

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	10/10/2024 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 19:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9393X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HIEW MEI FERN
NRIC No	SXXXX057A
Email Address	DARYL10597@GMAIL.COM
Mobile Phone No	(Phone) +65-97394933
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	1496
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	5132166801

DRIVER

Name of Driver	DARYL TSENG DEWEI
NRIC No	SXXXX653I
Date Of Birth	15/01/1990
Occupation	Outdoor
Driving Pass Date	16/04/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84394149
Alt. Phone Number	-
Email Address	DARYL10597@GMAIL.COM
Address	402B NORTHSHORE DRIVE
Address complement	#04-58
Postcode	822402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	HIEW MEI FERN
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? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1239L
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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HIEW MEI FERN
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained MC For 5 Days
Injured person in which vehicle? SMY9393X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person DARYL TSENG DEWEI
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained MC For 5 Days
Injured person in which vehicle? SMY9393X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes



SKETCH PLAN

IMPORTANT NOTICE

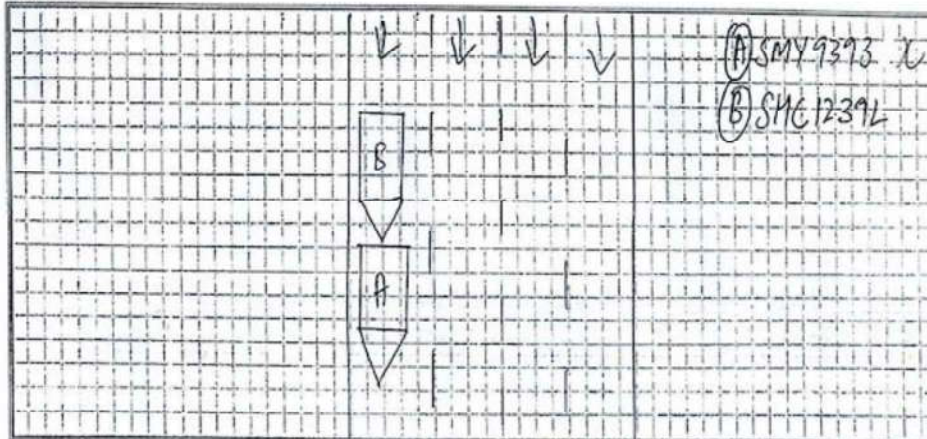
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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
(Name as in NRIC/ID card)

Sketch Plan





Describe Circumstance of the Accident

please refer to police report
as attached. < T/20241009/7120 >

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
(Name as in NRICAD card)



**SINGAPORE
POLICE FORCE**



T/20241009/7120

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

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Report No. T/20241009/7120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2024 20:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DARYL TSENG DEWEI			Address: 402B NORTHSORE DRIVE #04-58 SINGAPORE 822402		
ID Type / ID No.: NRIC NO / S00016531			Contact No.: Home/Office: Mobile: 843041140		
Nationality: SINGAPORE CITIZEN			Email: DARYL10597@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 15/01/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2024 19:40	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMY9393X	Motor car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241009/7120

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

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Report No. T/20241009/7120

CONTINUATION OF REPORT

Driver			
Name	DARYL TSENG DEWEI	ID No.	S90016531
Related Vehicle	SMY9393X (Motor car)	Contact No.	84394149
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)	05	Degree of Injury	Serious

Brief Details.

G/20241008/0148

On the stated date and time, I was driving SMY9393X along PIE CHANGI.

My wife, Hiew Mei Fern, was my front passenger and both of us were belted.

Before Eunox Exit, I noticed the front vehicles coming to a stop as such, I followed suit gradually.

Just before I was about to come to a complete stop, a massive impact slammed into the rear of my vehicle, catching both of us completely off guard.

My body lurched forward due to the unexpected impact resulting in my right arm jamming against the steering wheel.

My wife immediately complained of pain in her abdomen, neck and left hand.

As such, I immediately called for ambulance.

Upon alighting, I realised that SHC1239L has smashed our vehicle's rear.

Both vehicles were badly damaged as a result.

My wife was conveyed to CGH for treatment before she was discharged at around midnight with 5 days MC.

Initially I only experienced some back pain.

However the following morning, I woke up with aches over my neck, right arm, left hamstring and left ankle areas as well.

My wife also complained that her back, chest and left elbow also started to feel sore.

As such, we went to bright view clinic near my workplace to seek treatment.

Each of us was given 5 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

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



T/20241009/7120

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Report No. T/20241009/7120

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAP ENG SIANG
Contact No.: 96324893

NP168

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

Date/Time:
09/10/2024 20:27

Classification Of Case: