

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 | 12/12/2024 15:20 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 11/12/2024 21:34 (SGT) |
| Exact Location of Accident | Paterson Rd, Singapore |
| Additional Location Information | JUNCTION OF PATERSON RD & ORCHARD BOULEVARD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLG8577X |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | PANG TEE CHYE |
| NRIC No | S7669419B |
| Email Address | FBE1370A@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97961615 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1798 |
| 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 | 5117791880 |

DRIVER

| | |
|--|---------------------------|
| Name of Driver | PANG TEE CHYE |
| NRIC No | S7669419B |
| Date Of Birth | 03/10/1976 |
| Occupation | Outdoor |
| Driving Pass Date | 30/10/2008 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 16 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97961615 |
| Alt. Phone Number | - |
| Email Address | FBE1370A@GMAIL.COM |
| Address | BLK 41 SIMS DRIVE #07-269 |
| Address complement | - |
| Postcode | 380041 |
| 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 | PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-----------|
| Name | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bishan Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005529999 |
| Alt. Police Station Phone No | (Fax) +65-65561905 |
| Police Station Address | 20 Bishan Street 23 Singapore 579757 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG PATERSON RD ON LANE 3. MY CAR WAS STATIONARY STOPPED DUE TO RED LIGHT. SUDDENLY, VEHICLE B HIT DIRECTLY ONTO MY VEHICLE REAR PORTION.

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 WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNF6936M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SUCHAD CHIARANUSSATI
NRIC No S2618000G
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 PANG TEE CHYE
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLG8577X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

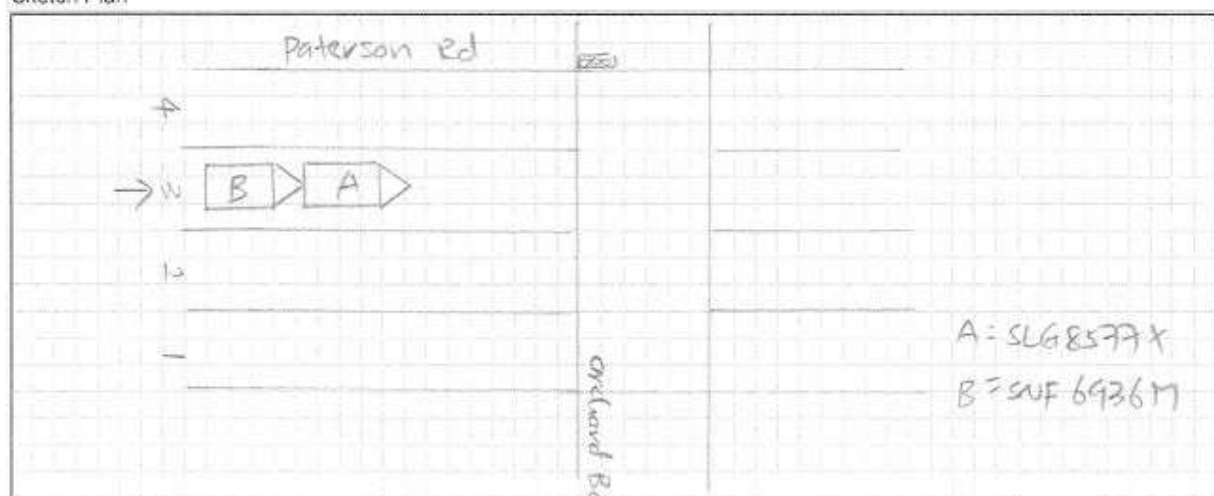
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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.

Tuping 12/12/24
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Jun2022

1

Describe Circumstance of the Accident

I was driving along Paterson Rd on lane 3. My car was stationary stopped due to red light. Suddenly, vehicle B hit directly into my vehicle rear portion.

Declaration

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

Reporting 12/12/24

Policyholder's Signature / Date & Time

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



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



**SINGAPORE
POLICE FORCE**



T/20241213/2037

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241213/2037

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|--------------------------|
| Date/Time Report Made: 13/12/2024 12:29 | Video Report No.: | Station Diary No.: 33 |
|--|-------------------|--------------------------|

| Informant's Particulars | | | | |
|--|------------------------------|------------------------------|--|------------------|
| Name of Informant: PANG TEE CHYE | | | Address: APT BLK 41 SIMS DRIVE #07-269 SINGAPORE 380041 | |
| ID Type / ID No.: NRIC NO / S7669419B | | | Contact No.: | |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | Mobile: 97961615 |
| Sex: Male | | | Email: | |
| Age: 48 | Date of Birth: 03/10/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | |
| Occupation: Private-hire car driver | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/12/2024 21:35 | Type of Location: X-Junction |
| Location: PATERSON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
| SLG8577X | Motor car | TOYOTA | | White | Slightly Damaged | 2 |
| GNF6936M | Motor car | TESLA | | White | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLG8577X | NTUC Income Insurance Co-Operative Limited | 5117791880 | | |



**SINGAPORE
POLICE FORCE**



T/20241213/2037

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241213/2037

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------|-----------------------------------|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | PANG TEE CHYE | ID No. | S7669419B |
| Related Vehicle | SLG8577X (Motor car) | Contact No. | 97961615 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | Harry Thind | ID No. | NIL |
| Related Vehicle | SLG8577X (Motor car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | Suchad Chiaranussati | ID No. | S2618000G |
| Related Vehicle | SNF6936M (Motor car) | Contact No. | 96360940 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 11 Dec 2024 at around 9.34pm, I was driving along Paterson Rd on lane 3 with 2 passengers in my vehicle. My car was stopping at the traffic light junction along Paterson Rd toward Scott Rd and Orchard Blvd waiting for the light to turn green. Suddenly, a car (SNF6936M) came from the back and head on to my rear of my car and all of us moved forward due to the impact from the back. At that point of time, both my passengers and I were not injured. However, the following day I felt pained on my neck area, and I went to see a doctor and obtained a 5 days medical leave (M240000166220) from Mount Alvernia Hospital.



**SINGAPORE
POLICE FORCE**



T/20241213/2037

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20241213/2037

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 3 NEO WEE LIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

NP168

Signature Of Informant:

Date/Time:
13/12/2024 12:29

Classification Of Case: