

# 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 .....	12/07/2022 20:05 (SGT)
Reported by .....	Both
Date of Accident .....	09/07/2022 22:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE SLE BEFORE EXIT 7B
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJS645X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KONG CHIN WAH EDWIN(KUANG JINGHUA)
NRIC No .....	S7635082E
Email Address .....	KONGEDWIN@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-90498831
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Estima
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 .....	2400

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5092254026-04

### DRIVER

Name of Driver .....	KONG CHIN WAH EDWIN(KUANG JINGHUA)
NRIC No .....	S7635082E
Date Of Birth .....	04/11/1976
Occupation .....	Indoor

Date Of Driving Pass .....	12/09/1996
Driving experience .....	25 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90498831
Alt. Phone Number .....	-
Email Address .....	KONGEDWIN@YAHOO.COM.SG
Address .....	92 PUNGGOL DRIVE #07-05 RIVERPARC RESIDENCE
Address complement .....	-
Postcode .....	828795
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 - Head to Rear
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) .....	4
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 .....	Passenger
Gender .....	Female

#### PASSENGER 2

Name .....	Passenger
Gender .....	Female

#### PASSENGER 3

Name .....	Passenger
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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 ..... FILE SIZE TOO BIG TO BE UPLOADED

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMM7769Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... LEE CHEE TIONG  
 NRIC No ..... S1647238G  
 Contact Number ..... (Phone) +65-97811313  
 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 ..... KONG CHIN WAH EDWIN(KUANG JINGHUA)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJS645X  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... PASSENGER  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJS645X  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... PASSENGER  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJS645X

Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... PASSENGER  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SJS645X  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 12/07/2022 / 14:04

Report No: MT/

D.O.A: 09/07/2022  
Time: 22:05 hrs

Vehicle No: SJ5645X

Reporting Type:

SKETCH PLAN

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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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 12/07/22 / 14:04

Policyholder's Signature / Date & Time

Sketch Plan

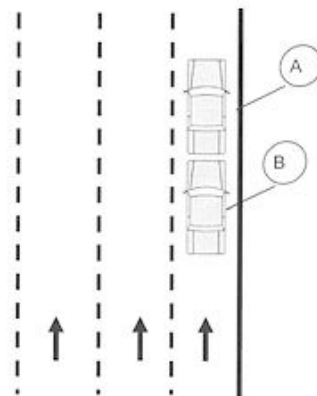
12/07/22 / 14:04

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

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)



CTE SLE before Exit 7B

Vehicle A: SJ5645X

Vehicle B: SMM7769Y

**Describe Circumstances of the Accident**

Refer to Police Report

**Declaration**

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



12/07/22 / 14:04

Policyholder's Signature / Date & Time

12/07/22 / 14:04

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

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



















**SINGAPORE  
POLICE FORCE**



T/20220710/2030

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

1 of 4  
Report No. T/20220710/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/07/2022 15:03	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: KONG CHIN WAH EDWIN	Address: BLK 92 PUNGGOL DRIVE #07-05 SINGAPORE 828795		
ID Type / ID No.: NRIC NO / S7635082E	Contact No.: Home/Office: Mobile: 90498831		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 45	Date of Birth: 04/11/1976	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: ENGINEER	Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2022 22:05	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	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
SJS645X	Car	TOYOTA	ESTIMA AERAS 2.4 A	Purple		3
SMM7769Y	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS645X	NTUC Income Insurance Co-Operative Limited	5092254026-04	28/07/2021	27/07/2022



**SINGAPORE  
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T/20220710/2030

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Tel No: 1800-6049999

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Report No. T/20220710/2030

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	KONG JIE MING	ID No.	T1320833B
Related Vehicle	SJS645X (Car)	Contact No.	NIL
Hospital/Clinic	PARKWAY SHENTON MEDICAL GROUP (PUNGGOL)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	KONG ZI XUAN	ID No.	T0802221B
Related Vehicle	SJS645X (Car)	Contact No.	NIL
Hospital/Clinic	PARKWAY SHENTON MEDICAL GROUP (PUNGGOL)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	KONG CHIN WAH EDWIN	ID No.	S7635082E
Related Vehicle	SJS645X (Car)	Contact No.	90498831
Hospital/Clinic	PARKWAY SHENTON MEDICAL GROUP (PUNGGOL)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	10/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20220710/2030

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151 Punggol Central SINGAPORE 828727  
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Report No. T/20220710/2030

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	LIM SUE LYNN		ID No. S7528127G
Related Vehicle	SJS645X (Car)		Contact No. 96896829
Hospital/Clinic	PARKWAY SHENTON MEDICAL GROUP (PUNGGOL)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM CHEE TIONG		ID No. S1647238G
Related Vehicle	SMM7769Y (Car)		Contact No. 97811313
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 09/07/2022 at about 2206hrs, I was driving my vehicle bearing registration number SJS645X along CTE on lane 1 before Exit 7B. The traffic was heavy, and I saw a vehicle in front of me slowing down and coming to a stop. I then follow the vehicle in front of me and came to a complete stop. Shortly after, a vehicle bearing registration number SMM7769Y collided onto my vehicle.

I would like to inform that I have in-car camera and I was with my wife and my two children aged 14 and 9 years old during the accident. At the point of time my family and I was having some pain and we went to a clinic in Yishun. However, we were informed by the staff that the waiting time is more than an hour. As such, we decided to go back home to rest first. We then proceed to the doctor on 10/07/2022 and my two children and I was given three days mc and my wife was given 5 days mc.





**SINGAPORE  
POLICE FORCE**



T/20220710/2030

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151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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Report No. T/20220710/2030

**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 YEO HUI YU

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/07/2022 15:03

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

Classification Of Case:

NP168