



## 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	25/03/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/03/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER THOMSON FLYOVER, SLE TOWARDS BKE.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8988J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE KWOK KEONG
NRIC No	S1820439H
Email Address	SEEKKMIKE@GMAIL.COM
Mobile Phone No	(Phone) +65-92316887
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01014775

#### DRIVER

Name of Driver	SEE KWOK KEONG
NRIC No	S1820439H
Date Of Birth	04/02/1967
Occupation	Indoor



Date Of Driving Pass	20/11/1991
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92316887
Alt. Phone Number	-
Email Address	SEEKKMIKE@GMAIL.COM
Address	107 WESTWOOD AVE
Address complement	-
Postcode	648205
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?	Yes
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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JTJ7222
Vehicle Category	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.T/20230324/2133.

#### 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	SHB1317A
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)	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTJ7222
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)	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAXI DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1317A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



**SKETCH PLAN**

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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 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 be 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 provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) 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 be 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 based outside of Singapore, for one or more of the above Purposes.



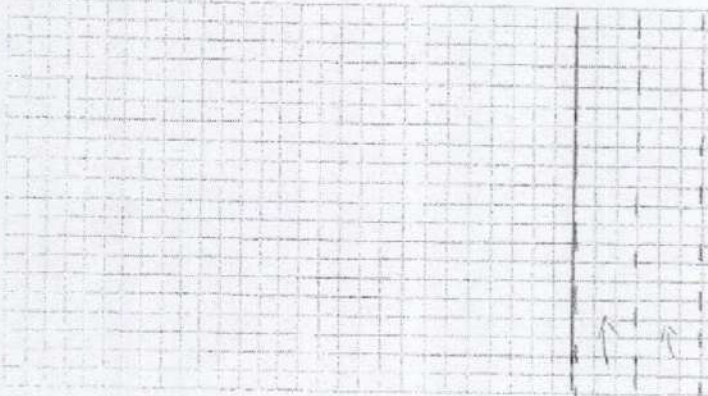
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

	A	A - SKK8988J
	B	B - SHB1317A
	C	C - JJJ7222

Describe Circumstances of the Accident

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

Witnessed by Reporting Center Personnel





# SINGAPORE POLICE FORCE



T/20230324/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20230324/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2023 23:40	Vide Report No.: L/20230324/0110	Station Diary No.: 117
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**Informant's Particulars**

Name of Informant: SEE KWOK KEONG			Address: 107 WESTWOOD AVENUE SINGAPORE 648205		
ID Type / ID No.: NRIC NO / S1820439H			Contact No.: Home/Office: Mobile: 92316887		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 04/02/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: BUSINESS DEVELOPMENT SENIOR MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2023 19:30	Type of Location: Flyover
Location:  SELETAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Chain Collision			Any conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTJ7222	Car	TOYOTA		Red		2
SHB1317A	Taxi					1
SKK8988J	Car	BMW	520I LED NAV	Black		0

**Details of Vehicle Insurance**

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



T/20230324/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20230324/2133

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKK8988J	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0101477 5	30/10/2022	29/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KONG YAI LEONG DENO	ID No.	S6803775A
Related Vehicle	SHB1317A (Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	SEE KWOK KEONG	ID No.	S1820439H
Related Vehicle	SKK8988J (Car)	Contact No.	92316887
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/03/2023 at about 1930hrs, I was driving my vehicle, SKK8988J, along SLE towards BKE. The traffic was heavy. I was driving along Lane1. Then at Upper Thomson flyover, the traffic was slow moving and I came to a halt as the vehicle in front of me had stopped. A few seconds later, I felt some impact at the rear portion of my vehicle. It was then followed by a second impact. I alighted from my vehicle and realized that the accident involved a total of three vehicles. My vehicle was the first and the second vehicle was a taxi, SHB1317A and the last vehicle is a Malaysia registered car, J7J7222.

Subsequently, traffic police and ambulance came. The taxi driver was conveyed to hospital. The traffic police took my in-car camera SD card and issued me an acknowledgement form. As it was nighttime, I am unable to clearly see the extent of damage.



**SINGAPORE  
POLICE FORCE**



T/20230324/2133

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20230324/2133

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

J /

SR STAFF SGT MOHAMED  
NASRUDIN BIN SHAHUL  
HAMEED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

Signature Of Informant:

Date/Time:

24/03/2023 23:40

Classification Of Case: