

# 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 ..... 20/02/2023 11:14 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/02/2023 13:40 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... (CTE) AFTER WOODLANDS AVENUE 12  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML1733U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KINTO SINGAPORE PTE LTD  
Company Reg No ..... 202121445H  
Email Address ..... KOKHOW.TAY@LUMENS.SG  
Mobile Phone No ..... (Phone) +65-94745781  
Alternative Phone No ..... (Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MM000479-R02

### DRIVER

Name of Driver ..... TOH HWEE LEE  
NRIC No ..... S8114093F  
Date Of Birth ..... 07/05/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/08/2004
Driving experience .....	18 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94745781
Alt. Phone Number .....	-
Email Address .....	KOKHOW.TAY@LUMENS.SG
Address .....	BLK 274 BANGKIT ROAD #03-58
Address complement .....	-
Postcode .....	670274
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
Number of vehicles involved in the accident .....	5
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JHG1889
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT No.T/20230218/2075

#### 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 .....	JHG1889
Vehicle Manufacturer .....	Honda

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG KOK HAO
Passport No/FIN .....	939827015245
Contact Number .....	(Phone) +60-127578862
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 .....	SNF4397G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	HAMI NOORDIN BIN MOHAMED NOOR
NRIC No .....	S0163003B
Contact Number .....	(Phone) +65-84993963
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 .....	SMN35Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG YI CHAO
Contact Number .....	(Phone) +65-96638983
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 4

Vehicle Registration Number .....	SLA3494R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG SUN KWAI
Contact Number .....	(Phone) +65-90097238
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 .....	ONG YI CHAO
Gender .....	Male
Phone No .....	(Phone) +65-96638983
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN35Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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

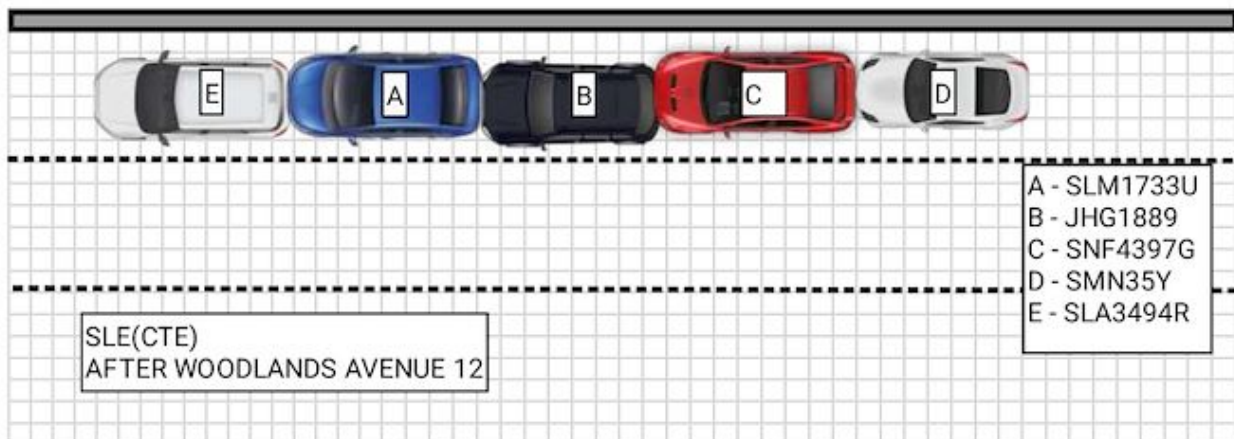
Driver's Signature (If driver is not the policyholder) / Date & Time  
18/02/2023 1830hrs

