

## 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 .....	30/09/2024 14:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/09/2024 12:55 (SGT)
Exact Location of Accident .....	Pasir Ris Central, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNP1934Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DINGREN ADVISORY PTE LTD
Company Reg No .....	202242840H
Email Address .....	chngbengsoon@gmail.com
Mobile Phone No .....	(Phone) +65-92739148
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
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 hire
Transmission .....	Auto
CC .....	2487
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5141553750

#### DRIVER

Name of Driver .....	CHOW YUE LIANG
NRIC No .....	S7112941A
Date Of Birth .....	09/04/1971
Occupation .....	Outdoor
Driving Pass Date .....	23/09/1996
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	28 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92269922
Alt. Phone Number .....	-
Email Address .....	ekmatt9922@gmail.com
Address .....	BLK 526B PASIR RIS STREET 51 #10-521
Address complement .....	-
Postcode .....	512526
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	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 .....	PHAM THI THANH HUYEN
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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK5804H
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHAMMAD SHARUL BIN PAHRULANAM
NRIC No .....	S9414240G
Contact Number .....	(Phone) +65-88075541
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 .....	CHOW YUE LIANG
Gender .....	Male
Phone No .....	(Phone) +65-92269922
Address .....	BLK 526B PASIR RIS STREET 51 #10-521
Address Complement .....	-
Post Code .....	512526
Approximate Age Years Old .....	53
Injuries Sustained .....	OBTAINED 5 DAYS MC
Injured person in which vehicle? .....	SNP1934Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# 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.

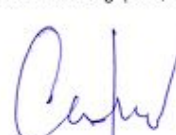
(collectively the "Purposes")

(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.

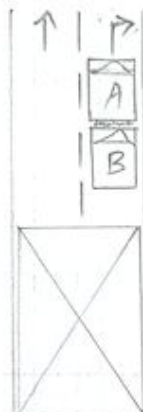
  
Policyholder's Signature / Date & Time



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

  
Witnessed by Reporting Centre Personnel  
Jodelle Tan  
AMK  
Autopoint P/L

## Sketch Plan



(A) → SNP19342

(B) → GBK5804H

PASIR RIS CENTRAL

**Describe Circumstances of the Accident**

27<sup>th</sup> September 2024 (at around 1255 hrs); I was driving along Pasir Ris Central. I stopped at a Red Light (intending to turn right) on the extreme right side of the road. On the point of stopping (2 car before me) after slowing down, a van GBK5804H, slowed down but suddenly picked up speed and crashed into my vehicle rear.

I got down my car to take pictures, videos and exchanging particulars & contact numbers.

Then I was advised to immediately make an accident report by my leasing company.

Thank You.

