

## 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 ..... 21/11/2022 17:44 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/11/2022 14:45 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ1938E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Guay Boon Bing  
NRIC No ..... SXXXX459Z  
Email Address ..... jason\_guay@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-93388982  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 1900058426-02

#### DRIVER

Name of Driver ..... Guay Jun Han  
NRIC No ..... SXXXX605B  
Date Of Birth ..... 17/04/1995  
Occupation ..... Indoor

Date Of Driving Pass .....	02/06/2015
Driving experience .....	7 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81130590
Alt. Phone Number .....	-
Email Address .....	gjunhann@gmail.com
Address .....	55 Compassvale Bow #11-11
Address complement .....	-
Postcode .....	544986
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 .....	5
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 .....	Guay Boon Bing
Gender .....	Male

#### PASSENGER 2

Name .....	Yeow Bee Choo
Gender .....	Female

#### PASSENGER 3

Name .....	Valerie Ong
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan/police report no: T/20221120/2041.

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMQ2678M  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SML3564C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Clarence Kee Wei Jing  
 Contact Number ..... -  
 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 3

Vehicle Registration Number ..... SMS3088Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number ..... SLV8035P  
 Vehicle Manufacturer ..... -

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	Yeow Bee Choo
Gender .....	Female
Phone No .....	(Phone) +65-94556189
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	54
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJQ1938E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	Valerie Ong
Gender .....	Female
Phone No .....	(Phone) +65-83993732
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	27
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJQ1938E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	Guay Jun Han
Gender .....	Male
Phone No .....	(Phone) +65-81130590
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	27
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJQ1938E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 4

Name of injured person .....	Guay Boon Bing
Gender .....	Male
Phone No .....	(Phone) +65-93388982
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	56
Injuries Sustained .....	-
Injured person in which vehicle? .....	-

Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

SKETCH PLANIMPORTANT NOTICE

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

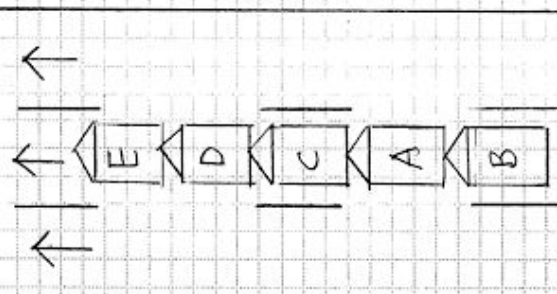
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
**21 NOV 2022**  
 Sketch Plan

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
**21 NOV 2022**

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) **Lim Lai Boong**

K P E	
A: 3JQ 1938 E	←
B: 9MQ 2678 M	←
C: 8ML 3564 C	←
D: 8MS 3088 Z	←
E: 8LV 8035 P	←



Describe Circumstance of the Accident


Follow police report

Declaration

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

  
 Policyholder's Signature / Date & Time  
 21 NOV 2022

  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time  
 21 NOV 2022

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) Lim Lai Poony  
 2





**SINGAPORE  
POLICE FORCE**



T/20221120/2041

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 5

Report No. T/20221120/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2022 16:48	Vide Report No.:	Station Diary No.: 69
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**Informant's Particulars**

Name of Informant: GUAY JUN HAN			Address: APT BLK 277C COMPASSVALE LINK #12-280 SINGAPORE 543277	
ID Type / ID No.: NRIC NO / S9513605B			Contact No.:	Mobile: 81130590
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 17/04/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2022 14:45	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJQ1938E	Car					3
SLV8035P	Car					0
SML3564C	Car					0
SMQ2678M	Car					0
SMS3088Z	Car					0





**SINGAPORE  
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T/20221120/2041

2 of 5

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20221120/2041

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YEOW BEE CHOO	ID No.	S6817029Z
Related Vehicle	SJQ1938E (Car)	Contact No.	94556189
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2022	Date Discharge	20/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	VALERIE ONG	ID No.	S9508236Z
Related Vehicle	SJQ1938E (Car)	Contact No.	83993732
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2022	Date Discharge	20/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	GUAY JUN HAN	ID No.	S9513605B
Related Vehicle	SJQ1938E (Car)	Contact No.	81130590
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/11/2022	Date Discharge	20/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20221120/2041

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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 5

Report No. T/20221120/2041

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	GUAY BOON BING	ID No.	S1777459Z
Related Vehicle	SJQ1938E (Car)	Contact No.	93388982
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2022	Date Discharge	20/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Driver</b>			
Name	CLARENCE KEE WEI JING	ID No.	S9606256G
Related Vehicle	SML3564C (Car)	Contact No.	93622921
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 19/11/2022 at about 1445hrs, I was driving my dad's car (SJQ1938E) on the second lane of KPE going towards Airport Road direction. At that point of time, the traffic was moderate, I have 3 passengers onboard and when I was reaching the entrance to KPE tunnel (before the ERP), there were three vehicles (SLV8035P, SMS3088Z, SML3564C) from my right started to filter into my lane. However, shortly after the three vehicles filtered into my lane, all three vehicles braked, and the front vehicle (SML3564C) collided into the vehicle in front of it and came to a stop. At the same time, the vehicle (SMQ2678M) behind mine filtered into my lane as well and was very close to the rear of my car. I did step on the brake to try to maintain the distance between the front vehicle and mine but was not able to fully stop in time as it happened too sudden and collided into the rear of the vehicle (SML3564C). After the collision, I felt an impact coming from my rear as well. However, when I got out to check, the vehicle behind mine had already drove off.

It was a chain collision traffic accident involving five vehicles (the last vehicle drove off without stopping), whereby the first vehicle was SLV8035P, second was SMS3088Z, third was SML3564C, fourth was my vehicle (SJQ1938E), fifth vehicle was SMQ2678M, Mazda (hit and run).

I took photos of the damages and exchanged contact details with the other three drivers, and we drove off as we did not feel any uncomfortable at that point of time.

On 20/11/2022, my passengers and I started to feel uncomfortable as such we went to seek treatment and I was given 3 days of medical certificate while the rest got 2 days of medical certificate.

I want to state that my vehicle has installed both front and rear in-car camera and from the rear camera footages, I managed to get the registration plate number of the fifth vehicle.



**SINGAPORE  
POLICE FORCE**



T/20221120/2041

4 of 5

Report No. T/20221120/2041

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CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221120/2041

Police Station Of Origin:  
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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

5 of 5

Report No. T/20221120/2041

**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:

E /

SR STAFF SGT LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/11/2022 16:48

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

NP168