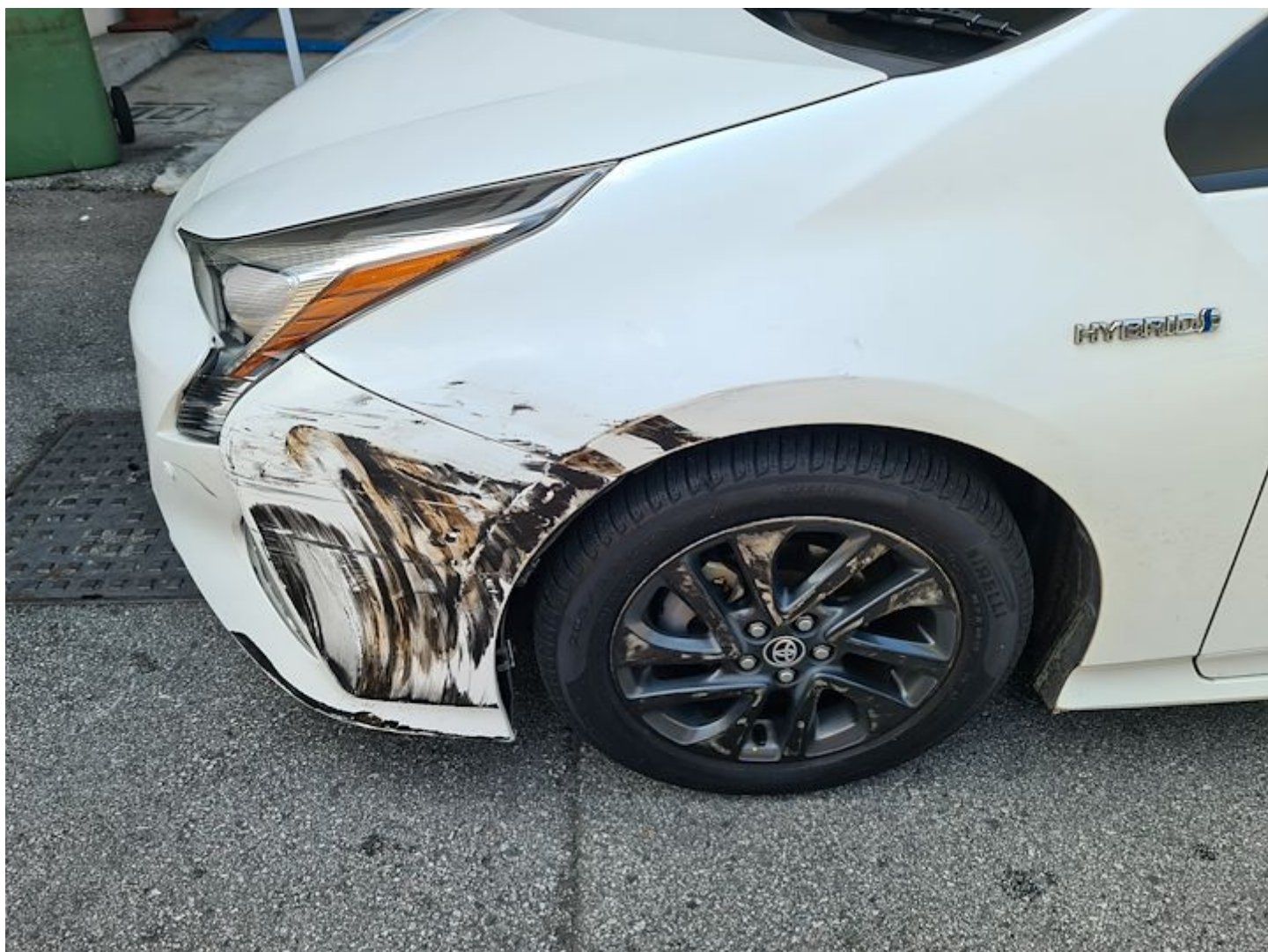
On the above mentioned date, time and location, I was driving along ECP expressway on the right most lane. I was fetching a customer towards Changi Airport. While travelling towards Changi Airport, a vehicle, SMT4167, Black Nissan, over took me from my left and wanted to move in from the 2nd lane into the first lane from the right. While he was changing lanes, SMT4167's right rear hit onto my front left wheel area. We then slowed down and stopped at the right most lane where we exchanged particulars and information. Subsequently we went our ways. After alighting my passenger, I went to get a MC for the injuries I have sustained. No police or ambulance attended to us and I would like to state that I have in-car cameras both front and back.





