

# 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 .....	15/12/2022 17:05 (SGT)
Reported by .....	Both
Date of Accident .....	14/12/2022 11:45 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE (AYE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG1985K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	EE CHING SUNG
NRIC No .....	S7973984G
Email Address .....	MAYLAW79@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-84283178
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Eclipse cross
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 .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5132018962

### DRIVER

Name of Driver .....	EE CHING SUNG
NRIC No .....	S7973984G
Date Of Birth .....	09/04/1979
Occupation .....	Indoor

Date Of Driving Pass .....	10/04/2002
Driving experience .....	20 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84283178
Alt. Phone Number .....	-
Email Address .....	MAYLAW79@HOTMAIL.COM
Address .....	168 WOODLANDS STREET 11
Address complement .....	05-131
Postcode .....	730168
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	LITON
Gender .....	Male

#### PASSENGER 2

Name .....	REZA MOHAMMAD SELIM
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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

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 .....	SKZ7557Y
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) .....	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKG138U
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 3

Vehicle Registration Number .....	SLT7653Y
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 .....	EE CHING SUNG
Gender .....	Male
Phone No .....	-
Address .....	-

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SMG1985K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	REZA MOHAMMAD SELIM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SMG1985K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 3

Name of injured person .....	LITON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SMG1985K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**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 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

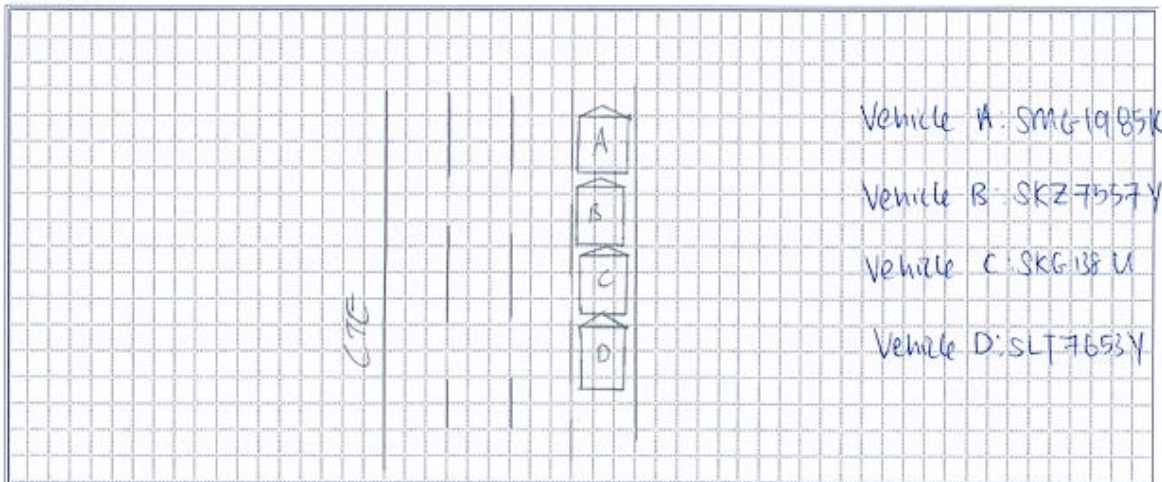
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



The sketch plan is a grid-based diagram showing the positions of four vehicles involved in an accident. The vehicles are labeled A, B, C, and D, and their license plate numbers are written to the right of the grid.

- Vehicle A: SMG 1985K
- Vehicle B: SKZ 7357Y
- Vehicle C: SKG 138 U
- Vehicle D: SLT 7653Y

The grid shows the relative positions of the vehicles. Vehicle A is at the top, followed by B, C, and D. Vehicle C is to the left of the others. There is a handwritten 'CTE' to the left of the vehicles.

Describe Circumstance of the Accident

On the stated date and time, I was travelling straight on the first lane, front vehicle slow down and I follow suit. Suddenly I felt a huge impact and realise my <sup>vehicle</sup> have been hit from the rear, I came down and realise is a 4-car chain collision.

