

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	27/03/2023 17:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 16:45 (SGT)
Exact Location of Accident	Sembawang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7529E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG KHEN KIAT
NRIC No	SXXXX441C
Email Address	hengkhenkiat@gmail.com
Mobile Phone No	(Phone) +65-91011727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MM000439-R01

DRIVER

Name of Driver	HENG KHEN KIAT
NRIC No	SXXXX441C
Date Of Birth	04/05/1989
Occupation	Indoor

Date Of Driving Pass	17/03/2011
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-91011727
Alt. Phone Number	-
Email Address	hengkhenkiat@gmail.com
Address	793 YISHUN RING ROAD
Address complement	#04-3476
Postcode	760793
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	Raining
Road Surface	Wet

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)	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	CHENG YING YING
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 SKETCH PLAN ATTACHED.

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	SME9962J
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	HENG KHEN KIAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SKB7529E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHENG YING YING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 aforesaid.

6. 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

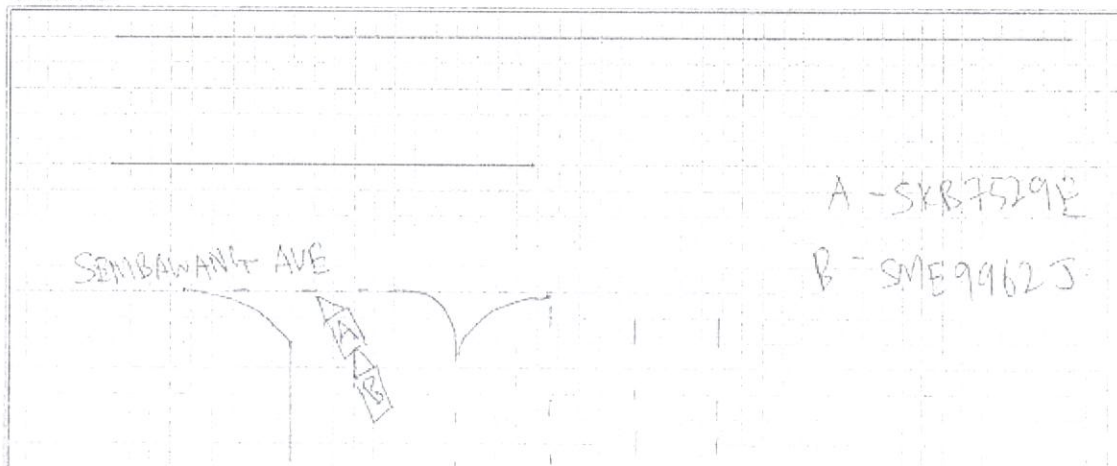
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Hu
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Declaration

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2023 14:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HENG KHEN KIAT			Address: 793 YISHUN RING ROAD #04-3476 SINGAPORE 760793		
ID Type / ID No.: NRIC NO / S8915441C			Contact No.: Home/Office: Mobile: 91011727		
Nationality: SINGAPORE CITIZEN			Email: HENGKHENKIAT@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 04/05/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: System engineer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2023 16:45	Type of Location: T-Junction
Location: SEMBAWANG AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKB7529E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		1
SME9962J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7529E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MM000439	27/06/2021	26/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEN YING YING, EILEEN		ID No.	S8916583J
Related Vehicle	SKB7529E (Car)		Contact No.	93873963
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/03/2023		Date	26/03/2023
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	HENG KHEN KIAT		ID No.	S8915441C
Related Vehicle	SKB7529E (Car)		Contact No.	91011727
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/03/2023		Date	26/03/2023
No. of Days granted Medical Leave		05	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a) with my wife as passenger.

As I reach the slip road, I then slowed down my vehicle (a) to give way to on coming vehicle. Seconds later I felt a huge impact from the rear and as I alighted I realized it was vehicle (b) that had collided onto the rear portion of my vehicle (a) causing damages to my vehicle (a)

We felt pain on our neck and lower back so we went to our family physicians clinic to seek consultation and was given 5 days mc each.

Vehicle(a) skb7529e

Vehicle (b) sme9962j



**SINGAPORE
POLICE FORCE**



T/20230326/7016

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

3 of 3

Report No. T/20230326/7016

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
26/03/2023 14:56

Classification Of Case: