

# 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 .....	01/07/2022 16:18 (SGT)
Reported by .....	Driver
Date of Accident .....	30/06/2022 08:58 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	TOWARDS CITY AFTER BEDOK EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJG656C
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SW AUTO
Company Reg No .....	5XXXX467L
Email Address .....	supersonicrun123@gmail.com
Mobile Phone No .....	(Phone) +65-90291117
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI22V03850/VPL/R03

### DRIVER

Name of Driver .....	CHONG KOK WAI
NRIC No .....	SXXXX544B
Date Of Birth .....	17/12/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	01/10/2011
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90291117
Alt. Phone Number .....	-
Email Address .....	supersonicrun123@gmail.com
Address .....	BLK 269 TAMPINES STREET 21 #04-229
Address complement .....	-
Postcode .....	520269
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	DRIZZLING
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	WONG SHIRLEY
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220630/2109

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLX5614C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HO CHANG RONG BRYAN
NRIC No .....	SXXXX537G
Contact Number .....	(Phone) +65-90680528
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 .....	CHONG KOK WAI
Gender .....	Male
Phone No .....	(Phone) +65-90291117
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK PAIN
Injured person in which vehicle? .....	SJG656C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	WONG SHIRLEY
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK PAIN
Injured person in which vehicle? .....	SJG656C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 the Insurers' 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 (Name as in NRIC/ID card)

Sketch Plan

ECP TOWARDS CNY AFTER BEDOK EXIT

	<p>A = SJG 656C</p> <p>B = SLX 5614C</p>
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Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS  
TRAVELLING ALONG ECP TOWARDS CITY ON LANE 1.  
SUDDENLY THE VEHICLE INFRONT BRAKE, I FOLLOWED AND  
CAME TO A COMPLETE STOP. I THEN FELT A HUGE  
IMPACT FROM THE REAR. I GOT DOWN AND REALISED  
VEHICLE B HIT ONTO ME.

