

# 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 .....	03/07/2023 13:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/07/2023 17:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJS6236D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ENG SONG HONG
NRIC No .....	SXXXX291J
Email Address .....	chiakc@iceman.com.sg
Mobile Phone No .....	(Phone) +65-90269026
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MP004216

### DRIVER

Name of Driver .....	ENG SONG HONG
NRIC No .....	SXXXX291J
Date Of Birth .....	05/09/1965
Occupation .....	Indoor

Date Of Driving Pass .....	13/07/1983
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90269026
Alt. Phone Number .....	-
Email Address .....	chiakc@iceman.com.sg
Address .....	APT BLK 771 YISHUN AVENUE 3
Address complement .....	# 04-233
Postcode .....	760771
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	SLS2440H
Insurance Company of Other Vehicle Owned by Driver .....	Tokio Marine Insurance Singapore Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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 .....	CHAI KWEE LIANG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230701/2081

#### 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 .....	SLE3694J
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 .....	CHAI KWEE LIANG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEFT SIDE OF NECK & SHOULDER
Injured person in which vehicle? .....	SJS6236D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

03-07-23

Jay

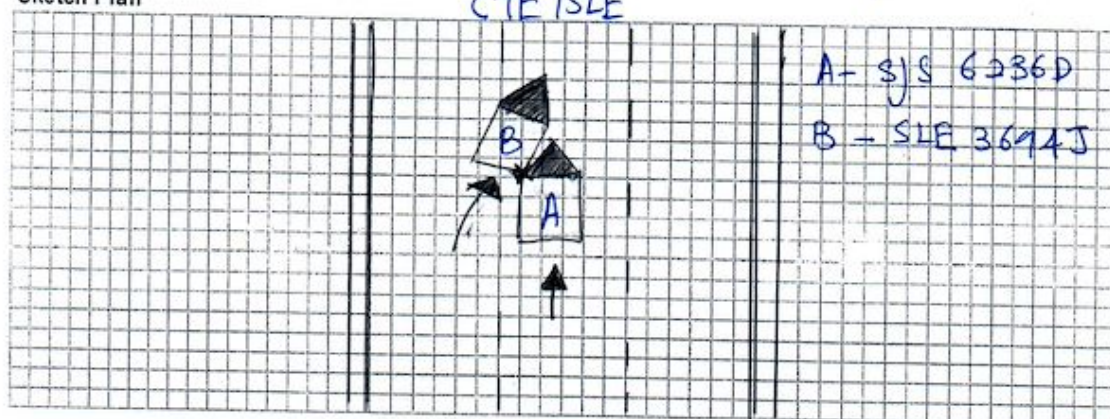
Amul 27/7/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan






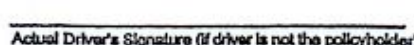
**Describe Circumstance of the Accident**


Please Refer to the attached  
Police Report  
- T/20230701/2081 -

**Declaration**

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

 05-07-23  
 Policyholder's Signature / Date & Time

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

 27/2023  
 Witnessed by Reporting Centre Personnel (Name as in NRJC/ID card)

v1.0a 2022

2



**SINGAPORE  
POLICE FORCE**



T/20230701/2081

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230701/2081

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS6236D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP004216	22/08/2022	25/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ENG SONG HONG		ID No.	S2575291J
Related Vehicle	SJS6236D (Car)		Contact No.	90269026
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	NIL
Passenger				
Name	CHAI KWEE LIANG		ID No.	F1300491U
Related Vehicle	SJS6236D (Car)		Contact No.	93884814
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	NIL

**Brief Details.**

On 1/7/2023 at around 1730hrs, I (SJS6236D) was driving along CTE on the second lane when I noticed another car (SLE3694J) driving recklessly and was weaving through traffic from the first lane to the third lane.

He then wanted to overtake me from the third lane however while he was changing lanes, the back right wheel side of his car hit the left front wheel side of my car. I saw him brake however instead of stopping, he suddenly sped up.

I did not give chase for my own safety and continued driving to the nearest Police station.

