

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 | 27/02/2023 12:39 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 25/02/2023 15:15 (SGT) |
| Exact Location of Accident | Near Chung Hwa Free Clinic, Singapore |
| Additional Location Information | LOR 4 TOA PAYOH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMQ8749C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | KHOO YEE HONG |
| NRIC No | S7442063Z |
| Email Address | YEEHONGKHOO@OUTLOOK.COM |
| Mobile Phone No | (Phone) +65-97806232 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Hr-v |
| 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 | 1500 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | MS012112 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | KHOO YEE HONG |
| NRIC No | S7442063Z |
| Date Of Birth | 13/12/1974 |
| Occupation | Indoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 20/01/1997 |
| Driving experience | 26 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-97806232 |
| Alt. Phone Number | - |
| Email Address | YEEHONGKHOO@OUTLOOK.COM |
| Address | 202 TOA PAYOH NORTH |
| Address complement | #03-1087 |
| Postcode | 310202 |
| 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? | 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 | - |

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

REFER TO ATTACHED STATEMENT

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 | SD CARD TOOK BY TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMU8473B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-96585136 |
| 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 | SNH2843M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | UNKNOWN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNH2843M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

Vehicle
Number: 8MQ8749C

SKETCH PLAN

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 Authorised 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. The 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

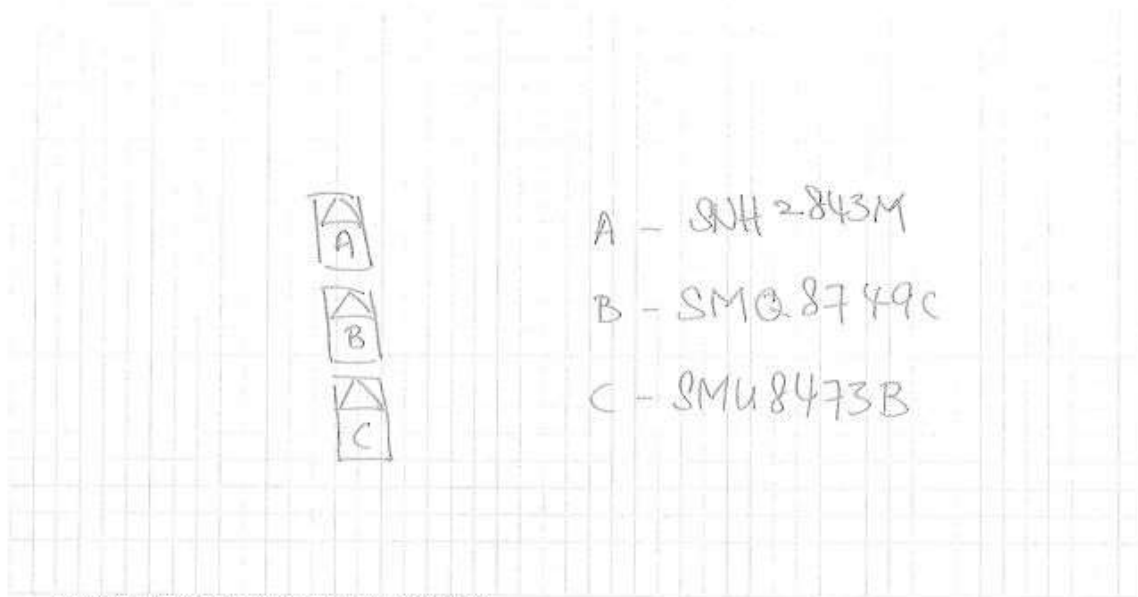

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle Number: SMQ 8749C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/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:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20230225/7044

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

1 of 3

Report No. T/20230225/7044

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 25/02/2023 16:55 | Vide Report No.: E/20230225/0165 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|----------------------------|--|
| Name of Informant: KHOO YEE HONG | | | Address: 202 TOA PAYOH NORTH #03-1087 SINGAPORE 310202 | | |
| ID Type / ID No.: NRIC NO / S7442063Z | | | Contact No.: Home/Office: Mobile: 97806232 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: YEEHONGKHOO@OUTLOOK.COM | | |
| Sex: Female | Age: 48 | Date of Birth: 13/12/1974 | 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: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/02/2023 15:15 | Type of Location: T-Junction |
| Location: LORONG 4 TOA PAYOH | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 20 Km/h |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|-------|--------|------------------|-------|
| SMQ8749C | Car | HONDA | HRV | Silver | Slightly Damaged | 0 |
| | Car | | | Brown | | 0 |
| | Car | MAZDA | | Black | | 0 |



**SINGAPORE
POLICE FORCE**



T/20230225/7044

2 of 3

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

Report No. T/20230225/7044

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------------|-----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMQ8749C | TOKIO MARINE INSURANCE SINGAPORE LTD. | 22-ms012112-r02 | 06/12/2022 | 05/12/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name: | KHOO YEE HONG | | ID No. | S7442063Z |
| Related Vehicle | SMQ8749C (Car) | | Contact No. | 97806232 |
| 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 | NIL |
| Driver | | | | |
| Name | LIAO WEILIANG | | ID No. | S9137767E |
| Related Vehicle | NIL | | Contact No. | 96585136 |
| 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 | NIL |

Brief Details.

I was stationary at the yellow box (outside car park) waiting for light at lorong 4 to turn green. There was one black car in front, also stationary. The car behind me hit me. And moved my car forward to hit the front car. Police has collected the SD card from my cam.



**SINGAPORE
POLICE FORCE**



T/20230225/7044

3 of 3

Report No. T/20230225/7044

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 / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476904

This report is lodged at Boon Teck NPP Kiosk
NP168

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

Date/Time:
25/02/2023 16:55

Classification Of Case:

























