

# 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 .....	14/01/2023 15:24 (SGT)
Reported by .....	Driver
Date of Accident .....	13/01/2023 19:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TUNNEL TOWARDS HAVELOCK ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGF6172H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HO KOJK MENG
NRIC No .....	SXXXX722E
Email Address .....	HOKOKMENGSG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96207048
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
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 .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MR001600-R02

### DRIVER

Name of Driver .....	HO WEI JIE CLINT
NRIC No .....	SXXXX612D
Date Of Birth .....	02/09/1995
Occupation .....	Indoor

Date Of Driving Pass .....	23/03/2022
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96207048
Alt. Phone Number .....	-
Email Address .....	HOKOKMENG63@GMAIL.COM
Address .....	BLK112, WHAMPOA RD, #06-83
Address complement .....	-
Postcode .....	321112
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 .....	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 .....	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

#### ATTACH POLICE REPORT

#### 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 .....	SH7607L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHUA KWANG POR
Contact Number .....	(Phone) +65-96622616
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 .....	GBL9194C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-9435975
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

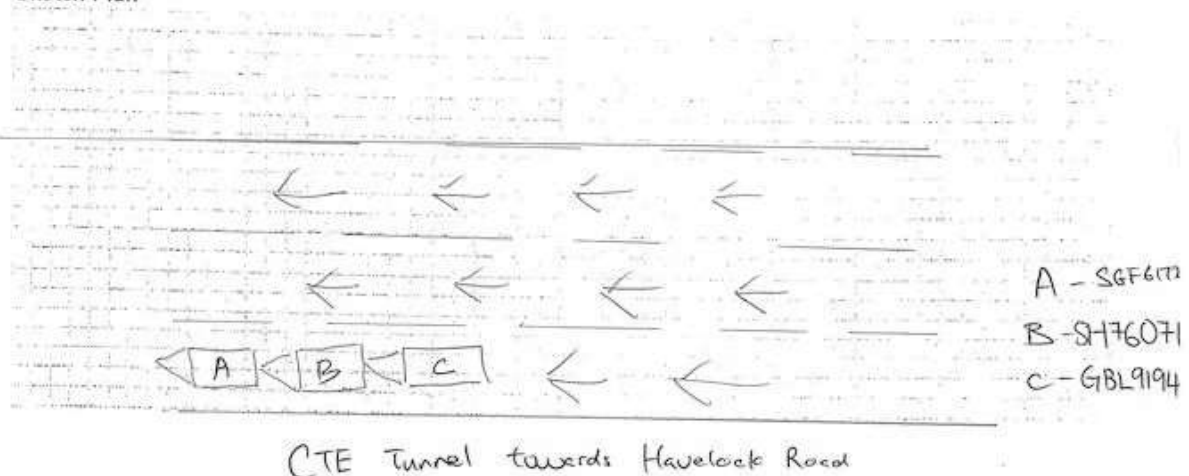
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD  
8th B Sin Ming Road  
001-8580162 Sin Ming Ind Est  
Singapore 575543  
Tel: 8453 1235 Fax: 8453 1544  
Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident** 1915

On 13 Jan 2023 at around 7.15pm, I was driving along the CTE Tunnel towards Havelock Road.

My car, (A-SGF6172H) was stopped due to the peak hour jam, then the car behind (B-SH7607L) stopped behind.


After half a minute, third vehicle (C-GBL9194E) did not stop and hit to (B-SH7607L) which caused (B-SH7607L) to hit my car (A-SGF6172H).

Please refer to police report

**Declaration**

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-55/56/57 Sin Ming Ind Co  
Singapore 575947  
Tel: 6453 1235 Fax: 6453 1244  
(Claims Section)  
Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



T/20230114/2050

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

Report No. T/20230114/2050

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SIVAKUMAR SATHIYANATHAN		ID No. G2624241Q
Related Vehicle	GBL9194C (Lorry)		Contact No. 94345975
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
<b>Driver</b>			
Name	HO WEI JIE, CLINT		ID No. S9533612D
Related Vehicle	SGF6172H (Car)		Contact No. 96207048
Hospital/Clinic	ATLAS ASSOCIATES CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	14/01/2023	Date Discharge	14/01/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	CHUA KWONG POR		ID No. S7320430E
Related Vehicle	SH7607L (Car)		Contact No. 96622616
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 13/1/2023 at about 1915, I was driving my vehicle (SGF 6172H) along CTE tunnel towards Havelock Rd on the most left lane. I stopped my car as there was a jam due to it being a peak period. The taxi behind me (SH7607L) stopped as well. However, there was a lorry (GBL9194C) traveling behind along the lane as well who did not manage to stop in time. As the vehicle did not stop on time, the car behind me was hit and it hit onto my car as well, causing a chain collision. Subsequently, I came down to check on my vehicle and exchanged particulars with the other 2 drivers. My vehicle boot door was dented inside and the bumper at the back was dented inwards too. I went to see the clinic on 14/01/2023 as I felt pain on my back and neck.



