

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 28/12/2022 15:52 (SGT)
Reported by Both
Date of Accident 28/12/2022 10:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DRIVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL1508R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIEW ZHENG WEN CHRISTOPER
NRIC No SXXXX690A
Email Address krism7@gmail.com
Mobile Phone No (Phone) +65-96465040
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 1498

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MK000189-R03

DRIVER

Name of Driver LIEW ZHENG WEN CHRISTOPER
NRIC No SXXXX690A
Date Of Birth 15/05/1987
Occupation Outdoor

Date Of Driving Pass	20/04/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96465040
Alt. Phone Number	-
Email Address	krism7@gmail.com
Address	21 PASIR RIS LINK
Address complement	# 07-03
Postcode	518168
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 - Head to Rear
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?	Yes
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	POW AUDREY
Gender	Female

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 THE ATTACHED POLICE REPORT- T20221228/7026

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	FBK7733R
Vehicle Manufacturer	Harley Davidson
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBK7733R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PILLION
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBK7733R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	LIEW ZHENG WEN CHRISTOPHER
Gender	Male
Phone No	(Phone) +65-96465040
Address	21 PASIR RIS LINK
Address Complement	# 07-03
Post Code	518168
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK AND HEAD PAIN
Injured person in which vehicle?	SLL1508R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	POW AUDREY
Gender	Female
Phone No	(Phone) +65-96449807
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	NECK,BACK AND HEAD PAIN
Injured person in which vehicle?	SLL1508R
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.

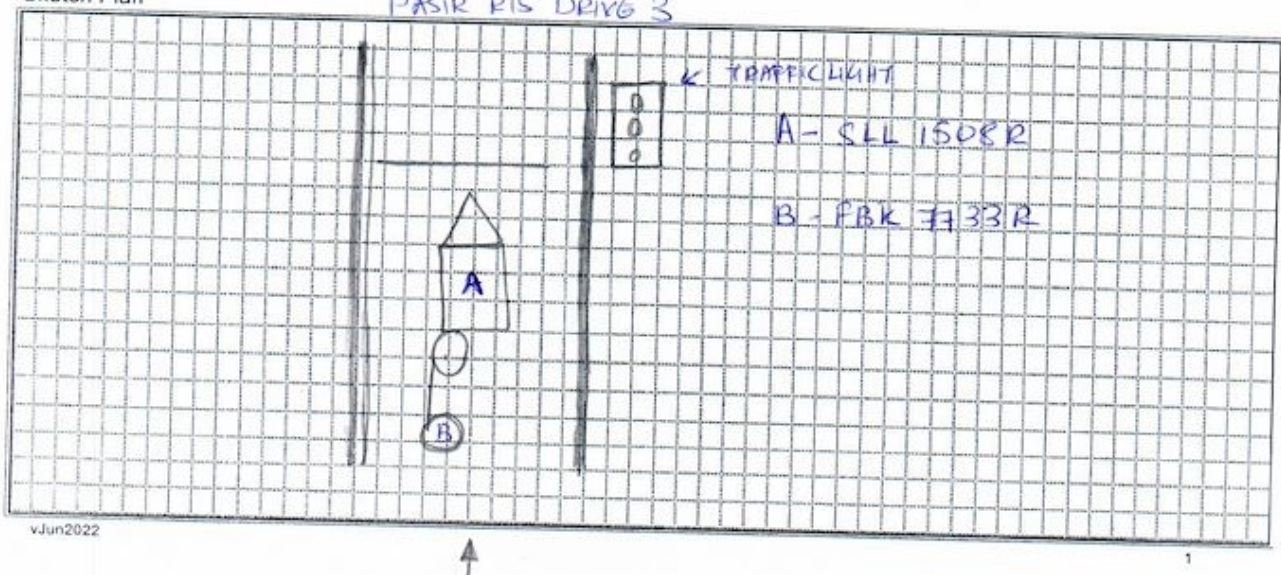
plh 28/12/22
Policyholder's Signature / Date & Time

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

gmuul 28/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

PASIR RIS DRIVE 3



Describe Circumstance of the Accident

- please Refer to the attached police Report
- 7/20221228/7026

Declaration

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

Chk 28/12/22

Policyholder's Signature / Date & Time

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

gmuah 28/12/22

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



**SINGAPORE
POLICE FORCE**



T/20221228/7026

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

2 of 3

Report No. T/20221228/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1508R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MK000189	18/02/2019	14/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	POW AUDREY	ID No.	S8837278F
Related Vehicle	SLL1508R (Car)	Contact No.	96449807
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	Slight
Driver			
Name	LIEW ZHENG WEN CHRISTOPHER	ID No.	S8714690A
Related Vehicle	SLL1508R (Car)	Contact No.	96465040
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 28/12/2022 at about 10.25am, I was travelling along Pasir Ris Dr 3. My vehicle was stationary stopped in front of the traffic light. Suddenly and without warning, a motorbike (FBK7733R) hit onto my vehicle. Ambulance and traffic police were alerted to the scene. Both the rider and pillion were conveyed to the hospital.





























**SINGAPORE
POLICE FORCE**



T/20221228/7026

1 of 3

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

Report No. T/20221228/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2022 13:48		Vide Report No.: G/20221228/0089		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIEW ZHENG WEN CHRISTOPHER			Address: 21 PASIR RIS LINK #07-03 SINGAPORE 518168		
ID Type / ID No.: NRIC NO / S8714690A			Contact No.: Home/Office: Mobile: 96465040		
Nationality: SINGAPORE CITIZEN			Email: KRISM7@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 15/05/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2022 10:25	Type of Location: Straight Road
Location: PASIR RIS DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBK7733R	Motorcycle	HARLEY DAVIDSON		Blue	Seriously Damaged	1
SLL1508R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221228/7026

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

2 of 3

Report No. T/20221228/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1508R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MK000189	18/02/2019	14/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	POW AUDREY		ID No.	S8837278F
Related Vehicle	SLL1508R (Car)		Contact No.	96449807
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	Slight
Driver				
Name	LIEW ZHENG WEN CHRISTOPHER		ID No.	S8714690A
Related Vehicle	SLL1508R (Car)		Contact No.	96465040
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

On 28/12/2022 at about 10.25am, I was travelling along Pasir Ris Dr 3. My vehicle was stationary stopped in front of the traffic light. Suddenly and without warning, a motorbike (FBK7733R) hit onto my vehicle. Ambulance and traffic police were alerted to the scene. Both the rider and pillion were conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20221228/7026

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

3 of 3

Report No. T/20221228/7026

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 /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

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

Date/Time:
28/12/2022 13:48

Classification Of Case:

Accident Statement

On 28/12/2022 at about 10.20am, I was travelling along Pasir Ris Dr 3. My vehicle (SLL1508R) was stationary stopped in front of the traffic light. Suddenly and without warning, a motorbike (FBK7733R) hit onto my vehicle. Ambulance and traffic police were alerted to the scene. Both rider and pillion were conveyed to the hospital.

I making this report for the purpose to claim against third party insurer.



Liew Zheng Wen Christopher

I/C: S8714690A

12/28/22, 1:58 PM

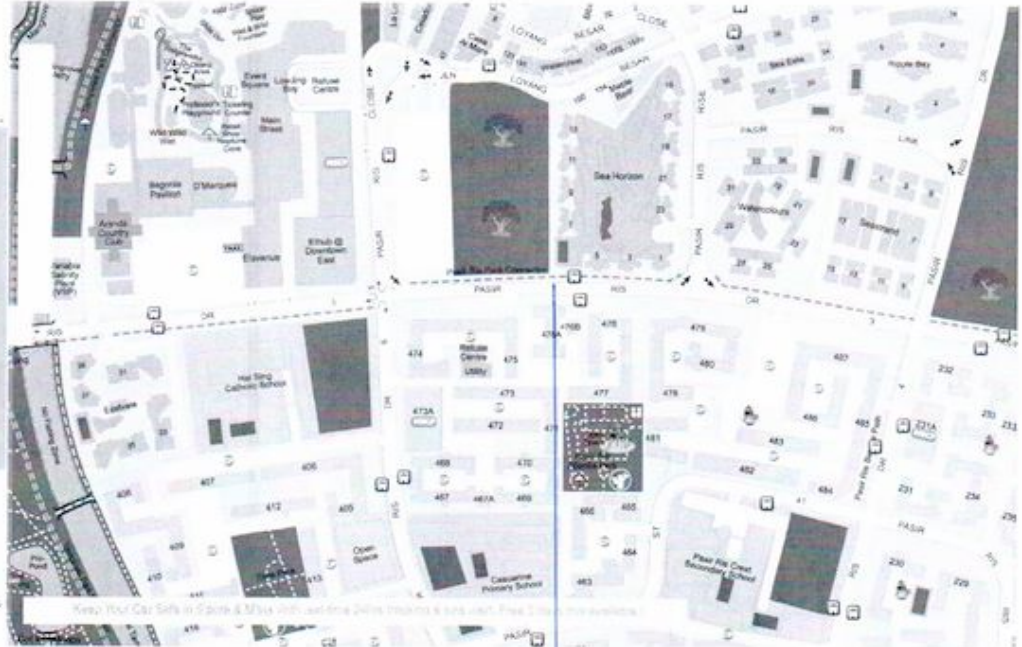
Pasir Ris Drive 3 (Primary Road)



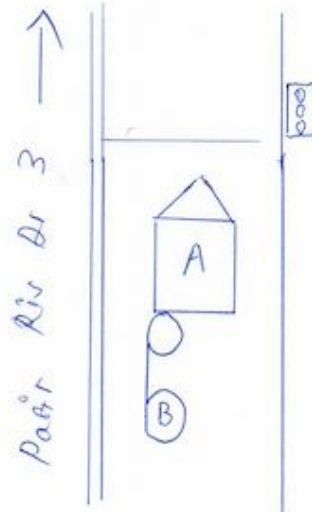
Find Businesses, Addresses or Products & Ser

MD3 Costa Grove
Blk 389 (MSCP)
(U/C 10P Q4
2025)
555 Pasir Ris Drive 3
751510589

- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here



Accident site



A - PLL1508R

B - FBK 7733R

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