My colleague who was in the car with me informed that she has pains on her left neck and shoulder however she has not went to get it checked. My car sustained damages to the front left wheel side.

I do not have a camera that recorded the incident.






















**SINGAPORE  
POLICE FORCE**


T/20230701/2081

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20230701/2081

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2023 18:25		Vide Report No.:		Station Diary No.: 100
<b>Informant's Particulars</b>				
Name of Informant: ENG SONG HONG		Address: APT BLK 771 YISHUN AVENUE 3 #04-233 SINGAPORE 760771		
ID Type / ID No.: NRIC NO / S2575291J		Contact No.: Home/Office: Mobile: 90269026		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 05/09/1965	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: MECHANIC		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/07/2023 17:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJS6236D	Car	KIA	CERATO FORTE 1.6(M) EX ABS D/AB 2WD 4DR	Silver	Slightly Damaged	1
SLE3694J	Car				No Damage	0





**SINGAPORE  
POLICE FORCE**



T/20230701/2081

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20230701/2081

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS6236D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP004216	22/08/2022	25/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ENG SONG HONG		ID No.	S2575291J
Related Vehicle	SJS6236D (Car)		Contact No.	90269026
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	NIL
Passenger				
Name	CHAI KWEE LIANG		ID No.	F1300491U
Related Vehicle	SJS6236D (Car)		Contact No.	93884814
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	NIL

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**SINGAPORE  
POLICE FORCE**



T/20230701/2081

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20230701/2081

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /  
SGT 2 NUR LIYANA BINTE  
MOHAMMED RAIMI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/07/2023 18:25

Officer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT RASHIDAH BINTE AZMAN  
Contact No.: 65476902

Classification Of Case:

NP168

**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO: 199400795H / GST REGISTRATION NO: M201219809  
 BLK 417 YISHUN AVE 11 #01-321, SINGAPORE 760417  
 TEL 67537626 / FAX 67530125

**OFFICIAL  
RECEIPT**

**NAME:** CHAI KWEE LIANG  
**ATTENDING DR:** Dr Yeo Ee Jie

**IDENTIFICATION:** \*\*\*\*\*491U  
**VISIT DATE:** 02-07-2023

Item	Dispensed Qty	Unit Cost	Sub Total
<b>MEDICATION</b>			<b>\$17.88</b>
KEFENTECH 30MG PLASTER 9'S	1	\$7.68	
ANAREX TABLET	20	\$10.20	
<b>CONSULTATION</b>			<b>\$34.26</b>
CONSULTATION	1	\$34.26	
	<b>SUBTOTAL CHARGE</b>		<b>\$52.14</b>
	<b>GST TOTAL</b>		<b>\$4.17</b>
	<b>ADJUSTMENT</b>		<b>(\$0.01)</b>
	<b>TOTAL AMOUNT (AFTER ADJUSTMENT)</b>		<b>\$56.31</b>

**PAYMENT**

**PAY BY CASH** 02-07-2023 09:37 **\$56.30**

All drugs sold are non-exchangeable and non-refundable  
 This is a computer generated document that does not require a signature

Case No: 20231834408426

**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO:199400795H  
 GST REGISTRATION NO:M201219809  
 BLK 417 YISHUN AVE 11 #01-321,  
 SINGAPORE 760417  
 TEL 67537626 / FAX 67530125

**MEDICAL  
CERTIFICATE**

**NAME:** CHAI KWEE LIANG  
**VISIT DATE:** 02-07-2023

**IDENTIFICATION:**F1300491U

This is to certify that **CHAI KWEE LIANG (F1300491U)** is UNFIT FOR DUTY for **3** day(s) from **02-07-2023** to **04-07-2023** inclusive.

Dr Yeo Ee Jie  
 MCR NO. M65028E  
 MBBS (Honours) (Australia)

**Dr Yeo Ee Jie (M65028E)**  
 General Practitioner

Not Valid for Absence from Court Attendance  
 This certificate is electronically generated, no signature is required.

Ref No.:20231832834575  
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