

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 21/02/2023 14:55 (SGT)
Reported by Driver
Date of Accident 20/02/2023 20:00 (SGT)
Exact Location of Accident Upper Changi Rd N, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK5878B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KONG WEILI
NRIC No SXXXX823I
Email Address kongderen94@gmail.com
Mobile Phone No (Phone) +65-91392653
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG23000370

DRIVER

Name of Driver KONG DE REN
NRIC No SXXXX822C
Date Of Birth 29/10/1994
Occupation Indoor

Date Of Driving Pass	11/08/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90288913
Alt. Phone Number	-
Email Address	kongderen94@gmail.com
Address	3 WEST COAST DRIVE #03-28
Address complement	-
Postcode	28021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

AS PER POLICE REPORT No.T/20230220/7112

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	YL6360L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 **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 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 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

Sketch Plan

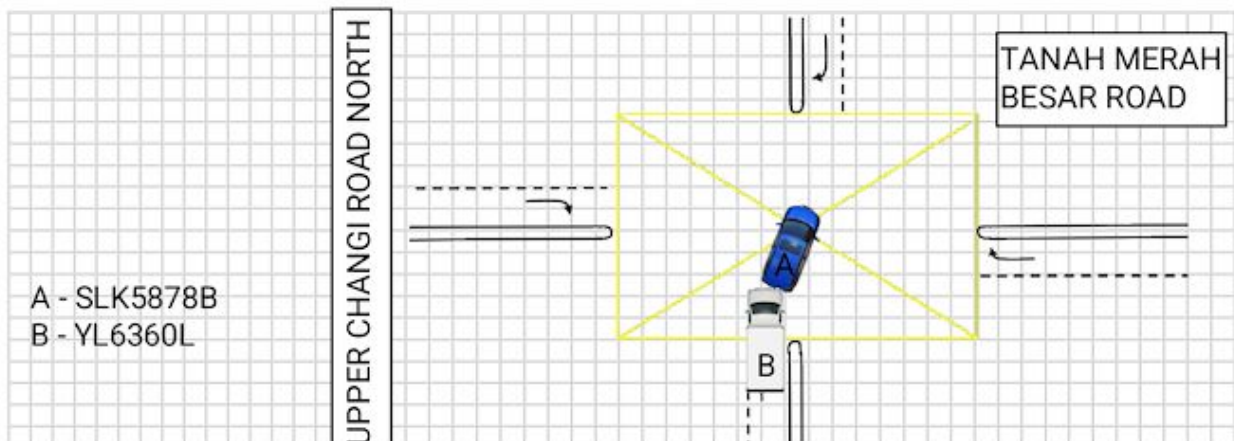
Driver's Signature (If driver is not the policyholder) / Date & Time

20/02/2023 2215HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Witnessed by Reporting Centre Personnel



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
20/02/2023 2215HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230220/7112

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

1 of 3

Report No. T/20230220/7112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 22:32		Vide Report No.: G/20230220/0167		Station Diary No.:	
Informant's Particulars					
Name of Informant: KONG DE REN			Address: 3 WEST COAST DRIVE #03-28 SINGAPORE 128021		
ID Type / ID No.: NRIC NO / S9439822C			Contact No.: Home/Office: Mobile: 90288913		
Nationality: SINGAPORE CITIZEN			Email: KONGDEREN94@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 29/10/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 20/02/2023 20:00	Type of Location: X-Junction
Location: TANAH MERAH BESAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK5878B	Car					0
YL6360L	Van		Mercedes	White	No Damage	0

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



**SINGAPORE
POLICE FORCE**



T/20230220/7112

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

2 of 3
Report No. T/20230220/7112

CONTINUATION OF REPORT

Driver			
Name	KONG DE REN	ID No.	S9439822C
Related Vehicle	SLK5878B (Car)	Contact No.	90288913
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.

On 20/02/2023, at around 8pm, I was driving my blue Honda Vezel SLK5878B with my wife, Tjong Wei Hui, at the front passenger seat. I was driving along Upper Changi Road North and was making a right turn into Tanah Merah Besar Road when the traffic light turned green. I checked that there was no oncoming vehicle and pedestrians before I made the right turn.

As I approached closer to the pedestrian crossing, I noticed someone crossing the road. Hence, I applied my brakes gradually to allow the pedestrian to cross. I wish to state that I was not driving very fast at that time, and had already come to a stop by then to allow the pedestrian to cross. However, shortly after, I felt an impact from the back and realised that a police vehicle YL6360L had hit me from the rear. We did not get off immediately to check because there was a road construction on one lane and we would be blocking traffic if we stopped at the junction. Hence, we turned into a carpark beside compass green and made a check.

After checking, I discovered a slight dent at the back of my vehicle on the left side. Apart from that, there are no other damages.

My wife and I did not suffer any injury and I do not wish to pursue the matter.



**SINGAPORE
POLICE FORCE**



T/20230220/7112

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

3 of 3

Report No. T/20230220/7112

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 /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476225

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

Date/Time:
20/02/2023 22:32

Classification Of Case:

NP168