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



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



































**SINGAPORE  
POLICE FORCE**



T/20221214/7078

1 of 4

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

Report No. T/20221214/7078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2022 23:03	Vide Report No.: A/20221214/0034	Station Diary No.:
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**Informant's Particulars**

Name of Informant: EE CHING SUNG			Address: 168 WOODLANDS STREET 11 #05-131 SINGAPORE 730168	
ID Type / ID No.: NRIC NO / S7973984G			Contact No.: Home/Office:	Mobile: 84283178
Nationality: SINGAPORE CITIZEN			Email: maylaw79@hotmail.com	
Sex: Male	Age: 43	Date of Birth: 09/04/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2022 11:45	Type of Location: Straight Road
Location:  JALAN TENTERAM				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKZ7557Y	Car	MERCEDES BENZ	C180	White	Slightly Damaged	0
SMG1985K	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20221214/7078

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

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Report No. T/20221214/7078

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1985K	NTUC Income Insurance Co-Operative Limited	5132018962	10/12/2022	09/12/2023

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM SYU YONG , MARTIN	ID No.	T0120662H
Related Vehicle	SKZ7557Y (Car)	Contact No.	88167732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	REZA MOHAMMAD SELIM	ID No.	G2552088U
Related Vehicle	SMG1985K (Car)	Contact No.	93961165
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	EE CHING SUNG	ID No.	S7973984G
Related Vehicle	SMG1985K (Car)	Contact No.	84283178
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20221214/7078

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

Report No. T/20221214/7078

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	LITON	ID No.	G6813494W
Related Vehicle	SMG1985K (Car)	Contact No.	83765541
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above date, time and location i was driving along CTE(AYE) 9KM the vehicle in front of me suddenly jam brake which forced me to jam break also which resulted in the vehicle (SKY7557Y) behind me colliding with my rear and caused a chain collision





**SINGAPORE  
POLICE FORCE**

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



T/20221214/7078

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Report No, T/20221214/7078

**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 / TPIB /  
LEE GUANG HUI  
Contact No.: 65476423

NP168

Signature Of Informant:

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

Date/Time:  
14/12/2022 23:03

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20221215/2100

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20221215/2100

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2022 21:06	Vide Report No.: T/20221214/7078	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: EE CHING SUNG			Address: APT BLK 168 WOODLANDS STREET 11 #05-131 SINGAPORE 730168	
ID Type / ID No.: NRIC NO / S7973984G			Contact No.: Home/Office: Mobile: 84283178	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 09/04/1979	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2022 11:45	Type of Location: Straight Road
Location:  JALAN TENTERAM				
Weather: Clear		Road Surface: Wet		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
SKZ7557Z	Car				Slightly Damaged	0
SMG1985K	Car				Slightly Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221215/2100

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Report No. T/20221215/2100

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

**CONTINUATION OF REPORT**

Driver			
Name	EE CHING SUNG	ID No.	S7973984G
Related Vehicle	SMG1985K (Car)	Contact No.	84283178
Hospital/Clinic	FIRST MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

Facts to be referred to initial report T/20221214/7078. This is an additional info about the MC given to me which is 2 days from 14/12/2022 to 15/12/2022.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20221215/2100

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Report No. T/20221215/2100

## 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:

L /  
STAFF SGT MUHAMMAD  
HIDAYAT BIN MOHAMED  
FADIAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476423

Signature Of Informant:

Date/Time:  
15/12/2022 21:06

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1822CF0005 Vehicle Registration No: SMG 1985 K  
 Name (as shown in NRIC): EE Ching Sung NRIC/FIN/Passport No: S79739846  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 168 Woodlands St. 11 #05-131 Singapore ( 730168 )  
 Contact (Tel): 8428 3178 Mobile No.: \_\_\_\_\_  
 Email Address: maylaw79@hotmail.com  
 Date of Accident: 14/12/22 Time of Accident: 11.45  
 Place of Accident: CTE  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Wish to add-on police report

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5132018962 **Cover :** drivo CLASSIC  
**1. Index mark and Registration Number of Vehicle :** SMG1985K  
**Chassis Number :** JMAXTGK1WJZ004143  
**2. Name of Policyholder :** EE CHING SUNG  
**3. Effective Date of Insurance :** 10 Dec 2022  
**4. Expiry Date of Insurance :** 09 Dec 2023  
**5. Persons or Classes of Persons entitled to drive#**  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: EE CHING SUNG
NAMED DRIVER (1)	: LAW MEI NGUK
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DAPHNE LEE INSURANCE AGENCY (00000591506)  
 Date of Issue : 24 Nov 2022 09:09 hrs

For INCOME INSURANCE LIMITED

Chief Executive