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

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

18/02/2023 1830hrs

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre  
Personnel























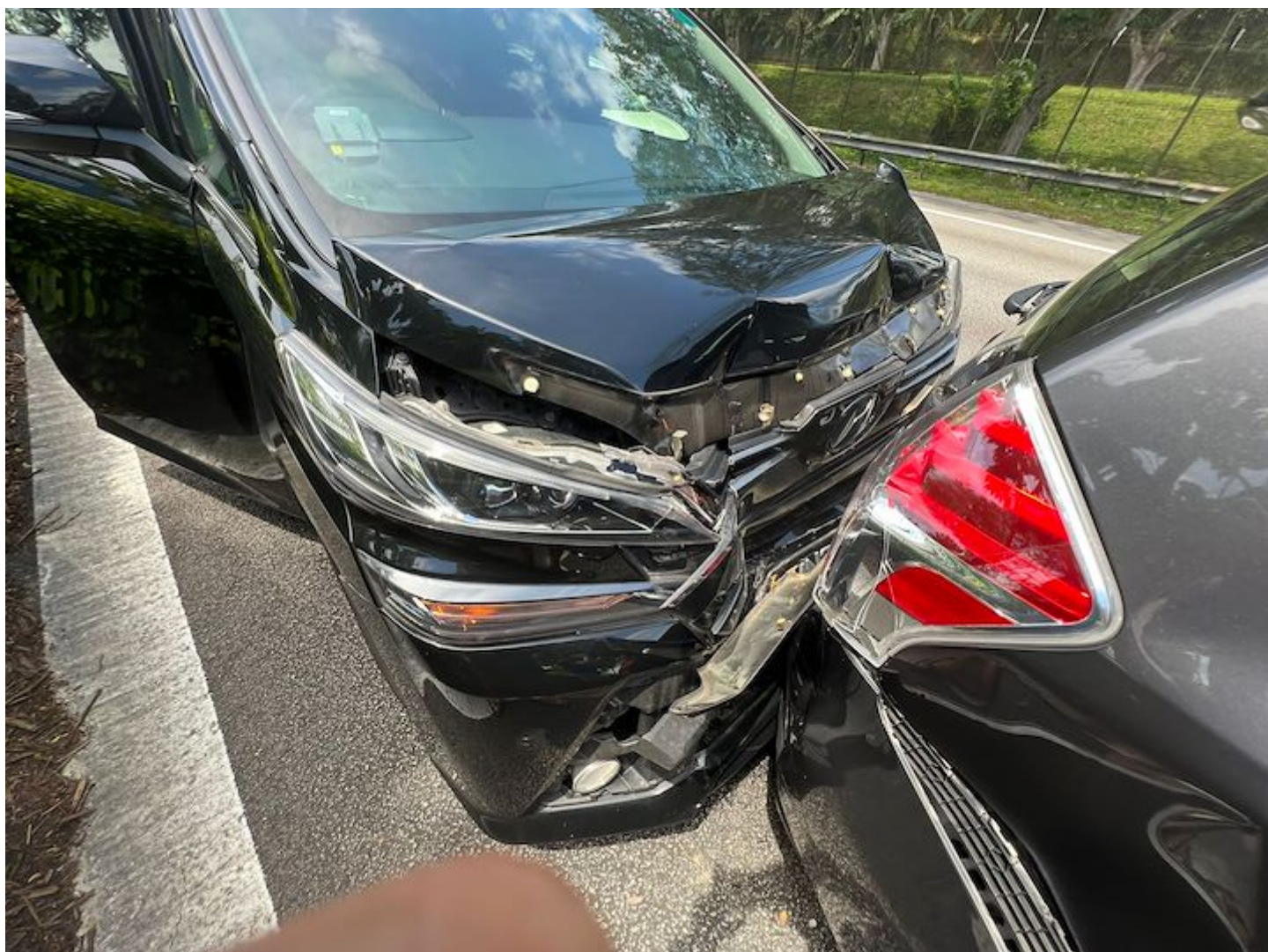


















# SINGAPORE POLICE FORCE



T/20230218/2075

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20230218/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2023 17:06		Vide Report No.: L/20230218/0102		Station Diary No.: 44	
<b>Informant's Particulars</b>					
Name of Informant: TOH HWEE LEE			Address: APT BLK 274 BANGKIT ROAD #03-58 SINGAPORE 670274		
ID Type / ID No.: NRIC NO / S8114093F			Contact No.: Home/Office: Mobile: 94745781		
Nationality: SINGAPORE CITIZEN			Email: HLTOH57@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 07/05/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES ENGINEER			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2023 13:40	Type of Location: Straight Road
Location:  SELETAR 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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JHG1889	Car				Slightly Damaged	0
SLA3494R	Car				Slightly Damaged	0
SML1733U	Car	TOYOTA	VIOS 2019	Blue	Slightly Damaged	0
SMN35Y	Car				Totally Damaged	3
SNF4397G	Car				Totally Damaged	1

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230218/2075

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Report No. T/20230218/2075

**CONTINUATION OF REPORT****Brief Details.**

On 18/02/2023 at about 1340hrs, I was driving my vehicle (Plate no. SML1733U) along SLE towards CTE near L/P 470/1. I was driving on the extreme right lane. Out of sudden, the vehicle (Plate no. SLA3494R) in front of me suddenly jam break. I reacted accordingly and hit onto the vehicle in front slightly. However, the vehicle behind didn't have time to react and as results a total of five vehicle (Including my vehicle) collided. All of us came down from my respective vehicle to exchange particulars.

Below are the vehicles involved in the accident.

- 1) SLA3494R, WONG SUN KWAI, HP: 90097238
- 2) JHG1889, NG KOK HAO, Malaysia NRIC: 939827015245, HP: 60127578862
- 3) SNF4397G, HAMI NOORDIN BIN MOHAMED NOOR, NRIC: S0163003B, HP: 84993963
- 4) SMN35Y, ONG YI CHAO, HP: 96638983

There were three passengers from vehicle car plate bearing no. SMN35Y conveyed to hospital due to injuries. The police were at scene and I was given a case card ref L/20230218/0102. I wish to state that there's an in-car camera installed in my vehicle, and it had captured the accident. My in-car camera SD card was handed over to the police at scene.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230218/2075

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Report No. T/20230218/2075

**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:

J /

SGT 2 FONG KHIK ANN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/02/2023 17:06

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

NP168