

# 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 .....	06/06/2023 17:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/06/2023 16:40 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDM9060B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHENG LI HONG (ZHONG LIFENG)
NRIC No .....	S7501369H
Email Address .....	chenglihong16@gmail.com
Mobile Phone No .....	(Phone) +65-97862790
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	WISH 1.8 A
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 .....	1794

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA031493

### DRIVER

Name of Driver .....	CHENG LI HONG (ZHONG LIFENG)
NRIC No .....	S7501369H
Date Of Birth .....	03/01/1975
Occupation .....	Outdoor

Date Of Driving Pass .....	22/02/1999
Driving experience .....	24 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97862790
Alt. Phone Number .....	-
Email Address .....	chenglihong16@gmail.com
Address .....	APT BLK 355 KANG CHING ROAD #08-07
Address complement .....	-
Postcode .....	610355
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? .....	No
Number of vehicles involved in the accident .....	8
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) .....	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 .....	CHENG WEN YONG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

#### 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 .....	SNE2970M
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKD367R
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SHC3446S
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SDH1681M
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number ..... SMF4945L  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number ..... SLN6394H  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number ..... SMX123Z  
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 ..... -

Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Injuries on right knee, neck pain
Injured person in which vehicle? .....	SDM9060B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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

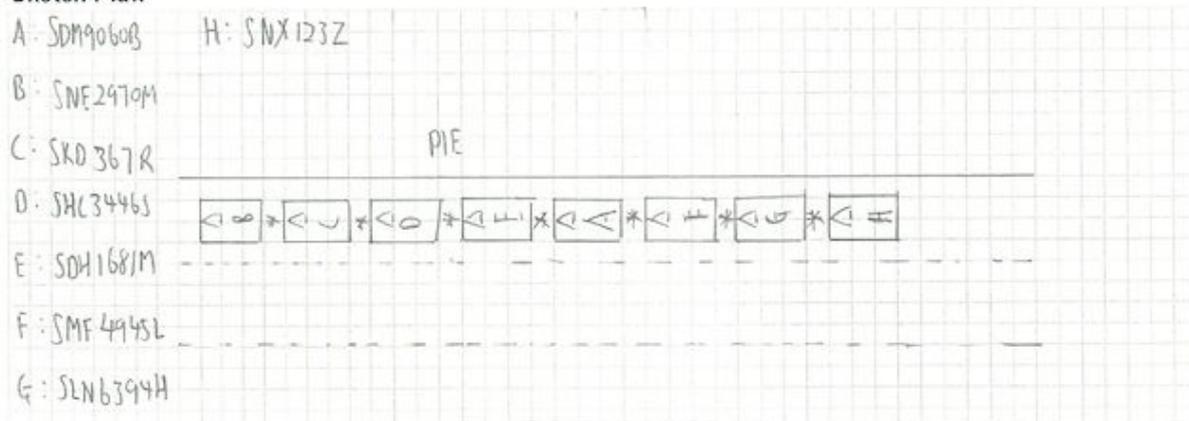
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**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 Centre Personnel



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**SINGAPORE  
POLICE FORCE**


T/20230605/2115

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Report No. (T/20230605/2115)

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2023 22:00	Vide Report No.:	Station Diary No.: 213
<b>Informant's Particulars</b>		
Name of Informant: CHENG LI HONG	Address: APT BLK 355 KANG CHING ROAD #08-07 SINGAPORE 610355	
ID Type / ID No.: NRIC NO / S7501369H	Contact No.:	Mobile: 97862790
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 48	Date of Birth: 03/01/1975
Race: Chinese	Type of Informant: Driver	
Occupation: HOME APPLIANCES TECHNICIAN	Language: English	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: 05/06/2023 16:40	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH1681M	Car	VOLKSWAGO N	TIGUAN	White	Slightly Damaged	0
SDM9060B	Car	TOYOTA	WISH 1.8 A	Gold	Totally Damaged	1
SHC3446S	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	0
SKD367R	Car	MERCEDES BENZ	C180	Black	Slightly Damaged	0
SLN6394H	Car	MITSUBISHI	SPACE STAR	Red	Slightly Damaged	0



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Report No. T/20230605/2115

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMF4945L	Car	MAZDA	MAZDA 3	Red	Slightly Damaged	0
SMX123Z	Car	KIA	NIRO	Black	Slightly Damaged	0
SNE2970U	Car	VOLVO	S90	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDM9060B	ETIQA INSURANCE BERHAD	MA031493	24/05/2023	23/05/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA CHEW CHEE	ID No.	S7440493F
Related Vehicle	SDH1681M (Car)	Contact No.	98262076
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	Slight
Driver			
Name	CHENG LI HONG	ID No.	S7501369H
Related Vehicle	SDM9060B (Car)	Contact No.	97862790
Hospital/Clinic	FAMILY DOCTORS AT 365	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/06/2023	Date Discharge	05/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE  
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T/20230605/2115

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Report No. T/20230605/2115

## CONTINUATION OF REPORT

Passenger			
Name	NICHOLAZ CHENG WEN YONG	ID No.	T0412503C
Related Vehicle	SDM9060B (Car)	Contact No.	96560532
Hospital/Clinic	FAMILY DOCTORS AT 365	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/06/2023	Date Discharge	05/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	PHANG JI HAO	ID No.	S9778568F
Related Vehicle	SMF4945L (Car)	Contact No.	87769302
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	Slight

**Brief Details.**

On 5/6/2023 at about 1640hours, I was driving my car bearing plate number SDM9060B along PIE heading towards Changi Airport at the first lane, nearby the Old Police Academy (nearby exit 17). I was with my 19-years old daughter, and she was seated at the rear left in the car. I was going to send her to work at IKEA Tampines. I was driving at about 80km/hr at, and I see that the car in front of me bearing plate number SDH1681M stepping on his brake, and thus I also managed to step on my brake. After my car was slowing down, suddenly, I felt an impact coming from the rear of my car. I then felt another impact a few seconds later and followed by two other impacts from the rear of my car.

I then stopped my car and made a check on my daughter, and she said that she felt some pain on her body. I then went out to make a check on my car and I realized that I was involved in a chain collision consisting of seven other cars. I also managed to take down the details of the front and rear drivers. I also managed to take some photo and videos of the accident.

My car sustained damages on the front bumper as it was damaged, whereby the front headlights was broken, and the rear portion of my car was dented. There was also a crack on top of the front plate position and the coolant and aircon was also damaged. The front bumper had also come out. My rear window windscreen was also totally shattered. I am unsure of the total cost of damages. The left rear portion of my car (on the rear left tire) was also damaged, and the rear left glass was also shattered.

First time such incident had happened. I do have an in-car camera inside my car, and it was in recording mode. There was an EMAS and LTA officers at scene, and they advised me to make a Police report. I am unsure if there was anyone who was conveyed to the hospital.



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**CONTINUATION OF REPORT**

After the accident, I then went to a small road nearby Thomson Road and called the tow truck to come and tow my car away, as it was dangerous to be driven.

My daughter and I then went to the nearby clinic to make a check and we both received three days of MC. I suffered injuries on my right knee as it had hit the front bumper during the impact, and some pain on my neck. I also do experience some giddiness.



**SINGAPORE  
POLICE FORCE**



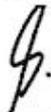
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Report No. T/20230605/2115

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: J / STAFF SGT NUR SYAFIQAH BINTE ABDUL LATIFF 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2023 22:00
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168