

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	23/05/2023 11:07 (SGT)
Reported by	Actual Driver
Date of Accident	20/05/2023 22:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	JUNCTION OF SERANGOON AVE 1 & 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5851Z
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	H.K. HARDWARE & ENGINEERING PTE LTD
Company Reg No	1XXXXX128G
Email Address	BEEENG@HKHARDWARE.COM.SG
Mobile Phone No	(Phone) +65-92770314
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0016702

DRIVER

Name of Driver	WON KEE ONN
NRIC No	GXXXXX672R
Date Of Birth	23/02/1987
Occupation	Outdoor

Date Of Driving Pass	15/06/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88180148
Alt. Phone Number	-
Email Address	BEEENG@HKHARDWARE.COM.SG
Address	601 HOUGANG AVE 4 #09-121
Address complement	-
Postcode	530601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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)	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	LEONG HUI TING
Gender	Female

PASSENGER 2

Name	NG KHAU HIAN KEL
Gender	Male

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 NO.T/20230521/7021

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	GBK3267X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL MALIK BIN HAMZAH
NRIC No	SXXXX553B
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	SLC3173G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KANG CASEY
NRIC No	TXXXX298J
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	LEONG HUI TING
Gender	Female
Phone No	(Phone) +65-92219948
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA5851Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	WONG KEE ONN
Gender	Male
Phone No	(Phone) +65-88180148
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA5851Z

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person NG KHAI HIAN KEL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBA5851Z
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.
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 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

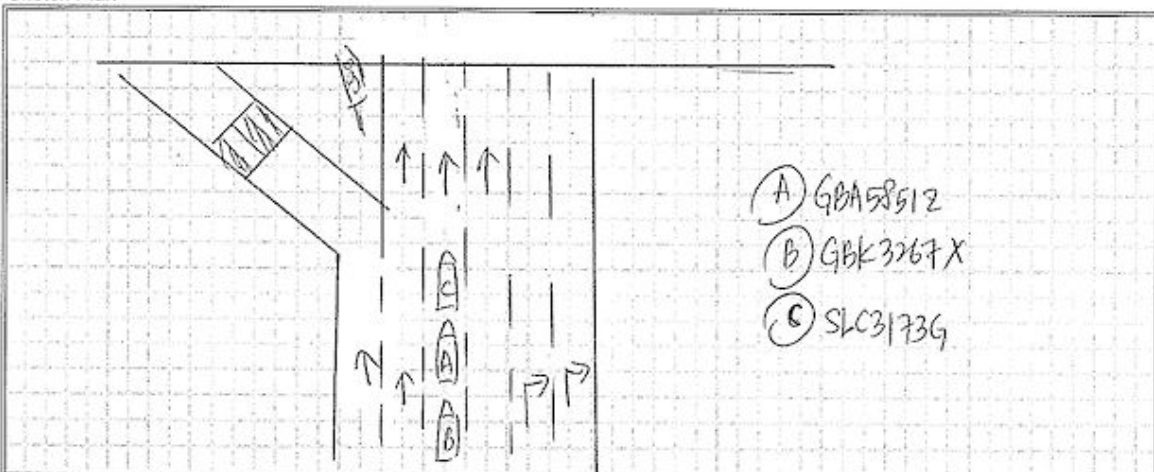
[Signature]

Actual 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



1 Jun 2022

1

Describe Circumstance of the Accident

Refer to police Report. T/20230501/7027

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No. M0016702
 Insurer Etiqa Veh.No. GBA5851Z

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD

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













































**SINGAPORE
POLICE FORCE**



T/20230521/7021

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

1 of 5

Report No. T/20230521/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2023 14:24		Vide Report No.: F/20230520/0171		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEONG HUI TING			Address: 601 HOUGANG AVENUE 4 #09-121 SINGAPORE 530601		
ID Type / ID No.: NRIC NO / S8619112A			Contact No.: Home/Office: Mobile: 92219948		
Nationality: SINGAPORE CITIZEN			Email: LHUIT86@GMAIL.COM		
Sex: Female	Age: 36	Date of Birth: 19/07/1986	Type of Informant: Passenger		
Race: Chinese			Language: English		
Occupation: Administration manager			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2023 22:30	Type of Location: Ang mo ave 3
Location: SERANGOON NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Van hit from behind				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA5851Z	Lorry	TOYOTA		White	Seriously Damaged	3
GBK3267X	Van	NISSAN		Red	Seriously Damaged	1
SLC3173G	Car	HYUNDAI		White	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20230521/7021

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

2 of 5

Report No. T/20230521/7021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEONG HUI TING	ID No.	S8619112A
Related Vehicle	GBA5851Z (Lorry)	Contact No.	92219948
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	20/05/2023	Date	21/05/2023
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	WONG KEE ONN	ID No.	G7737672R
Related Vehicle	GBA5851Z (Lorry)	Contact No.	88180148
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: 08/03/2027
Date	20/05/2023	Date	21/05/2023
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	NG KHAI HIAN KEL	ID No.	T1503937F
Related Vehicle	GBA5851Z (Lorry)	Contact No.	92219948
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	20/05/2023	Date	21/05/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20230521/7021

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

3 of 5

Report No. T/20230521/7021

CONTINUATION OF REPORT

Driver			
Name	ABDUL MALIK BIN HAMZAH	ID No.	S8317553B
Related Vehicle	GBK3267X (Van)	Contact No.	NIL
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	KANG CASEY	ID No.	T0136298J
Related Vehicle	SLC3173G (Car)	Contact No.	96515384
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.

We wish to report a Traffic accident involving 3 cars at road along ANG MO KIO AVE 3.

1. White car in front of us (SLC3173G)
2. Our lorry (GBA5851Z)
3. Red Van (GBK3267X)

We were along ang mo kio ave 3. We were between main road of blk 553 serangoon North ave 3 and opposite was blk 102 serangoon North ave 1.

Traffic light was red. White car in front of us stopped. We stopped too and we were 2ft away from the White car.

Our lorry was stationary for sometime definitely more than 15 seconds when Red van (GBK3267X) from behind hit us from behind really hard. The dashboard in our lorry dropped too.

My partner (the driver) was stepping on the brake while waiting for the red light.

When the red van hit us from behind, our lorry was pushed forward (despite stepping on the brake) and hit the White car mildly. The White car shifted to the front slightly as well.

There are some dents on the back of the White car.



**SINGAPORE
POLICE FORCE**



T/20230521/7021

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

4 of 5

Report No. T/20230521/7021

CONTINUATION OF REPORT

The red van front was very badly damaged.
Back of our lorry was badly dented. Front was slightly dented.

My partner asked the red driver what happened to him. He looked sleepy. Blur. (like either fall asleep, or looks high) he only said sorry (stoning kind)

In the lorry there was 3 of us.
Driver - Wong kee onn (G7737672R)
Passenger - Ng Khai Hian Kel (T1503937F)
Passenger - Leong hui ting (S8619112A)



**SINGAPORE
POLICE FORCE**



T/20230521/7021

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

5 of 5

Report No. T/20230521/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

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

Date/Time:
21/05/2023 14:24

Classification Of Case:

NP168