

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 Actual 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 12/08/2022 10:46 (SGT)
Reported by Driver
Date of Accident 10/08/2022 15:17 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS CHANGI B4 THOMSON RD TPY EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP8649Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAY YONG LEE
NRIC No SXXXX871B
Email Address hay0408@gmail.com
Mobile Phone No (Phone) +65-96942012
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 1598

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNPV2021-00004090

DRIVER

Name of Driver HAY CHOON LEONG
NRIC No SXXXX354A
Date Of Birth 04/04/1996
Occupation Indoor

Date Of Driving Pass	21/08/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-91910200
Alt. Phone Number	-
Email Address	hay0408@gmail.com
Address	BLK 409A NORTHSHORE DRIVE
Address complement	#19-236
Postcode	821409
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	HENG LEMIAN,NATHANIEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6885R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KO MING BOON
NRIC No	SXXXX324H
Contact Number	(Phone) +65-97398858
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	SJM179G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEUNG CHUNG HONG
NRIC No	SXXXX379J
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	HAY CHOON LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,SHOULDERS,CHEST & BACK
Injured person in which vehicle?	SJP8649Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HENG LEMIAN,NATHANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	KNEES
Injured person in which vehicle?	SJP8649Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

 11/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan area with grid and handwritten notes:

Left side notes: PIE THURS CHANG, BEF THOMSON RD, TPT EXIT

Right side notes: (C) SIM H96, (A) STA 86492, (B) CTR 68852

Diagram shows a vertical line with three points labeled C, A, and B. Below the line are four circles labeled 4, 3, 2, and 1 from left to right.

Describe Circumstance of the Accident

ON 10/08/2022 15:17PM, AS I WAS TRAVELLING @ LANE 1
 ALONG PIE TWDS CHANGI BEF THOMSON RD / TAY EXIT.
 WHEN I SAW THE VEHICLE IN FRONT OF ME (SIM 799.9?)
 HAD CAME TO A STOP. I STOPPED MY CAR (SIP 86492) AND KEPT
 A DISTANCE IN BETWEEN. SUDDENLY, THERE WAS A HUGE IMPACT
 FROM BEHIND, CAUSING MY VEHICLE COLLIDED TO THE CAR IN FRONT
 OF ME.

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

 11/08/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220811/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220811/7023

CONTINUATION OF REPORT

Driver			
Name	HAY CHOON LEONG	ID No.	S9627354A
Related Vehicle	SJP8649Z (Car)	Contact No.	91910200
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SJP8649Z along PIE(Changi) when I had gradually come to a stop before Onraet Road due to traffic conditions.

My friend, Nathaniel Heng, was my front passenger at that time.

We were chatting while waiting for traffic in front to move off when suddenly, a massive impact slammed into the rear of my vehicle.

Having been caught off guard, our bodies lurched forward due to the impact only to be restrained by our seat belts.

Despite keeping ample safety distance from the vehicle in front, the impact was so huge that my vehicle surged forward to hit onto the vehicle in front, when I was already stepping on my brakes.

Nathaniel knocked both his knees against the glove compartment as a result of the accident.

Upon alighting, I realised that we were involved in a 3 car chain collision involving:

SJM179G
SJP8649Z
SJQ6885R

where mine was the middle vehicle.

Shortly after the accident, I started feeling aches in my neck, shoulders, chest and back areas while Nathaniel complained of pain in his neck, shoulders, back and knees.

We proceeded to seek treatment at Sunshine Family Clinic near my clubhouse the same evening.

Both Nathaniel and I were given 5 days MC each for injuries caused by the accident.









































**SINGAPORE
POLICE FORCE**



T/20220811/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220811/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2022 15:05		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: HAY CHOON LEONG		Address: 409A NORTHSHORE DRIVE #19-236 SINGAPORE 821409		
ID Type / ID No.: NRIC NO / S9627354A		Contact No.: Home/Office: Mobile: 91910200		
Nationality: SINGAPORE CITIZEN		Email: hay0408@gmail.com		
Sex: Male	Age: 26	Date of Birth: 04/08/1996	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2022 15:15	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP8649Z	Car				Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20220811/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220811/7023

CONTINUATION OF REPORT

Driver			
Name	HAY CHOON LEONG		ID No. S9627354A
Related Vehicle	SJP8649Z (Car)		Contact No. 91910200
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20220811/7023

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Report No. T/20220811/7023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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10 Ubi Avenue 3 SINGAPORE 408865
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T/20220811/7023

4 of 4

Report No. T/20220811/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/08/2022 15:05

Classification Of Case: