

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	12/11/2024 13:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 09:40 (SGT)
Exact Location of Accident	Pandan Cres, Singapore
Additional Location Information	TOWARDS PIONEER NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9679D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KOK HUAT
NRIC No	S1208115D
Email Address	AANGKH@GMAIL.COM
Mobile Phone No	(Phone) +65-96976713
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	TIVOLI 1.6D STD 6AT 2WD ABS E6 FL
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	1597
Vehicle Fuel	Diesel
First Registration Date	23/03/2020
Chassis no	KPT30A1USLP319747
Effective Date/Time of Ownership	14/01/2022 09:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01004802

DRIVER

Name of Driver	ANG KOK HUAT
NRIC No	S1208115D
Date Of Birth	10/12/1956
Occupation	Indoor
Driving Pass Date	05/09/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96976713
Alt. Phone Number	-
Email Address	AANGKH@GMAIL.COM
Address	BLK 450 TAMPINES STREET 42 09-110 SINGAPORE 520450
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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)	1
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	-

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

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	W/OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3936U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BULLAN SAMPATH
Contact Number	(Phone) +65-90368744
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	TRC2682P
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	ANG KOK HUAT
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS9679D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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

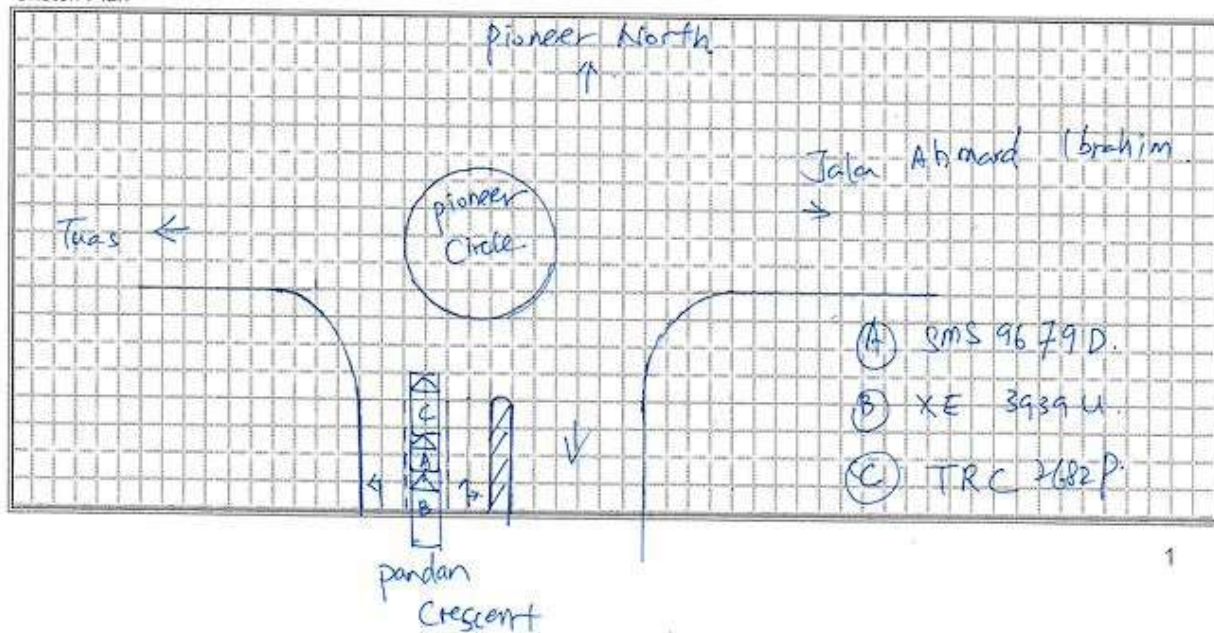
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



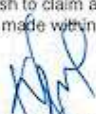
Describe Circumstance of the Accident

Statement please refer to police report no.
T/ 2024/111/7124


Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


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)



**SINGAPORE
POLICE FORCE**

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



T/20241111/7124

1 of 3

Report No. T/20241111/7124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 17:46		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ANG KOK HUAT		Address: 450 TAMPINES STREET 42 #09-110 SINGAPORE 520450	
ID Type / ID No.: NRIC NO / S1208115D		Contact No.: Home/Office: Mobile: 96976713	
Nationality: SINGAPORE CITIZEN		Email: AANGKH@GMAIL.COM	
Sex: Male	Age: 67	Date of Birth: 10/12/1956	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	
Occupation: RETIRED		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: 11/11/2024 09:40	Type of Location: Straight Road
Location: PIONEER WALK				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: 3 VEHICLES CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMS9679D	Motor car	SSANGYONG	TIVOLI			0
TRC2682P	Lorry					0
XE3936U	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20241111/7124

2 of 3

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

Report No. T/20241111/7124

CONTINUATION OF REPORT

Vehicle Owner			
Name	ANG KOK HUAT	ID No.	S1208115D
Related Vehicle	SMS9679D (Motor car)	Contact No.	96976713
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 11/11/2024 about 0940 hours, I was driving my car (SMS 9679D) along Pandan Crescent towards Pioneer North at the second lane from right side.

Upon reaching the Pioneer Circle, I was stationary waiting for the vehicle ahead move on. Out of sudden, I felt a huge impact from my back. The huge impact cause my car surge forward and then hit onto rear portion of TRC 2682P. However the trailer in front of me drove away after the accident collision. After I alighted from my car, I realized that I was involved in 3 vehicles chain collision accident as following sort :

1st : TRC 2682P (C)
2nd : SMS 9679D (A)
3rd : XE 3936U (B)

Both driver of vehicle A and B have exchange particulars.

I felt pain and discomfort after accident impact. So, I went to seek for medical assist and were given 3 days of MC.

Hence, I hereto lodge this report to claim against Vehicle B (XE 3936U)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**

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



T/20241111/7124

3 of 3

Report No. T/20241111/7124

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:
11/11/2024 17:46

Classification Of Case: