

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	02/05/2023 19:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/05/2023 11:37 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	UPPER BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN8500A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KLOON RISK MANAGEMENT PTE LTD
Company Reg No	2XXXXX902M
Email Address	glenford@kloonrisk.com
Mobile Phone No	(Phone) +65-97942887
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	SEDAN
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	1991

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0033618

DRIVER

Name of Driver	GLENFORD TAN MING LOON
NRIC No	SXXXX635C
Date Of Birth	20/09/1976
Occupation	Indoor

Date Of Driving Pass	23/12/2011
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97942887
Alt. Phone Number	-
Email Address	GLENFORD@KLOONRISK.COM
Address	61 SUNSET WAY #05-04
Address complement	-
Postcode	597086
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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?	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	VIVIEN LOO HWEE WEN
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

PLEASE REFER TO THE POLICE REFER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL1999M
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	PASS 1
Gender	Female
Phone No	(Phone) +--
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASS 2
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	ONG BEE MOI
Gender	Female
Phone No	(Phone) +--
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCL1999M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

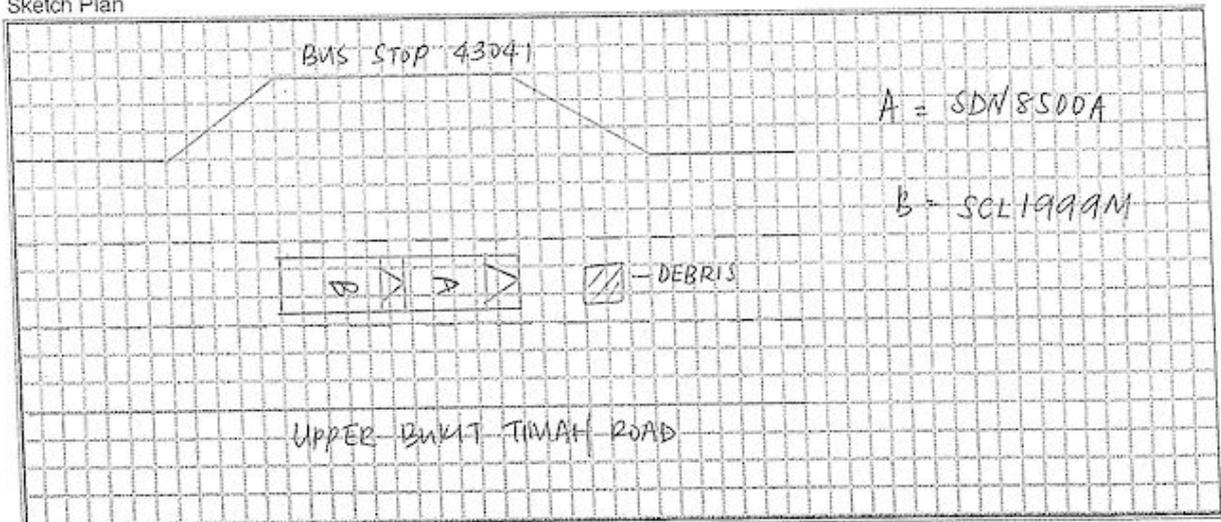
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)

Sketch Plan











**SINGAPORE
POLICE FORCE**



T/20230502/7029

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

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Report No. T/20230502/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDN8500A	ETIQA INSURANCE BERHAD	M0033618	26/11/2022	25/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG BEE MOI	ID No.	S1219453F	
Related Vehicle	SCL1999M (Car)	Contact No.	96506668	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	02/05/2023	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	NOT SURE	ID No.	NOT SURE	
Related Vehicle	SCL1999M (Car)	Contact No.	NIL	
Hospital/Clinic	115 EASTPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	02/05/2023	Date	02/05/2023	
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Passenger				
Name	NOT SURE	ID No.	NOT SURE	
Related Vehicle	SCL1999M (Car)	Contact No.	96506668	
Hospital/Clinic	115 EASTPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	02/05/2023	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20230502/7029

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

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Report No. T/20230502/7029

CONTINUATION OF REPORT

Passenger			
Name	VIVIEN LOO HWEE WEN		ID No. S7515386D
Related Vehicle	SDN8500A (Car)		Contact No. 94247321
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
Driver			
Name	GLENFORD TAN MING LOON		ID No. S7628635C
Related Vehicle	SDN8500A (Car)		Contact No. 97942887
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Travelling along indicated location on middle lane. Car in front of me SMC7916S stopped abruptly. I stopped accordingly but fairly smoothly. No collision. The reason was because there was debris on the road probably from an errant lorry - palette, cardboard and a plastic packet bigger than 3 footballs. However the car behind me SCL1999M did not notice and accelerated into the rear of my car SDN8500A. The driver of SCL1999M and 2 passengers suffered injury and were taken to hospital after I called for emergency services.



**SINGAPORE
POLICE FORCE**

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



T/20230502/7029

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Report No. T/20230502/7029

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 13:48
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
This report is lodged at Bukit Timah NPP Kiosk 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: SB0H23520007 Vehicle Registration No: SDN8500A
 Name (as shown in NRIC): Clwin Risk Management NRIC/FIN/Passport No: 800780902M
 (*Vehicle Driver/Policyholder) (* Please delete as appropriate
 Address: 1 Wailich St #35-01 Suite C Quoco Tower Singapore 078881
 Contact (Tel): _____ Mobile No.: 99942887
 Email Address: glwin.pard@clwinrisk.com
 Date of Accident: 3/5/23 Time of Accident: 11:37
 Place of Accident: upper Bukit Timah Rd
 Insurance Company: Folio Marine

(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:

- Change injured conveyed to hospital by ambulance (Yes)
- add passenger for injury
- injury person in which vehicle - third party vehicle 1

Policyholder / Actual Driver's Signature
Date:

3/5/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): Oni Pei Kah
Date:

3/5/2023

2/20/2022

ACCIDENT STATEMENT

 Scene Pic
 Auth Letter

 Owner
 Driver

Date of Accident	Time (24 HRS)	Location of Accident
02.09.2023	11-37hrs	UPPER BUKIT TIMAH RD
OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION		
Vehicle Registration Number	SDN 8500A	
Name of Policyholder	KLOON RISK MANAGEMENT PTE LTD	
Full NRIC/ FIN/ Passport/ ROC (if owner is company)	J00720902M	
Address	1 WALLICH ST #35-01 (SUITE C) GUOCO	
Address	TOWER, S(078881)	
Contact Number	Tel: 9794 2887	Hp:
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	glenford@kloonrisk.com	
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model	MBEN E200	
Type of Vehicle	<input checked="" type="radio"/> AUTO/MANUAL Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: TP CLAIM	
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company	ETIAA	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	M0033618	
DRIVER		
PLS SKIP THIS SECTION IF OWNER IS DRIVER		
Name of Driver	GLENFORD TAN MING LOON	
NRIC/ FIN/ Passport	S7628635C	
Date of Birth	20.09.1976	
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Driving Pass Date	23.12.2011	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel: 9794 2887	Hp:
Address	61 SUNSET WAY #09-04 S(591086)	
Address		
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	GLENFORD@KLOONRISK.COM	
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If No, relationship of Driver with the Insured.		
No. of Passenger in vehicle (including Driver)	2 (including Driver)	
Please state Passenger Names:	Name: VIVIEN LOO HWEE WEN	Gender: F
	Name:	Gender:
	Name:	Gender:
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:	
OTHER INFORMATION		
Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident?	<input type="radio"/> No <input checked="" type="radio"/> Yes Ambulance (Yes/ No)	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Name of Police Station	Name of police station TRAFFIC POLICE	
Was notice of intended Prosecution given?	<input type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number SCL199AM
 Make/ Model/ Others _____
 Vehicle category Private Hire Private Commercial Motorcycle
 Name of Driver ONG BEE MOI
 NRIC/ FIN/ Passport S1219453F
 Contact Number _____
 Number of People in vehicle (including Driver) (3)

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number _____
 Make/ Model/ Others _____
 Vehicle category Private Hire Private Commercial Motorcycle
 Name of Driver _____
 NRIC/ FIN/ Passport _____
 Contact Number _____
 Number of People in vehicle (including Driver) _____

DETAILS OF WITNESS

Name _____
 Phone / Email Address _____

DETAILS OF INJURED PERSON 1

Name ONG BEE MOI
 Contact Number _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? SCL199AM
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to hospital by ambulance? Yes No

DETAILS OF INJURED PERSON 2

Name PASSENGER (1)
 Contact Number _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? SCL199AM
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to Hospital by Ambulance? Yes No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

INJURED PERSON 3

PASSENGER (2)

IN VEH = SCL199AM

CONVEYED TO HOSPITAL BY
 AMBULANCE #

 Signature of Policy Holder
 (Company Chop if applicable) Date & Time

 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder) Date & Time

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

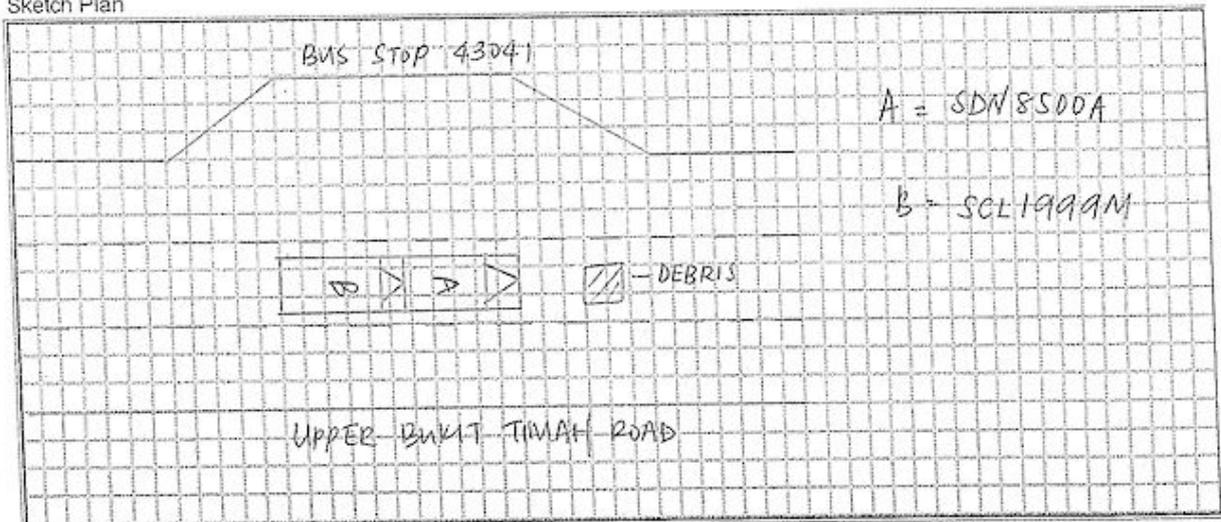
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
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 - (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.
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- (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)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20230902/7029

Declaration

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

[Handwritten Signature] *[Handwritten Signature]*

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)