

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	05/06/2023 15:37 (SGT)
Reported by	Actual Driver
Date of Accident	01/06/2023 20:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KPE EXIT TOWARDS NICOLL HIGHWAY (EXIT 2A)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA3192Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONG MUNG YIN
NRIC No	TXXXX791E
Email Address	kongmungyin@gmail.com
Mobile Phone No	(Phone) +65-91184713
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	1390

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133917946

DRIVER

Name of Driver	SEAK WEI SIANG SHAUN
NRIC No	SXXXX219B
Date Of Birth	11/08/1992
Occupation	Indoor

Date Of Driving Pass	31/12/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97219751
Alt. Phone Number	-
Email Address	shaunseakphotography@gmail.com
Address	623B PUNGGOL CENTRAL
Address complement	#17-354
Postcode	822623
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 - Change/cross lane
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)	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	KONG KAI WANG
Gender	Male

PASSENGER 2

Name	KONG MUNG YIN
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

I WAS TRAVELLING ON THE LEFT SIDE OF THE 2 LANE. LORRY HAD SIGNALLED TO CHANGE LANE. IT WAS A BEND AND UR NOT SUPPOSE TO CHANGE LANE ON A BEND. I PROCEEDED TO TURN THE BEND ON MY LANE BUT DESPITE CROSSING THE LORRY FRONT OF VEHICLE HE CONTINUE TO LANE CHANGE AND HIT THE RIGHT SIDE OF MY VEHICLE WITH THE LEFT SIDE OF HIS HEAD.

I WAS TRAVELLING ON KPE EXIT TOWARDS NICOLL HIGHWAY. VIDEOS AND PHOTOS ALL TAKEN.

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 YP2911C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 KONG KAI WANG
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKA3192Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person KONG MUNG YIN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKA3192Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person SEAK WEI SIANG SHAUN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKA3192Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

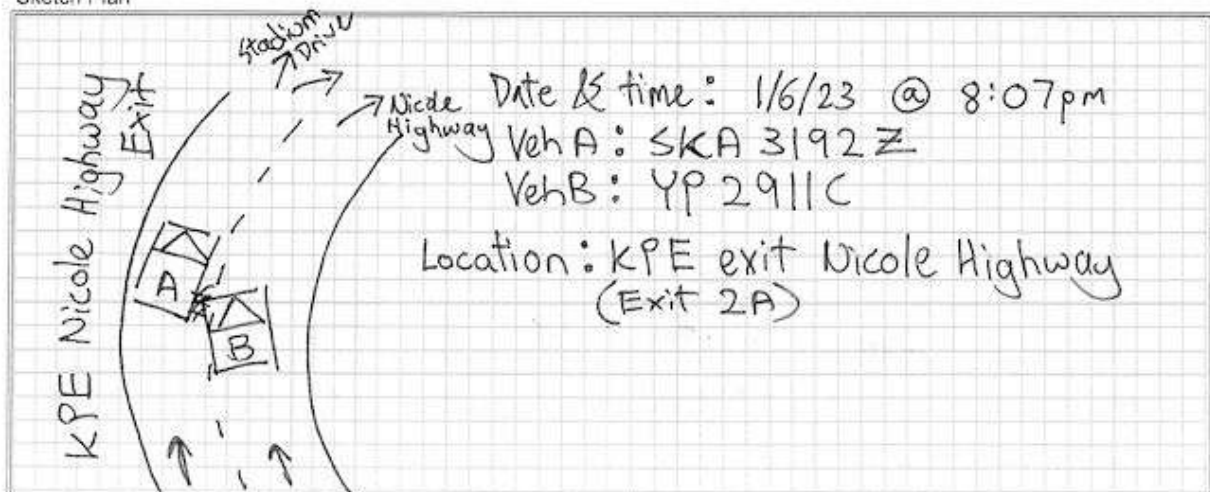
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO GIA REPORT

As Per Police Report.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

☒ Claim OD/TP at other workshop

Declaration

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

Policyholder's Signature / Date & Time

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

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




**SINGAPORE
POLICE FORCE**



T/20230602/7025

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

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Report No. T/20230602/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2023 16:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEAK WEI SIANG SHAUN			Address: 623B PUNGGOL CENTRAL #17-354 SINGAPORE 822623		
ID Type / ID No.: NRIC NO / S9227219B			Contact No.: Home/Office: Mobile: 97219751		
Nationality: SINGAPORE CITIZEN			Email: shaunseakphotography@gmail.com		
Sex: Male	Age: 30	Date of Birth: 11/08/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other computer network, infrastructure and platform professionals			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2023 20:05	Type of Location: Bend
Location: STADIUM DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA3192Z	Car	VOLKSWAGO N	Scirocco 1.4a	Pink	Slightly Damaged	2
YP2911C	Lorry	MITSUBISHI		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230602/7025

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

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Report No. T/20230602/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA3192Z	NTUC Income Insurance Co-Operative Limited	5133917946	13/02/2023	12/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SEAK WEI SIANG SHAUN		ID No.	S9227219B
Related Vehicle	SKA3192Z (Car)		Contact No.	97219751
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
Passenger				
Name	KONG KAI WANG		ID No.	T0331283B
Related Vehicle	SKA3192Z (Car)		Contact No.	91718918
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
Passenger				
Name	KONG MUNG YIN		ID No.	T0103791E
Related Vehicle	SKA3192Z (Car)		Contact No.	91184713
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	Slight



**SINGAPORE
POLICE FORCE**



T/20230602/7025

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20230602/7025

CONTINUATION OF REPORT

Driver			
Name	RANJIT SINGH		ID No. G6671887K
Related Vehicle	YP2911C (Lorry)		Contact No. 98665820
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: 10/09/2022
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

I was traveling on the left side of the 2 lane. Lorry had signalled to change lane.

It was a bend and ur not suppose to change lane on a bend. I proceeded to turn the bend on my lan but despite crossing the lorry front of vehicle he continue to lane change and hit the right side of my vehicle with the left side of his head.

I was travelling on kpe exit towards nicoll highway.

Videos and photos all taken.



**SINGAPORE
POLICE FORCE**



T/20230602/7025

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

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Report No. T/20230602/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
02/06/2023 16:31

Classification Of Case:

NP168