

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	24/05/2022 11:43 (SGT)
Date of Accident	23/05/2022 16:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CTE) TOWARDS ANG MO KIO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1237H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIOW YON HING
NRIC No	SXXXX322F
Email Address	mlhin.engineering@gmail.com
Mobile Phone No	(Phone) +65-84348392
Alternative Phone No	+65-84348392

VEHICLE PARTICULARS

Manufacturer	Proton
Model	Exora
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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V12887/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	SIOW YON HING
NRIC No	SXXXX322F

Date Of Birth	25/06/1979
Occupation	Outdoor
Date Of Driving Pass	15/10/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84348392
Alt. Phone Number	+65-84348392
Email Address	mlhin.engineering@gmail.com
Address	BLK 658 HOUGANG AVENUE 8 #02-441
Address complement	-
Postcode	530658
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT A/20220523/7051

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	GBH2911S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH3652C
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	SIOW YON HING
Gender	Male
Phone No	(Phone) +65-84348392
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJX1237H
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.

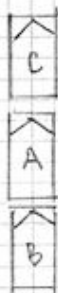

Policyholder's Signature / Date & Time


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

 24/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Alongside P12 (LTA) towards Haili mo Kuo



- ① SJK 1237H
- ② 6BH 2911C
- ③ sm H 3652C

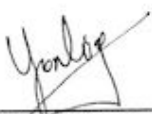
Describe Circumstances of the Accident


ON 23.05.2022 at about 1640hrs. I was travelling along
 PIE (CTE) towards AMK. The traffic was on slow move. Ahead of
 me, there's a vehicle slow down and stop. While waiting, all of a
 sudden I felt an hard impact. then I realised a long GBH 2015
 had collided onto my rear. Due to hard impact my vehicle had moved
 forward and collided onto SMH 3652C

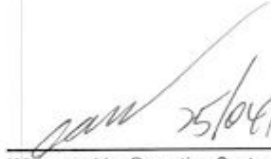
POLICE REPORT A/20220523/7051

Declaration

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

 25/06/2022
 Witnessed by Reporting Centre
 Personnel







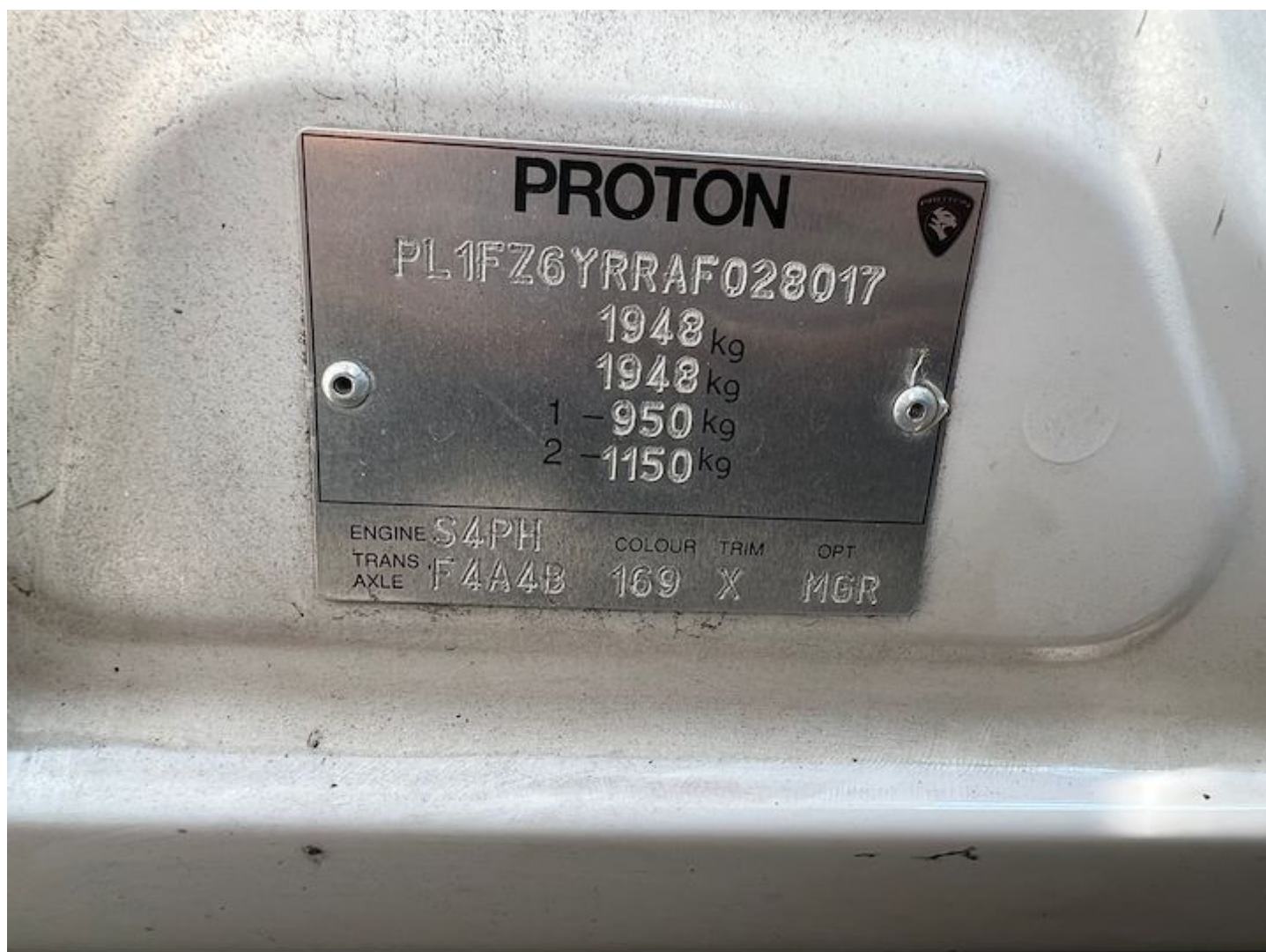




























**SINGAPORE
POLICE FORCE**



A/20220523/7051

1 of 2

POLICE REPORT (NP299)

Report No. A/20220523/7051

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 23/05/2022 22:31	Vide Report No.	Station Diary No.
Name Of Informant SIOU YON HING	Address 658 HOUGANG AVENUE 8 #02-441 SINGAPORE 530658	
ID Type / ID No. NRIC NO / S7989322F	Contact No. Home/Office:	Mobile: 84348392
Nationality MALAYSIAN	Email Address KENNYHING9393@HOTMAIL.COM	
Occupation Self employed	Sex Male	Age 42
Institution/School Name	Date of Birth 25/06/1979	Race Chinese
Date/Time Of Incident 23/05/2022 16:40	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time I vehicle SJX1237H was travelling straight along PIE towards Tuas before CTE(SLE) exit.
As the vehicle in front stopped I gradually follow suit.
Suddenly I felt a huge impact from behind and the impact propelled my vehicle forward to hit onto the front vehicle.
The impact causes both my knees to hit onto the dashboard and i was lunged forward only to be pulled back by my seatbelt.

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: 23/05/2022 22:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220523/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220523/7051

I then alighted and realised that I was involved in a 3 vehicle chain collision and I am the 2nd vehicle.

Order of the vehicles are as follows:

1. SMH3652C
2. SJX1237H
3. GBH2911S

After a while I felt pain on my neck, back and chest areas.

I proceeded to Pow Family Clinic near my place to seek treatment and I was given 3 days MC.

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: 23/05/2022 22:31
Officer In-Charge Of Case:	Classification Of Case: