

# 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 .....	10/05/2023 17:07 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/05/2023 12:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BOON LAY WAY TOWARDS JALAN BOON LAY AFTER JURONG EAST STREET 31
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB8587U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH WIU YIN
NRIC No .....	SXXXX303B
Email Address .....	andrew.banloong@gmail.com
Mobile Phone No .....	(Phone) +65-96541756
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Note
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1198

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00016972200

### DRIVER

Name of Driver .....	WONG YEUW LOONG
NRIC No .....	SXXXX848F
Date Of Birth .....	27/06/1966

Occupation .....	Outdoor
Date Of Driving Pass .....	18/06/1988
Driving experience .....	34 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98518233
Alt. Phone Number .....	-
Email Address .....	andrew.banloong@gmail.com
Address .....	APT BLK 917 JURONG WEST STREET 91
Address complement .....	# 05-150
Postcode .....	640917
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	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 .....	-

#### 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 ATTACHED POLICE REPORT - T/20230510/7025

#### 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 .....	SLP5943U
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	SUHAIMI BIN KAMARI
NRIC No .....	SXXXX827Z
Contact Number .....	(Phone) +65-98233792
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	WONG YEUW LOONG
Gender .....	Male
Phone No .....	(Phone) +65-98518233
Address .....	APT BLK 917 JURONG WEST STREET 91
Address Complement .....	# 05-150
Post Code .....	640917
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, SHOULDER & BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SNB8587U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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.
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 on NRIC/ID card)

## Sketch Plan






Describe Circumstance of the Accident

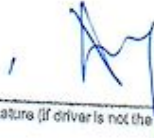
As of above date & time, I was driving my vehicle (SNB 85874) along Boon Lay Way towards Jin Boon Lay on the middle lane of a 3 lane Rd. Somewhere After turning East at 91, I was driving at a moderate speed and suddenly, vehicle B (SLP 59434) collided into the rear portion of my vehicle.

Video footage Attached

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

 10/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230510/7025

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

2 of 3

Report No. T/20230510/7025

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SUHAIMI BIN KAMARI	ID No.	S1533827Z
Related Vehicle	SLP5943U (Car)	Contact No.	98233792
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	WONG YEUW LOONG	ID No.	S1769848F
Related Vehicle	SNB8587U (Car)	Contact No.	98518233
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/05/2023	Date	10/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

As of above date and time, i was driving my vehicle ( SNB 8587 U ) along Boon Lay Way towards Jln Boon Lay on the middle lane of a 3 lane rd . I was driving straight in my lane at a moderate speed and suddenly , vehicle B ( SLP 5943 U ) collided into the rear portion of my vehicle . afterwards i went to see a doctor and was issued a 5 days MC.













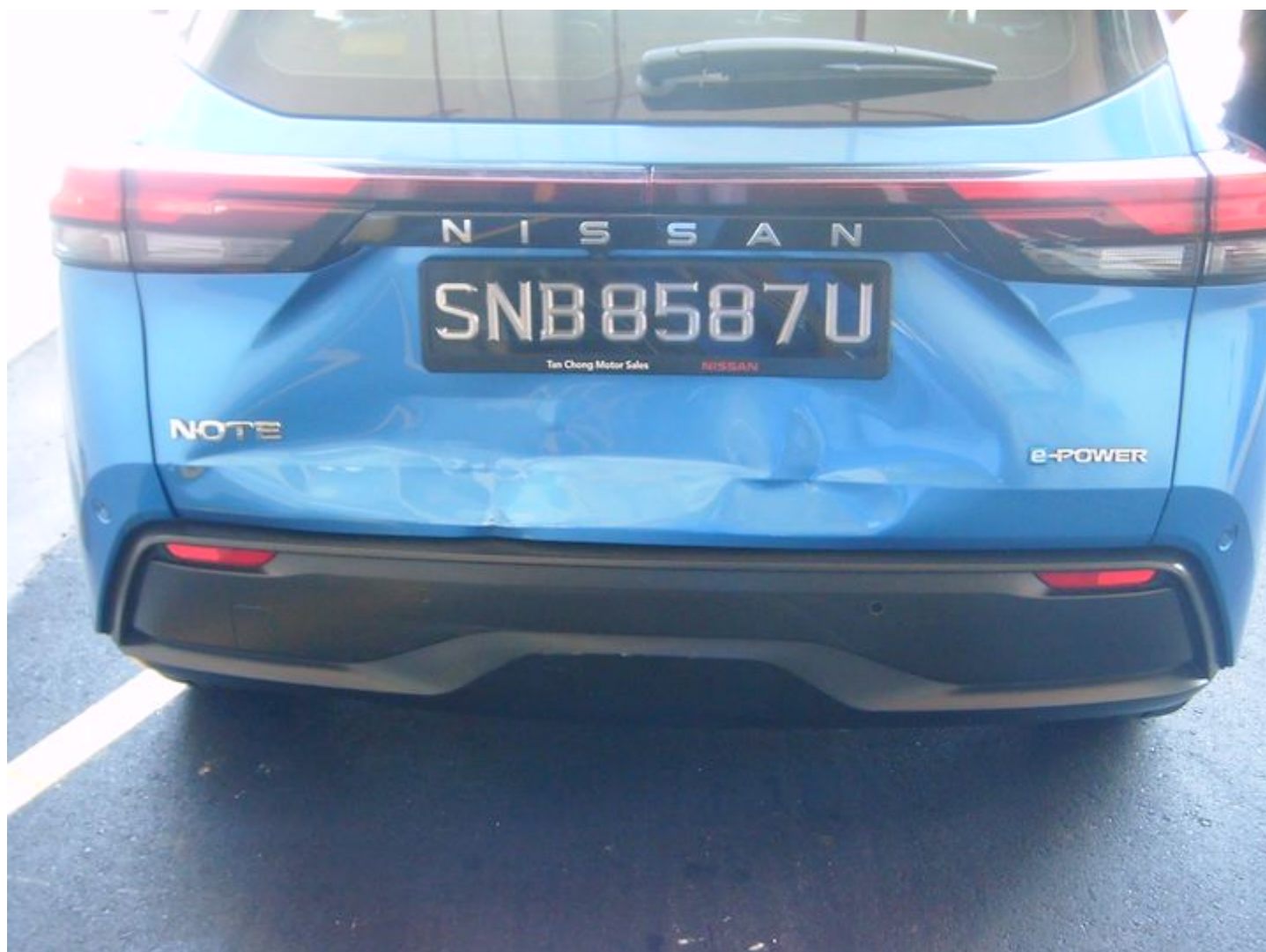
























**SINGAPORE  
POLICE FORCE**



T/20230510/7025

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

1 of 3  
Report No. T/20230510/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2023 13:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG YEOW LOONG			Address: 917 JURONG WEST STREET 91 #05-150 SINGAPORE 640917		
ID Type / ID No.: NRIC NO / S1769848F			Contact No.: Home/Office: Mobile: 98518233		
Nationality: SINGAPORE CITIZEN			Email: ANDREW.BANLOONG@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 27/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2023 12:15	Type of Location: Straight Road
Location:  JURONG EAST STREET 31				
Weather: Clear		Road Surface: Dry		
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	Condition	No of Passenger
SLP5943U	Car	TOYOTA	Altis	Grey	Slightly Damaged	1
SNB8587U	Car	NISSAN	NOTE	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230510/7025

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

2 of 3

Report No. T/20230510/7025

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SUHAIMI BIN KAMARI	ID No.	S1533827Z
Related Vehicle	SLP5943U (Car)	Contact No.	98233792
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	WONG YEUW LOONG	ID No.	S1769848F
Related Vehicle	SNB8587U (Car)	Contact No.	98518233
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/05/2023	Date	10/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

As of above date and time, i was driving my vehicle ( SNB 8587 U ) along Boon Lay Way towards Jln Boon Lay on the middle lane of a 3 lane rd . I was driving straight in my lane at a moderate speed and suddenly , vehicle B ( SLP 5943 U ) collided into the rear portion of my vehicle . afterwards i went to see a doctor and was issued a 5 days MC.





**SINGAPORE  
POLICE FORCE**

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



T/20230510/7025

3 of 3

Report No. T/20230510/7025

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:  
10/05/2023 13:00

Classification Of Case:







**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: SN09235A 000A Vehicle Registration No: SNB 85874

Name (as shown in NRIC): Wong Yew Hong NRIC/FIN/Passport No: S1769848F

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: Apt Blk 917 Jiong West Street 91 #05-150 Singapore (640917)

Contact (Tel): \_\_\_\_\_ Mobile No.: 9851 8233

Email Address: andrew.bonkong@gmail.com

Date of Accident: 09/05/2023 Time of Accident: 12:15

Place of Accident: Boon Lay way towards Julien Boon Lay after jiong east street 31

Insurance Company: China Taiping

(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:

Amend additional location information -

\* Boon Lay Way towards Julien Boon Lay after Jiong east street 31

Policyholder / Actual Driver's Signature  
Date:

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