Refer to Police Report NO: T/20240928/7068

**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

JOE TAN  
AME AUTOPPOINT P/L















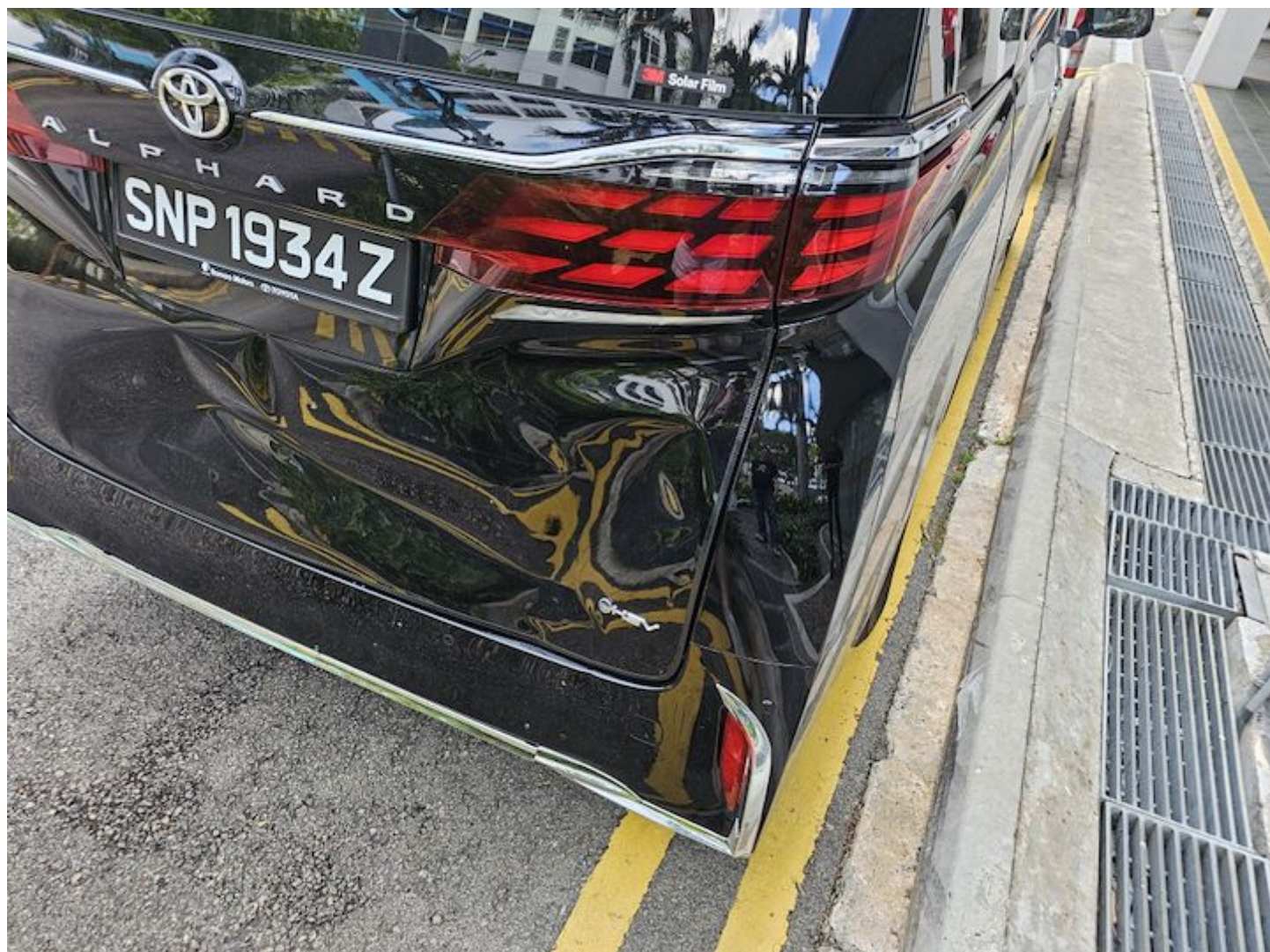




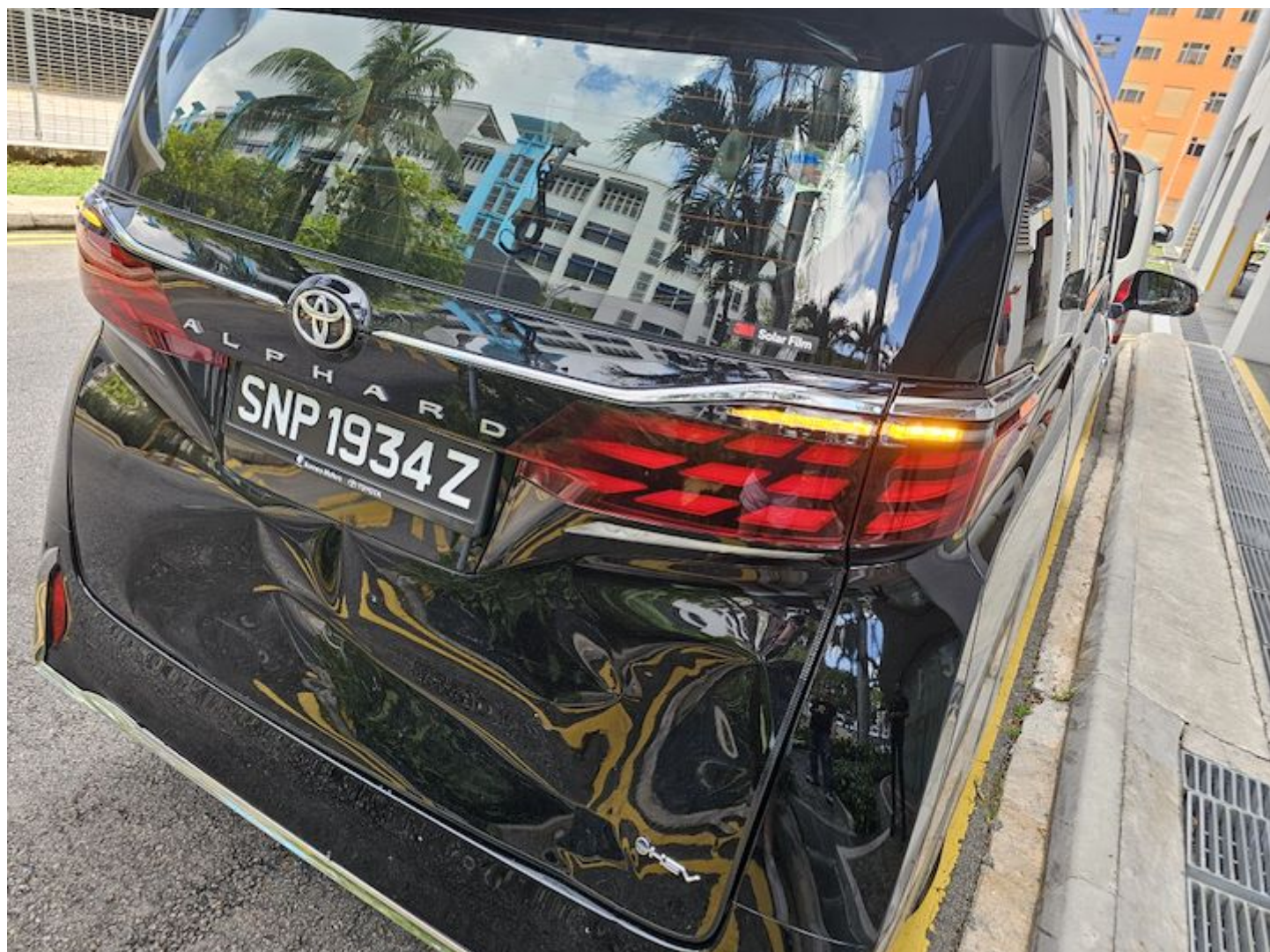




















**SINGAPORE  
POLICE FORCE**



T/20240928/7068

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

1 of 3

Report No. T/20240928/7068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2024 16:03		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: CHOW YUE LIANG		Address: 526B PASIR RIS STREET 51 #10-521 SINGAPORE 512526		
ID Type / ID No.: NRIC NO / S7112941A		Contact No.: Home/Office: Mobile: 92269922		
Nationality: SINGAPORE CITIZEN		Email: EKMATT9922@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 09/04/1971	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2024 12:55	Type of Location: Straight Road
Location:  PASIR RIS CENTRAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBK5804H	Motor car				Slightly Damaged	0
SNP1934Z	Motor car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20240928/7068

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

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Report No. T/20240928/7068

CONTINUATION OF REPORT

Driver			
Name	CHOW YUE LIANG	ID No.	S7112941A
Related Vehicle	SNP1934Z (Motor car)	Contact No.	92269922
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/09/2024	Date Discharge	27/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

**Brief Details.**

I was driving and slowing down ahead, as the traffic light is red, out of sudden GBK5804H ram the back of my car.

We exchange particular and left.

I feel very sick when I reached home and vomit a few times. And went to seek medical help immediately.





**SINGAPORE  
POLICE FORCE**

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



T/20240928/7068

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Report No. T/20240928/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

NP168

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

Date/Time:  
28/09/2024 16:03

Classification Of Case:

