

# 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 .....	10/01/2023 09:26 (SGT)
Reported by .....	Both
Date of Accident .....	09/01/2023 10:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE (CITY) SLIP ROAD TOWARDS PIE (CHANGI)/IPPER SERANGOON ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN9892E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHENG KIAT ( CHENG QING JI)
NRIC No .....	SXXXXX777I
Email Address .....	kiat1977@gmail.com
Mobile Phone No .....	(Phone) +65-98770058
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1597

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI22V11623/VPL/R03

### DRIVER

Name of Driver .....	TAN CHENG KIAT ( CHENG QING JI)
NRIC No .....	SXXXXX777I
Date Of Birth .....	22/02/1977

Occupation .....	Indoor
Date Of Driving Pass .....	07/03/1997
Driving experience .....	25 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98770058
Alt. Phone Number .....	-
Email Address .....	kiat1977@gmail.com
Address .....	APT BLK 453 YISHUN STREET 41
Address complement .....	# 06-13
Postcode .....	760453
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 .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	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-T/20230109/7053

#### 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 .....	SCA8585K
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	SLQ544R
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN CHENG KIAT
Gender .....	Male
Phone No .....	(Phone) +65-98770058
Address .....	APT BLK 453 YISHUN STREET 41
Address Complement .....	# 06-13
Post Code .....	760453
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	SMN9892E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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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 willful misrepresentation or withholding of material facts may allow insurance companies to breach their policy lawfully.
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 full 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.

## 6. 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


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

 10/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan

CTE (CITY) Slip Road TWDS PIE (Changi) / UPP  
Serangoon Road

Vehicle A = SMN 9892 E  
Vehicle B = SCA 2585 K  
Vehicle C = SLQ 544 R

← 

←

Jun 2022




Describe Circumstance of the Accident

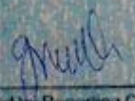
Refer to police report. (T/20230109/7053)

Declaration

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

  
Policyholder's Signature / Date & Time

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

 10/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230109/7053

2 of 3

Report No. T/20230109/7053

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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN CHENG KIAT	ID No.	S77067771
Related Vehicle	SMN9892E (Car)	Contact No.	98770058
Hospital/Clinic	ROY'S FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	04	Degree of	Serious

**Brief Details.**

As the stated date and time, I was driving my vehicle bearing car plate number (SMN9892E) at the stated location. As the vehicle in front of me bearing car plate number (SLQ544R) came to a stop, I followed suit. Suddenly, a vehicle bearing car plate number (SCA8585K) collided on to the rear portion of my vehicle causing me to surge forward and collided on to (SLQ544R). I felt unwell afterward thus proceed to consult a doctor at ROY'S FAMILY CLINIC & SURGERY and was given 4 days medical leave.





























### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/01/2023 (dd/mm/yyyy) Time of Accident: 10 50 (74-HH-FORM5A1)

Vehicle No.: SMN 9892E Vehicle Make & Model: Honda Civic Private Hire (Y/N):

Exact location of Accident: CTE (CITY) Slip Road TWDS PIE (Changi) / Upp Serangoon Rd

Policyholder's Name / IC No.: Tan Cheng Kiat (Chen Aing Ji) / S7706777J

Driver's Name / IC No.: Tan Cheng Kiat (Chen Aing Ji) / S7706777J (As Above) ☒

Driver's Contact No.: 9877 0058 Company Contact No (Company Veh Only):

Driver's Address: Blk 453 YISHUN STREET 41 #06-13 SC760453

Email address: kiat1977@gmail.com Insurance Company: Liberty

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \*CC 1600

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver):

\*Passenger Name:

Gender: Male / Female

\*Passenger Name:

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain:  Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

### The Other Party(s) Details:

1. Driver's Name / IC No.:  Vehicle No.: SCA 8585K

Driver's Contact No.:  Insurance Company:

2. Driver's Name / IC No (If Any):  Vehicle No.: SLR 544 R

Driver's Contact No.:  Insurance Company:

\*Independent Witness (If Any):  Contact No.:

Preferred Workshop Name:  Contact No.:

VEH CATEGORY

PRIVATE

PRIVATE-HIRE

COMMERCIAL

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S77067771



Name: TAN CHENG KIAT  
(CHEN QINGJI)  
陈清吉

Race: CHINESE

Date of birth: 22-02-1977 Sex: M

Country of birth: SINGAPORE

4028559



NRIC No: S77067771



Date of issue: 12-04-2007

APT BLK 453 YISHUN STREET 41 #05-13  
SINGAPORE 760453

NRIC No: S77067771 Date: 26/07/2012 No: 7032269

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S77067771



Name: TAN CHENG KIAT  
(CHEN QINGJI)

Birth Date: 22 Feb 1977  
Issue Date: 10 Feb 2004



001115461K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 07 Mar 1997

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S77067771



NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S77067771  
Name: TAN CHENG KIAT



Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	17/06/2019





# SKETCH PLAN

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- (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

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

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

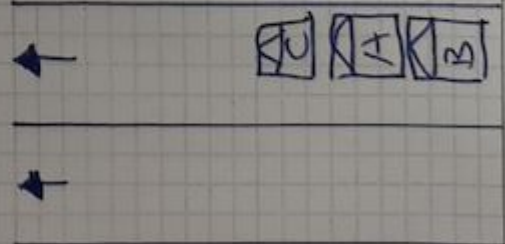
## Sketch Plan

GTE (CITY) Slip Road TWDS PIE (Changi) / UPP  
Serangoon Road

Vehicle A = SMN 9892 E

Vehicle B = SCA 2085 K

Vehicle C = SLQ 544 R




Describe Circumstance of the Accident

Refer to police report. (T/20230109/7053)

Declaration

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

  
Policyholder's Signature / Date & Time

  
Actual 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/20230109/7053

1 of 3

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

Report No. T/20230109/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2023 15:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN CHENG KIAT			Address: 453 YISHUN STREET 41 #06-13 SINGAPORE 760453		
ID Type / ID No.: NRIC NO / S77067771			Contact No.: Home/Office: Mobile: 98770058		
Nationality: SINGAPORE CITIZEN			Email: KIAT1977@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 22/02/1977	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2023 11:20	Type of Location: Straight Road
Location:  POTONG PASIR AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCA8585K	Car					0
SLQ544R	Car					0
SMN9892E	Car	HONDA	CIVIC	Blue		0



**SINGAPORE  
POLICE FORCE**



T/20230109/7053

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Report No. T/20230109/7053

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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN CHENG KIAT	ID No.	S77067771
Related Vehicle	SMN9892E (Car)	Contact No.	98770058
Hospital/Clinic	ROY'S FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	04	Degree of	Serious

**Brief Details.**

As the stated date and time, I was driving my vehicle bearing car plate number (SMN9892E) at the stated location. As the vehicle in front of me bearing car plate number (SLQ544R) came to a stop, I followed suit. Suddenly, a vehicle bearing car plate number (SCA8585K) collided on to the rear portion of my vehicle causing me to surge forward and collided on to (SLQ544R). I felt unwell afterward thus proceed to consult a doctor at ROY'S FAMILY CLINIC & SURGERY and was given 4 days medical leave.





**SINGAPORE  
POLICE FORCE**



T/20230109/7053

3 of 3

Report No. T/20230109/7053

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

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

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

Date/Time:  
09/01/2023 15:48

Classification Of Case: