

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 First Submission	26/08/2024 12:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/08/2024 14:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS BEDOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7658S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH THOR HOCK
NRIC No	S1357763C
Email Address	PEHTHORHOCK@GMAIL.COM
Mobile Phone No	(Phone) +65-91060701
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2009968291-01

DRIVER

Name of Driver	PEH THOR HOCK
NRIC No	S1357763C
Date Of Birth	17/11/1959
Occupation	Outdoor
Driving Pass Date	17/07/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91060701
Alt. Phone Number	-
Email Address	PEHTHORHOCK@GMAIL.COM
Address	727 WOODLANDS CIRCLE #05-108
Address complement	-
Postcode	730727
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	Collision - Head to Rear
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
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

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 SMU7493A
 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 PEH THOR HOCK
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMU7658S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

Please Refer to the police report.

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20240826/7020

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

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Report No. T/20240826/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 11:10		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: PEH THOR HOCK		Address: 727 WOODLANDS CIRCLE #05-108 SINGAPORE 730727		
ID Type / ID No.: NRIC NO / S1357763C		Contact No.: Home/Office: Mobile: 91060701		
Nationality: SINGAPORE CITIZEN		Email: PEHTHORHOCK@GMAIL.COM		
Sex: Male	Age: 64	Date of Birth: 17/11/1959	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: PRIVATE HIRE VEHICLE DRIVER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2024 14:40	Type of Location: Straight Road
Location: EUNOS AVENUE 8A				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		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
SMU7493A	Motor car					4
SMU7658S	Motor car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Red		3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMU7658S	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2009968291	01/03/2024	28/02/2025



**SINGAPORE
POLICE FORCE**



T/20240826/7020

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

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Report No. T/20240826/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHU WEIQIANG, KENNY	ID No.	S8720793E
Related Vehicle	SMU7493A (Motor car)	Contact No.	96895103
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	PEH THOR HOCK	ID No.	S1357763C
Related Vehicle	SMU7658S (Motor car)	Contact No.	91060701
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	25/08/2024	Date Discharge	25/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

ON 25.08.2024 AT ABOUT 0240PM. I WAS TRAVELLING PIE TOWARD BEDOK (NEAR JALAN EUNOS). SUDDENLY THE VEHICLE IN FRONT OF ME JAM BRAKE, I FOLLOWED IT. I FELT IMPACT AFTER FEW SECOND, THE VEHICLE SMU 7493A COLLIDED ONTO REAR PORTION OF MY VEHICLE SMU 7658S.

I HAVE VIDEO IN MY IN-CAR CAMERA.

I FELT PAIN AFTER THE ACCIDENT. I WAS GIVEN 5 DAYS MC FROM OUR FAMILY PHYSICIAN CLINIC & SURGERY.

**SINGAPORE
POLICE FORCE**

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



T/20240826/7020

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Report No. T/20240826/7020

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

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

Date/Time:
26/08/2024 11:10

Classification Of Case: