

# 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 ..... 13/03/2023 19:08 (SGT)  
Reported by ..... -  
Date of Accident ..... 12/03/2023 13:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE(TUAS)NEXT TO EXIT 19  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJH5445G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WONG YUEN LIK(HUANG YUANLI)  
NRIC No ..... S7107463C  
Email Address ..... lik@x-boundaries.com  
Mobile Phone No ..... (Phone) +65-96287528  
Alternative Phone No ..... +65-81381119

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... NIRO HYBRID 1.6 GDI DCT SUNROOF  
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 ..... 1580

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2001867149

### DRIVER

Name of Driver ..... WONG YUEN LIK(HUANG YUANLI)  
NRIC No ..... S7107463C  
Date Of Birth ..... 04/03/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	30/05/1992
Driving experience .....	30 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96287528
Alt. Phone Number .....	+65-81381119
Email Address .....	lik@x-boundaries.com
Address .....	2F JLN ASAS
Address complement .....	-
Postcode .....	678758
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 .....	6
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) .....	3
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 .....	KOH CHERN PENG
Gender .....	Female

#### PASSENGER 2

Name .....	WONG QIAN-YA
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

REFER TO POLICE REPORT: T/20230312/7092

#### 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 .....	SKQ3903E
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SML5277T
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SNF9861A
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SHD9908G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	SLU7136T
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 .....	PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKQ3903E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	KOH CHERN PENG
Gender .....	Female
Phone No .....	(Phone) +65-81381119
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJH5445G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 3

Name of injured person .....	WONG QIAN-YA
Gender .....	Female
Phone No .....	(Phone) +65-86688409
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-

Injured person in which vehicle? ..... SJH5445G  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 4

Name of injured person ..... WONG YUEN LIK(HUANG YUANLI)  
Gender ..... Male  
Phone No ..... (Phone) +65-96287528  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SJH5445G  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLAN

VEH NO: SJH5445G  
INSURER: Allianz  
DATE OF ACC: 12/3/23 @ 1355hrs

**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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) *Chen (M)*

Sketch Plan

PLEASE  
TURN  
OVER

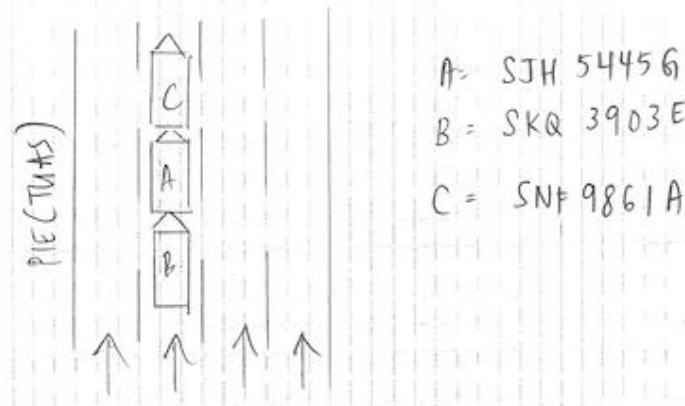
Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ☒ ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan



A = SJH 54456  
B = SKQ 3903E  
C = SNF 9861A

DOM: 12/3/23 Time: 1355hrs Ins: Allianz

Refer to police report T/20230312/7092.

Ms Elly (Allianz) has advised my husband Mr Wong Yuen Lik that I can file the report. I was the front seat passenger in the car when the accident happened.

Declaration

I/We declare the foregoing particulars are true in every respect.

