

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 16/02/2023 10:50 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 13/02/2023 18:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI AIRPORT NEAR UPPER SERANGOON
EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV9098B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAI KIEN KONG
NRIC No SXXXXX744D
Email Address tailinyuan1996@gmail.com
Mobile Phone No (Phone) +65-98355611
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSN00085412204

DRIVER

Name of Driver TAI KIEN KONG
NRIC No SXXXXX744D
Date Of Birth 02/10/1957

Occupation	Indoor
Date Of Driving Pass	16/10/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98355611
Alt. Phone Number	-
Email Address	tailinyuan1996@gmail.com
Address	BLK 823 WOODLANDS STREET 82#11-429
Address complement	-
Postcode	730823
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?	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230215/2068

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER (ONLY FRONT)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL4764R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HO CHOON ZHI
NRIC No	SXXXX521G
Contact Number	(Phone) +65-82827276
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	TAI KIEN KONG
Gender	Male
Phone No	(Phone) +65-98355611
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SLV9098B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 a/cresaid.
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



Describe Circumstance of the Accident


My car was stationary while waiting for the front car to move suddenly I felt a great impact from the rear. I came out and discovered a van GBK 4764 R had hit into my rear portion of my vehicle.


POLICE REPORT 7/2023C215/2068

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

 16/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRICID card)
















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230215/2068

1 of 3

Report No: T/20230215/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
15/02/2023 17:32

Vide Report No.:

Station Diary No.:
46

Informant's Particulars

Name of Informant:

TAI KIEN KONG

Address:

APT BLK 823 WOODLANDS STREET 82 #11-429
SINGAPORE 730823

ID Type / ID No.:

NRIC NO / S1844744D

Contact No.:

Mobile: 98355611

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

65

Date of Birth:

02/10/1957

Type of Informant:

Driver

Race:

Chinese

Language:

Chinese

Institution / School Name:

Occupation:

RETIRED

Driving Licence Information:

Class: 2A,3,4

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
13/02/2023 18:45

Type of Location:
Straight Road

Location:

PAN-ISLAND EXPRESSWAY

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

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
GBL4764R	Van				Slightly Damaged	1
SLV9098B	Car	MERCEDES BENZ	E250 SEDAN (R18)	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**


T/20230215/2000

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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7678999

Report No. T/20230215/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLV9098B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00085412204	18/04/2022	17/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAI KIEN KONG		ID No. S1844744D
Related Vehicle	SLV9098B (Car)		Contact No. 98355611
Hospital/Clinic	DR. PANDA MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2A,3,4 Date of Expiry: NIL
Date Treatment	15/02/2023		Date Discharge 15/02/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/02/2023 at about 1845hrs, I was travelling along PIE towards Upper Serangoon Road on the fourth lane. At the point of time, there is a lot of vehicles, and the highway was jammed. When it is time to move, a vehicle from my rear collided onto me.

Me and the other party driver then alighted and exchanged particulars. My vehicle sustains damages at the rear bumper and the sensor inside the rear bumper. At the point of time, I feel unwell but did not seek for medical help immediately as I thought it will recover in a while.

I wish to state that no police and ambulance came down to the scene. I have an in car-camera at the front and rear. However, the rear camera is damaged but the front camera still able to see the impact of the collision.

Other party driver particulars

Ho Choon Zhi
S1578521G
82827276

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230215/2068

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Report No. T/20230215/2068

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 /
SGT 3 DESMOND ANG JUN
HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
15/02/2023 17:32Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168