

# 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 ..... 10/08/2021 19:26 (SGT)  
Date of Accident ..... 10/08/2021 06:55 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK3027C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHEE LOY HONG  
NRIC No ..... S1182793D  
Email Address ..... ALFREDPROPERTY@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96490880  
Alternative Phone No ..... +65-96490880

### VEHICLE PARTICULARS

Manufacturer ..... Daihatsu  
Model ..... Terios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1495

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5104385510-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHONG CHEE WENG  
NRIC No ..... S1303291B

Date Of Birth .....	16/10/1958
Occupation .....	Indoor
Date Of Driving Pass .....	01/04/1980
Driving experience .....	41 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91733248
Alt. Phone Number .....	-
Email Address .....	ALFREDPROPERTY@GMAIL.COM
Address .....	BLK 143 RIVERVALE DRIVE
Address complement .....	#16-551
Postcode .....	540143
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	WIFE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER SKETCH PLAN

#### ATTACHMENT(S)

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 .....	EMAIL NTUC
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE3755K
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/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

**Sketch Plan**

A: SJK 3027C  
B: GBE 3755K

**Describe Circumstances of the Accident**

PLEASE REFER TO POLICE REPORT.

**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

Witnessed by Reporting Centre Personnel

*[Signature]* 10/8 @ 4:10P

*[Signature]* 





**SINGAPORE  
POLICE FORCE**



T/20210810/2046

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210810/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2021 14:56		Vide Report No.: T/20210810/2008		Station Diary No.: 73	
<b>Informant's Particulars</b>					
Name of Informant: CHONG CHEE WENG			Address: APT BLK 143 RIVERVALE DRIVE #16-551 SINGAPORE 540143		
ID Type / ID No.: NRIC NO / S1303291B			Contact No.: Home/Office: Mobile: 91733248		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 16/10/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2021 06:55	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3755K	Lorry	TOYOTA		White		0
SJK3027C	Car	DAIHATSU	TERIOS	Silver	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20210810/2046

**CONTINUATION OF REPORT**

Driver			
Name	CHONG CHEE WENG		ID No. S1303291B
Related Vehicle	SJK3027C (Car)		Contact No. 91733248
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

Reference to report number T/20210810/2008, I am making this report after I review my in car camera footage on a larger screen.

On 10/8/2021 at about 0654hrs, I was travelling along SLE (BKE), on the 2nd of 4 lanes road. After the exit of Lentor Avenue, one dark grey van (GBK6922T) who was travelling on the extreme left lane, encroached into a lorry's lane, who was on the 3rd lane. The lorry swerved to his right and hit onto my vehicle while trying to avoid collision with the van.

After the collision, I slowed down and moved to the left. However, the lorry and van continued to move off without stopping.

No one else was affected. My passenger and I are not injured.

I have a in-car camera. No police attended to me and no witness.



**SINGAPORE  
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T/20210810/2046

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545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20210810/2046

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 /

Staff Sgt LIM WEI PING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2021 14:56

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168



SN 159

SIGNATURE





**SINGAPORE  
POLICE FORCE**



T/20210810/2008

1 of 3

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545025  
Tel No: 1800-343 8999

Report No. T/20210810/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2021 09:14	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: CHONG CHEE WENG			Address: APT BLK 143 RIVERVALE DRIVE #16-551 SINGAPORE 540143		
ID Type / ID No.: NRIC NO / S1303291B			Contact No.: Home/Office: Mobile: 91733248		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 16/10/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: REAL ESTATE AGENT			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2021 06:55	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
6922T (Not Accurate)	Van				Slightly Damaged	0
SJK3027C	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
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T/20210810/2008

2 of 3

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545025  
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Report No. T/20210810/2008

## CONTINUATION OF REPORT

Driver			
Name	CHONG CHEE WENG	ID No.	S1303291B
Related Vehicle	SJK3027C (Car)	Contact No.	91733248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/8/2021 at about 0654hrs, I was travelling along SLE (BKE) on the 2nd from right lane. After the exit of Lontor Avenue, a Dark Grey Van came from the extreme left lane and encroached into my lane. The right rear of the vehicle side swipe onto the left rear of my vehicle. The vehicle then sped off without stopping. No one else was affected. My passenger and I are not injured.

I have a in car camera installed but the video footage could not see the other party's number plate clearly. I could vaguely see the number plate contains 6922T.

No police attended to me at the scene. No witness.



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T/20210810/2008

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**CONTINUATION OF REPORT**

**Sketch Plan**

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F /

Staff Sgt LIM WEI PING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

10/08/2021 09:14

Classification Of Case:

Authentication Stamp  
NP168