for

  
Policyholder's Signature / Date & Time

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

 13/3/23 (w)  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) *Eden*

















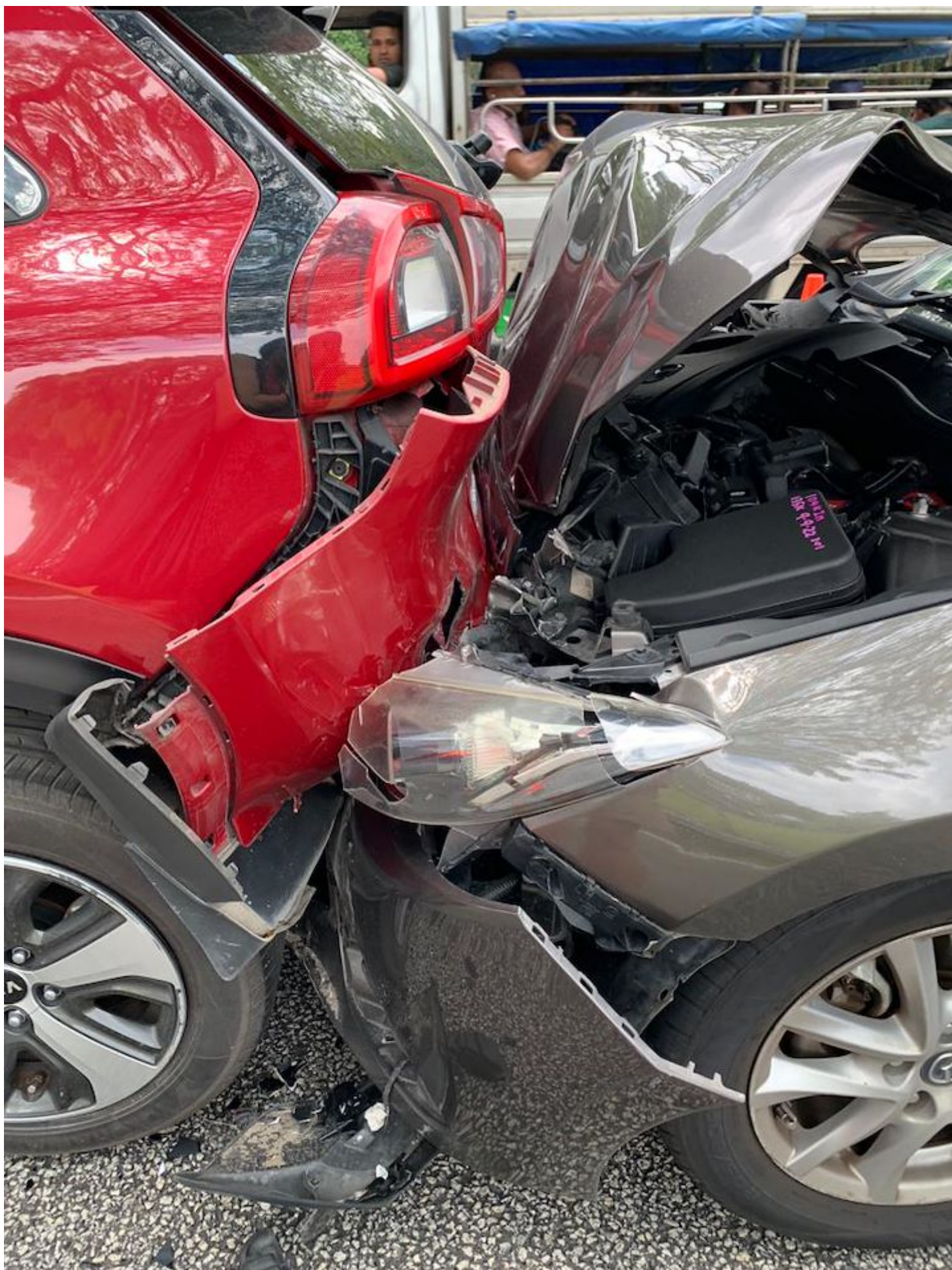




















**SINGAPORE  
POLICE FORCE**



T/20230312/7092

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

1 of 4

Report No. T/20230312/7092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/03/2023 22:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH CHERN PENG			Address: 2F JALAN ASAS SINGAPORE 678758		
ID Type / ID No.: NRIC NO / S7400959Z			Contact No.: Home/Office: Mobile: 81381119		
Nationality: SINGAPORE CITIZEN			Email: CHERNKOH@GMAIL.COM		
Sex: Female	Age: 49	Date of Birth: 05/01/1974	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2023 13:55	Type of Location: Straight Road
Location:  PIE (Tuas) next to exit 19				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJH5445G	Car	KIA	Niro	Red	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH5445G	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001867149	01/07/2022	30/06/2023



**SINGAPORE  
POLICE FORCE**



T/20230312/7092

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

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Report No. T/20230312/7092

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	KOH CHERN PENG	ID No.	S7400959Z
Related Vehicle	SJH5445G (Car)	Contact No.	81381119
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/03/2023	Date	12/03/2023
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Driver</b>			
Name	WONG YUEN LIK	ID No.	S7107463C
Related Vehicle	SJH5445G (Car)	Contact No.	96287528
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/03/2023	Date	12/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	WONG QIAN-YA	ID No.	T0484348A
Related Vehicle	SJH5445G (Car)	Contact No.	86688409
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/03/2023	Date	12/03/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight

## Brief Details.

PIE towards Tuas next to exit 19 to whitley

My husband, my daughter and I were travelling in SKH5445G along PIE (Tuas) when the Yellow sport car SML5277T suddenly stopped. My husband applied emergency brakes and stopped in time. immediately the car SKQ3903E hit our car from the rear and pushed our car forward and hit the yellow car in front.

