

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	17/07/2023 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 13:45 (SGT)
Exact Location of Accident	Eunos Flyover, Singapore
Additional Location Information	PIE TOWARDS JURONG (EUNOS FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW971J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG JIE SHENG
NRIC No	SXXXX003G
Email Address	KELVIN971971@GMAIL.COM
Mobile Phone No	(Phone) +65-91695920
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117410166-03

DRIVER

Name of Driver	KOH TZER JIIUNN
NRIC No	SXXXX745B
Date Of Birth	11/06/1973
Occupation	Outdoor

Date Of Driving Pass	27/03/1997
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91695920
Alt. Phone Number	-
Email Address	KELVIN971971@GMAIL.COM
Address	BLK 773 BEDOK RESERVIOR VIEW #05-129
Address complement	-
Postcode	470773
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Raining
Road Surface	Wet

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?	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	ZHENG LIQIN
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

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE723Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX9020Z
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	KOH TZER JIUNN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 MC DAYS
Injured person in which vehicle?	SLW971J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZENG LIQIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 MC DAYS
Injured person in which vehicle?	SLW971J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy benefit.
4. The insurer's 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 C&A Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the 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.

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 be 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 accessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insured(s) who have insured vehicle(s) involved in this accident (all insured(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 purposes 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 envelops/postal packages); and/or
 - (v) complying with application 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 be 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 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 based outside of Singapore, for one or more of the above Purposes.

Insurer's Signature / Date & Time

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

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

Sketch Plan

Jung a PIE
Lunas Pijonev

Describe Circumstance of the Accident

Refer to Police Report

Police Report No.: T/20230716/7026

Declaration
We declare the foregoing particulars are true in every respect.

Sagor

Policyholder's Signature / Date & Time

16

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



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



**SINGAPORE
POLICE FORCE**



T/20230716/7026

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

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Report No. T/20230716/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2023 16:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH TZER JIUNN	Address: 773 BEDOK RESERVOIR VIEW #05-129 SINGAPORE 470773		
ID Type / ID No.: NRIC NO / S7320745B	Contact No.:	Mobile: 91695920	
Nationality: SINGAPORE CITIZEN	Email:	KELVIN971971@GMAIL.COM	
Sex: Male	Age: 50	Date of Birth: 11/06/1973	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Self Employed	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2023 13:45	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW971J	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230716/7026

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

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Report No. T/20230716/7026

CONTINUATION OF REPORT

Driver			
Name	KOH TZER JIIUNN		ID No. S7320745B
Related Vehicle	SLW971J (Car)		Contact No. 91695920
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLW971J along PIE(Tuas) when I noticed GX9020Z, which was travelling some distance diagonally in front along the left of 3 lanes, skidding.

Said lorry came to a stop in between lane 3 and lane 2, which I was travelling in.

My wife, Zeng Liqin, was my front passenger on board my vehicle at that time. We were belted.

I had ample time to gradually come to a stop as said lorry skidded some distance ahead.

I was waiting for the opportunity to move off and was stationary for about 5 seconds when suddenly, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward.

The impact was so huge that despite already stepping on my brakes, my vehicle propelled forward, colliding into GX9020Z.

Having been caught off guard by the sudden impact, my body lurched forward only to be restrained by the seat belt.

However, I still knocked my right shin against the underside of the dashboard.

Upon alighting, I realised that GBE723Y had smashed into the rear of my vehicle resulting in the 3 car chain collision.

Shortly after the accident, I started feeling aches and stiffness over my neck area on top of the abrasion/contusion over my right shin, which was starting to swell up.

I sought treatment at Mount Alvernia the same day and was given 5 days MC.

My wife also complained of aches over her neck area later the same evening and sought treatment the day after at Temasek Medical Clinic.

She was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230716/7026

3 of 4

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

Report No. T/20230716/7026

CONTINUATION OF REPORT

Subsequently, the both of us also developed aches and soreness over multiple areas of our bodies as well.

We will seek follow up treatment at our family doctor if the pain does not go away.



**SINGAPORE
POLICE FORCE**



T/20230716/7026

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Report No. T/20230716/7026

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
16/07/2023 16:49

Classification Of Case:

NP168