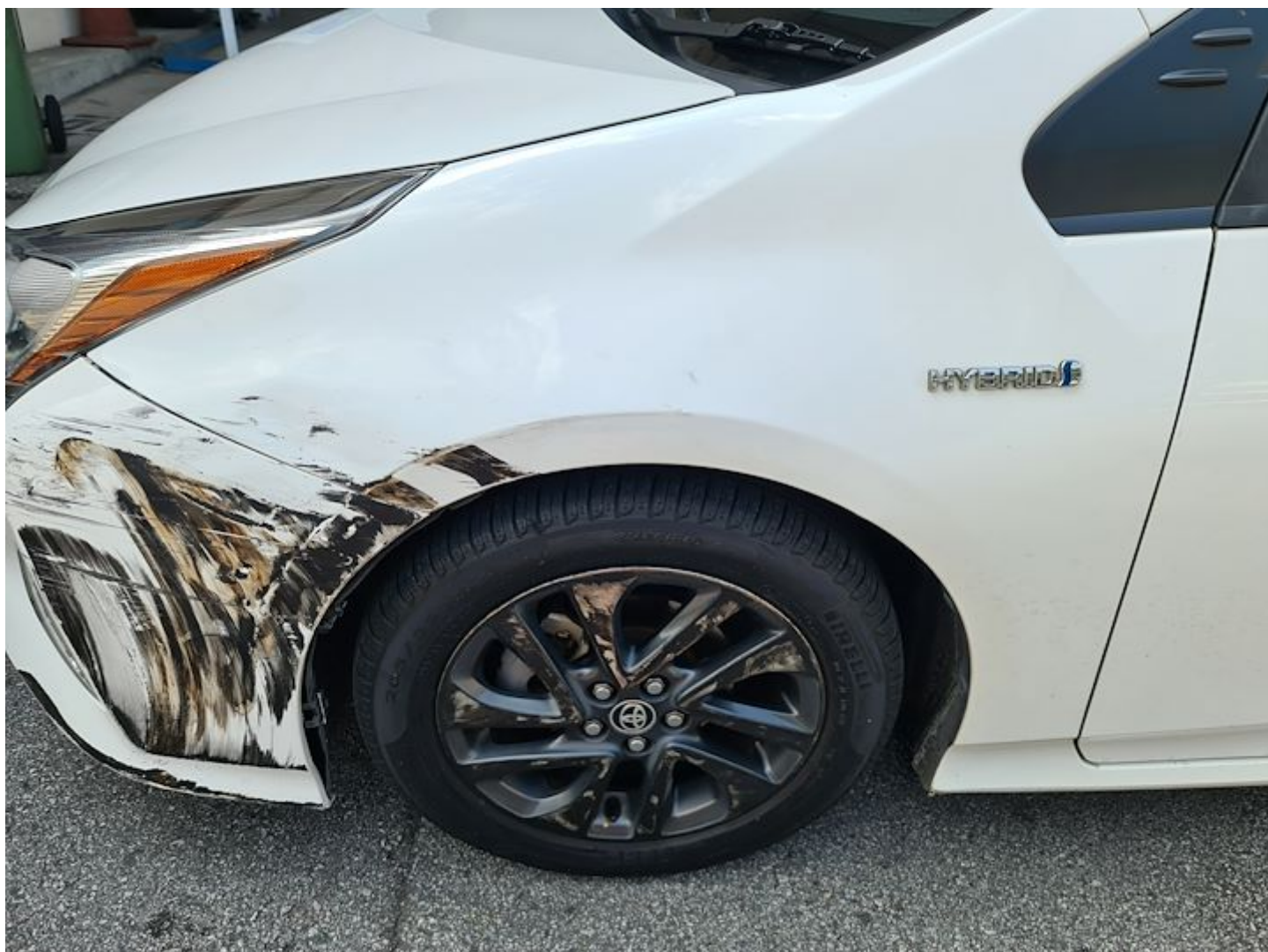


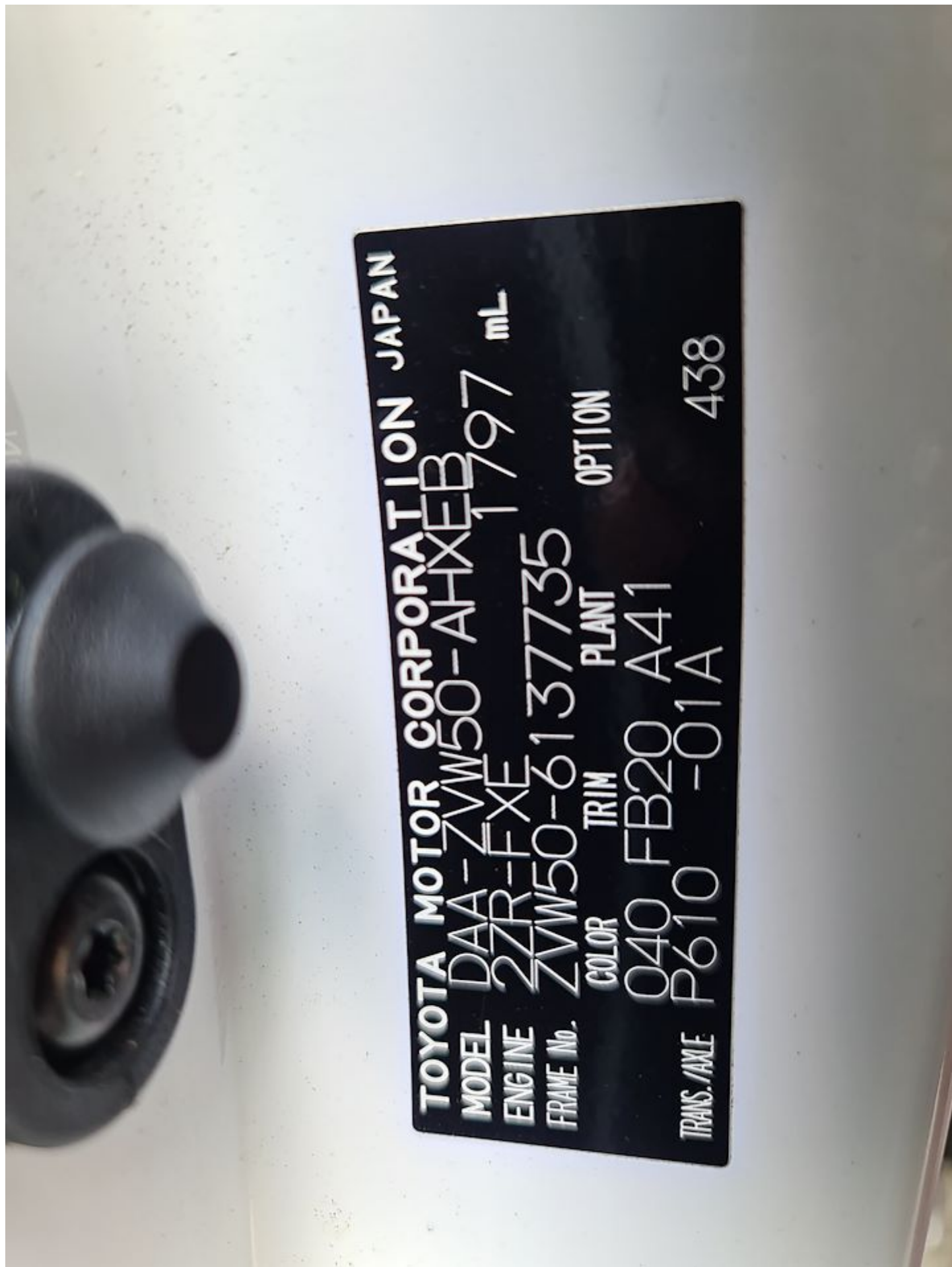
















**SINGAPORE
POLICE FORCE**



T/20220404/2059

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Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20220404/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2022 13:35	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: TONG KHING KIA		Address: APT BLK 795 YISHUN RING ROAD #10-3394 SINGAPORE 760795	
ID Type / ID No.: NRIC NO / S1470028E		Contact No.: Home/Office: Mobile: 96171332	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 24/10/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2022 08:05	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Towards Changi Airport				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF4938H	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	White	Slightly Damaged	1
SMT4167S	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220404/2059

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20220404/2059

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF4938H	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR005763	14/11/2020	13/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TONG KHING KIA		ID No. S1470028E
Related Vehicle	SMF4938H (Car)		Contact No. 96171332
Hospital/Clinic	SATA COMMHEALTH UTTAMRAM MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2022		Date Discharge 04/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving along ECP expressway on the right most lane. I was fetching a customer towards Changi Airport. While travelling towards Changi Airport, a vehicle, SMT4167, Black Nissan, over took me from my left and wanted to move in from the 2nd lane into the first lane from the right. While he was changing lanes, SMT4167's right rear hit onto my front left wheel area. We then slowed down and stopped at the right most lane where we exchanged particulars and information. Subsequently we went our ways. After alighting my passenger, I went to get a MC for the injuries I have sustained. No police or ambulance attended to us and I would like to state that I have in-car cameras both front and back.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20220404/2059

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Report No. T/20220404/2059

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:

G /
Other CHIA SHENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
04/04/2022 13:35

Classification Of Case:

NP168

