

# 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 ..... 11/11/2022 11:30 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/11/2022 19:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES AVE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ2329Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIOW YAW KHONG  
NRIC No ..... S9014851F  
Email Address ..... ianykliow@gmail.com  
Mobile Phone No ..... (Phone) +65-98167499  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... HYBRID  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5118594456-01

### DRIVER

Name of Driver ..... LIOW YAW KHONG  
NRIC No ..... S9014851F  
Date Of Birth ..... 06/05/1990  
Occupation ..... Indoor

Date Of Driving Pass .....	15/01/2018
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98167499
Alt. Phone Number .....	-
Email Address .....	ianykliow@gmail.com
Address .....	BLK 494J TAMPINES ST 45 #12-596
Address complement .....	-
Postcode .....	529494
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 - Major/Minor Rd
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) .....	1
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 .....	-

#### 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

#### REFER TO POLICE REPORT

#### 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 .....	VIDEO WILL BE SEND TO INSURANCE COMPANY

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKW8751L
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	Axela

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KEE LEAK PENG
NRIC No .....	S6977837B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT PORITON
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LIOW YAW KHONG
Gender .....	Male
Phone No .....	(Phone) +65-98167499
Address .....	BLK 494J TAMPINES ST 45 #12-596
Address Complement .....	-
Post Code .....	529494
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ2329Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 11/11/2022 / 11:07

Report No: MT/ \_\_\_\_\_

D.O.A: 10/11/2022

Vehicle No: SM22329Z

Reporting Type: TP

Time: 19:20 hrs

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

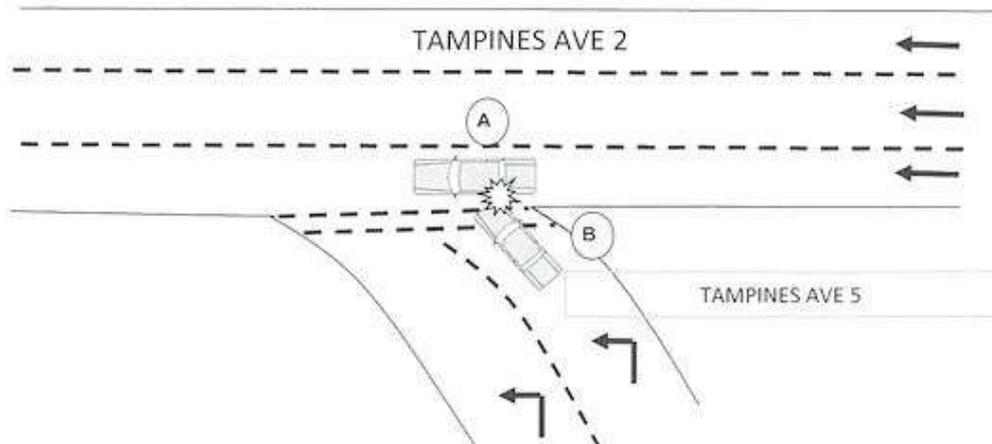
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 11/11/22 / 11:07  
 Policyholder's Signature / Date & Time

11/11/22 / 11:07  
 Driver's Signature (If driver is not the policyholder) / Date & Time

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

**Sketch Plan**



Vehicle A: SM22329Z

Vehicle B: SKW8751L

**Describe Circumstances of the Accident**  
REFER TO POLICE REPORT

[Empty box for describing the accident circumstances]

**Declaration**

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

  
11/11/22 / 11:07  
Policyholder's Signature / Date & Time

11/11/22 / 11:07  
Driver's Signature (if driver is not the policyholder) / Date & Time

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



**SINGAPORE  
POLICE FORCE**



T/20221111/2023

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

1 of 4

Report No. T/20221111/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2022 10:35	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: LIOW YAW KHONG		Address: APT BLK 494J TAMPINES STREET 45 #12-596 SINGAPORE 529494	
ID Type / ID No.: NRIC NO / S9014851F		Contact No.: Home/Office: Mobile: 98167499	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 06/05/1990	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCIAL ADVISOR		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 10/11/2022 19:20	Type of Location: Straight Road
Location:  TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW8751L	Car	MAZDA	AXELA SPORT 15C CVT ABS D/AIRBAG 2WD 5DR	Black	Slightly Damaged	1
SMZ2329Z	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221111/2023

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

Report No. T/20221111/2023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ2329Z	NTUC Income Insurance Co-Operative Limited	5118594456-01	17/11/2021	16/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KEE LEAK PENG		ID No.	S6977837B
Related Vehicle	SKW8751L (Car)		Contact No.	NIL
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
Driver				
Name	LIOW YAW KHONG		ID No.	S9014851F
Related Vehicle	SMZ2329Z (Car)		Contact No.	98167499
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2022		Date Discharge	11/11/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On 10/11/2022 at about 7.20pm, I had moved off from the X-junction of Tampines Ave 1/Tampines Ave 5 towards Tampines Ave 2. After I crossed the junction, a car suddenly collided on the left passenger door.

I then alighted from the car where I observed my car sustain the following damages:-

- scratches and dent on the front left passenger door
- dent on the rear left passenger door (at the joint area)

I wish to state that I had viewed back my in-car camera footage and discovered that the car did not slow down before the collision happened.



**SINGAPORE  
POLICE FORCE**



T/20221111/2023

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/20221111/2023

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221111/2023

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/20221111/2023

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 /

SI MOHAMED IDIL BIN  
MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/11/2022 10:35

Officer In Charge Of Case:

TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168