POLICE REPORT T/20220680/2109

Declaration

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

X



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

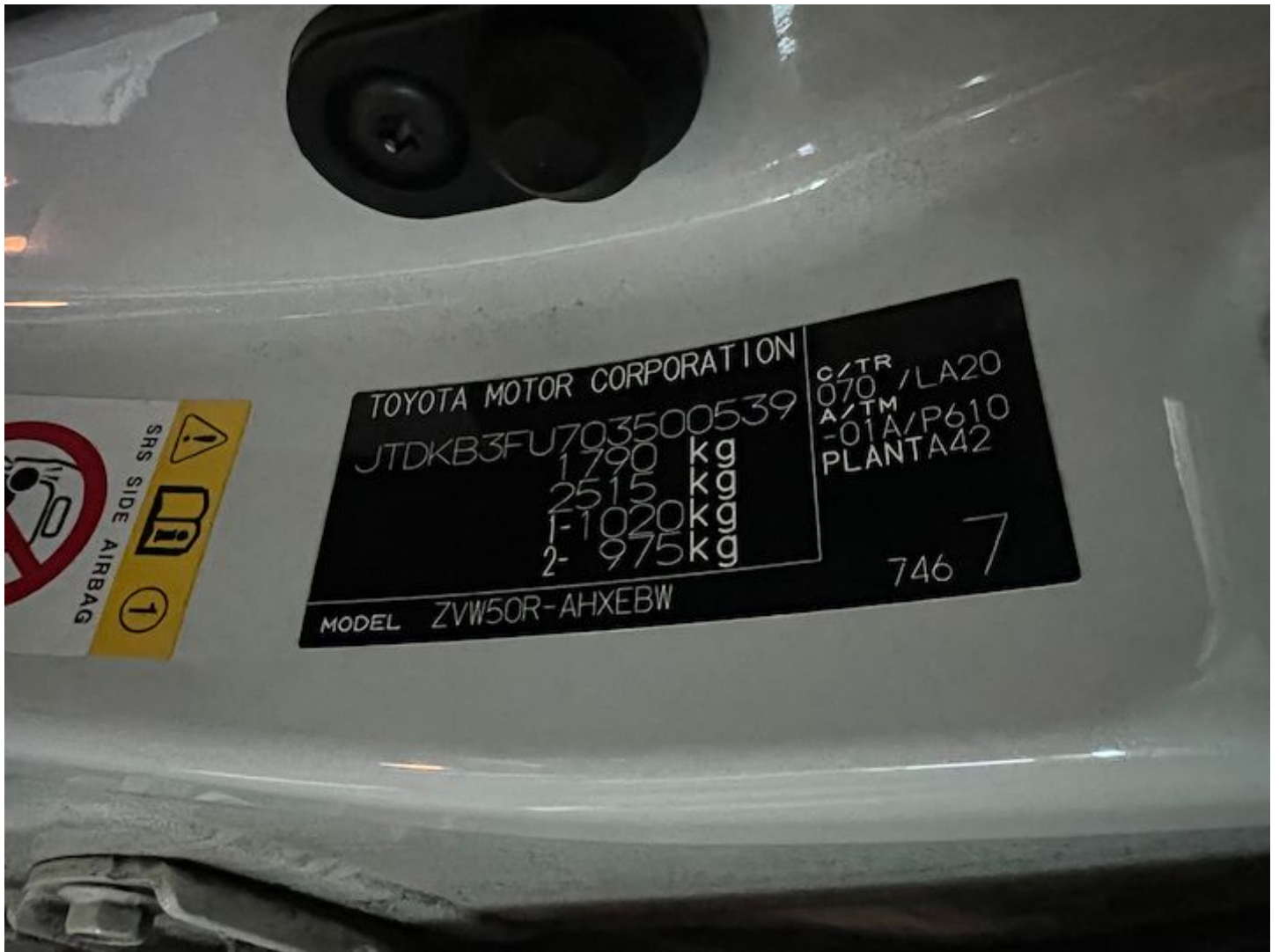


































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20220630/2109

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Report No. T/20220630/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/06/2022 23:12		Vide Report No.:		Station Diary No.: 94	
<b>Informant's Particulars</b>					
Name of Informant: CHONG KOK WAI		Address: APT BLK 269 TAMPINES STREET 21 #04-229 SINGAPORE 520269			
ID Type / ID No.: NRIC NO / S7664544B		Contact No.:		Mobile: 90291117	
Nationality: MALAYSIAN		Email:			
Sex: Male	Age: 45	Date of Birth: 17/12/1976	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 2B,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2022 08:55	Type of Location: EXPRESSWAY
Location:  EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		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
SJG656C	Car	TOYOTA		White	Slightly Damaged	1
SLX5614C	Car	MERCEDES BENZ		Black		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220630/2109

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220630/2109

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHONG KOK WAI	ID No.	S7664544B
Related Vehicle	SJG656C (Car)	Contact No.	90291117
Hospital/Clinic	TAMPINES MEICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/06/2022	Date Discharge	30/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	HO CHANG RONG BRYAN	ID No.	S9004537G
Related Vehicle	SLX5614C (Car)	Contact No.	90680528
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

**Brief Details.**

On the above mentioned date, time and location, I was driving my vehicle, SJG656C along ECP on the first lane towards city. As I was driving, the vehicle in front of mine suddenly braked which I then braked my vehicle to a stop. While my vehicle was stationary, I then felt an impact to the rear of my vehicle.

Another vehicle, SLX5614C, collided to the rear of my vehicle. We then went out of our vehicles to take pictures of the accident and exchange particulars. There was no traffic police or ambulance at scene. Damages to my vehicle are scratches at the rear bumper and the left portion of the rear bumper was dislodged. My wife, Wong Shirley was also in the vehicle. Myself and my wife then went to Tampines Medical Centre and received 3 days of mc dated from the 30/06/22 till the 02/07/22. Injuries are neck and back sprain. I have an inbuilt car camera but it has issues thus the accident was not recorded.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20220630/2109

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Report No. T/20220630/2109

## 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 ABDUL RAHMAN BIN  
MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/06/2022 23:12

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168