**SINGAPORE  
POLICE FORCE**



T/20230114/2050

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

Report No. T/20230114/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2023 13:24	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: HO WEI JIE, CLINT			Address: APT BLK 112 WHAMPOA ROAD #06-83 SINGAPORE 321112		
ID Type / ID No.: NRIC NO / S9533612D			Contact No.: Home/Office: Mobile: 96207048		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 02/09/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNOLOGY ANALYST			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2023 19:15	Type of Location: Straight Road
Location:  CTE (CHIN SWEE TUNNEL)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL9194C	Lorry				Slightly Damaged	0
SGF6172H	Car				Seriously Damaged	0
SH7607L	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230114/2050

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

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Report No. T/20230114/2050

CONTINUATION OF REPORT



# SINGAPORE POLICE FORCE



T/20230114/2050

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Report No. T/20230114/2050

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

## 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 /

SGT 2 Mohammad Adam Lim Bin  
Mohd Amran

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2023 13:24

Officer In Charge Of Case:

TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168

## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group
**TOKIO MARINE**  
 INSURANCE GROUP  
 ORIGINAL
**POLICY SCHEDULE****RENEWAL**
**INSURED / ADDRESS**  
 HO KOK MENG

 112 WHAMPOA ROAD  
 #06-83  
 SINGAPORE 321112

**POLICY NO.** : 22-MR001600-R02  
**POLICY TYPE** : PRIVATE MOTOR CAR  
**POLICY PERIOD** : 18/04/2022 TO 17/04/2023  
**DATE OF ISSUE** : 11/04/2022  
**ACCEPT DATE** : 11/04/2022  
**PREMIUM DUE** : SGD 517.30  
 (inclusive of GST)
**ACCOUNT** : 1531DDA
**RISK NUMBER** : 0001 Private Motor Car  
**BUSINESS/PROFESSION OF INSURED** : EXECUTIVE/MANAGERIAL  
**REGISTRATION NO** : SGF6172H  
**MAKE** : TOYOTA WISH 1.8L  
**TYPE OF BODY** : MULTI-PURPOSE VEHICLE  
**CUBIC CAPACITY** : 1800  
**YEAR OF MANUFACTURE** : 2006  
**YEAR OF REGISTRATION** : 2006  
**SEATING CAPACITY (INCLUDING DRIVER)** : 7  
**ENGINE NUMBER** : 1Z22536324  
**CHASSIS NUMBER** : ZNE100300142  
**TYPE OF COVER** : Third Party Cover Only
**ANNUAL PREMIUM (SGD)**

Basic Premium	1,017.81
Less NCD (50.00%)	508.91
Less Safe Driver Discount	25.44
<b>TOTAL PREMIUM BEFORE GST</b>	<b>483.46</b>

**DRIVER'S PARTICULARS**

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
HO KOK MENG	XXXXX722E	59		27 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

MC31 THIRD PARTY ONLY

**DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully the facts you know or ought to know, otherwise you may not receive any benefit from your policy.

Policy No: 22-MR001600-R02 PRIVATE MOTOR CAR

 Page 1 of 2  
 Jacket: TMS/MC1/0820



## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine GroupTOKIO MARINE  
INSURANCE GROUP

ORIGINAL

## TAX INVOICE

DEBIT NOTE M2340737

## INSURED / ADDRESS

HO KOK MENG

112 WHAMPOA ROAD

#06-83

SINGAPORE 321112

## POLICY NO

: 22-MR001600-R02

## POLICY TYPE

: PRIVATE MOTOR CAR

## POLICY PERIOD

: 18/04/2022 TO 17/04/2023

## EFFECTIVE DATE

: 18/04/2022

## DATE OF ISSUE

: 11/04/2022

## ACCOUNT

: 1531DDA

## PARTICULARS

## PREMIUM (SGD)

## VEHICLE REGISTRATION NO. SGF6172H

Gross Premium

483.46

Add GST 7.00 %

33.84

Total Payable

517.30

## IMPORTANT NOTICE

1. Please pay in Billing Currency.
2. Cheques are to be crossed and made payable to "Tokio Marine Insurance Singapore Ltd." No receipt will be issued for cheque payments.
3. **Payment Before Cover Warranty**  
It is a policy condition that premium due must be paid in full before the risk commences. If this condition is not complied with, then the insurance of this policy is not effective from the date of risk commences and no benefits whatsoever shall be payable by the insurer.

This is a computer generated document and it requires no signature.

User Name Rokiah Binte Ismail - Mo