There was another car SNF9861A in front of the yellow car which was dented at its front. It





**SINGAPORE  
POLICE FORCE**



T/20230312/7092

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

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Report No. T/20230312/7092

**CONTINUATION OF REPORT**

seems we could be in a chain collision where some cars may have been moved to the road shoulder.

My husband experienced chest and back pain. I had abrasion on my neck and pain on the left side near the rib cage, our daughter hit her head and felt dizzy. The ambulance sent us to the hospital (TTSH).

A passenger in the car behind us was also conveyed to the hospital by ambulance.

The EMAS officer on-site and the LTA officer advised us that this was a police case and that our car would be tolled to the Traffic police compound. We would then be informed by the traffic police when the car can be released after their investigation.

That's all.



**SINGAPORE  
POLICE FORCE**



T/20230312/7092

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

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Report No. T/20230312/7092

**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 /  
TAN JUN YAN  
Contact No.: 65476311

NP168

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

Date/Time:  
12/03/2023 22:35

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20230315/7064

1 of 4

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

Report No. T/20230315/7064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2023 21:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG YUEN LIK			Address: 2F JALAN ASAS SINGAPORE 678758		
ID Type / ID No.: NRIC NO / S7107463C			Contact No.: Home/Office: Mobile: 96287528		
Nationality: SINGAPORE CITIZEN			Email: YUENLIK@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 04/03/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2023 13:55	Type of Location:
Location:  Pie twds tuas near exit 19				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH5445G	Car	KIA	NIRO HYBRID 1.6 GDI DCT SUNROOF	Red		2

**Details of Vehicle Insurance**

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



T/20230315/7064

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

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Report No. T/20230315/7064

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH5445G	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001867149	01/07/2022	30/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YUEN LIK	ID No.	S7107463C
Related Vehicle	SJH5445G (Car)	Contact No.	96287528
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my wife Koh Chern Peng and daughter Wong Qian Ya on board my vehicle SJH5445G.

We were travelling straight along PIE towards Tuas when suddenly the vehicle in front stopped.

I then gradually stopped.

Suddenly I felt a huge impact from behind and the impact propelled my vehicle forward to hit onto the front vehicle.

The impact causes me to be lunged forward only to be restrained by my seatbelt.

My wife was also lunged forward and pulled back by her seatbelt.

My daughter who was belted was also flung in front and hit her head onto something.

I then alighted and realised that I was involved in a 6 vehicles chain collision and I am the 5th car.

Order of the vehicles are as follows:

1. SLU7136T
2. SHD9908G
3. SNF9861A
4. SML5277T
5. SJH5445G



**SINGAPORE  
POLICE FORCE**



T/20230315/7064

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

3 of 4  
Report No. T/20230315/7064

**CONTINUATION OF REPORT**

6. SKQ3903E

Later TP and ambulance came and the 3 of us were conveyed to TTSH A&E.

I was given 3 days MC, MY wife is given 4 days MC.

My daughter rejected MC as she's waiting for UNI.





**SINGAPORE  
POLICE FORCE**



T/20230315/7064

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

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Report No. T/20230315/7064

**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 / TPB /  
TAN JUN YAN  
Contact No.: 65476311

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

Date/Time:  
15/03/2023 21:36

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC11233D000G Vehicle Registration No: SJH5445G  
 Name (as shown in NRIC): Wong Yuen Lik NRIC/FIN/Passport No: 57107463C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 2F Jln Asas Singapore ( 678958 )  
 Contact (Tel): / Mobile No.: 96287528  
 Email Address: yuenlik@gmail.com  
 Date of Accident: 12/3/23 Time of Accident: 13:55  
 Place of Accident: PIE (Tuas) near exit 19  
 Insurance Company: Allianz

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Refer to Police Report T/20230815/7064

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature

Date: 16/3/23

Reporting Centre Personnel's Signature

Name: glen  
 NRIC/FIN No.:  
 Date: 16/3/23