

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	05/08/2024 11:08 (SGT)
Reported by	Actual Driver
Date of Accident	04/08/2024 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SORBY ADAMS DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDN6262A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN CHOON POO
NRIC No	SXXXX747E
Email Address	TSHAN@HANS.COM.SG
Mobile Phone No	(Phone) +65-96350607
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
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 car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070149373-02

DRIVER

Name of Driver	HAN GUANG CHOU
NRIC No	SXXXX579G
Date Of Birth	23/01/1981
Occupation	Indoor
Driving Pass Date	22/11/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97523126
Alt. Phone Number	-
Email Address	HANGUANGCHOU@GMAIL.COM
Address	273B BISHAN STREET 24 #40-110
Address complement	-
Postcode	572273
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	CHAN LING NEE
Gender	Female

PASSENGER 2

Name	HAN XIN YING
Gender	Female

PASSENGER 3

Name	HAN XIN LIN
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

CIRCUMSTANCES OF ACCIDENT

REF ATTACH / POLICE REPORT

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 VF WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB2182P
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver NG CHEOW HAN
NRIC No SXXXX603I
Contact Number (Phone) +65-98958700
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNG8276M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MD ANGARI B MUSTALLA
NRIC No SXXXX107G
Contact Number (Phone) +65-90021547
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained REF POLICE REPORT
Injured person in which vehicle? -
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:

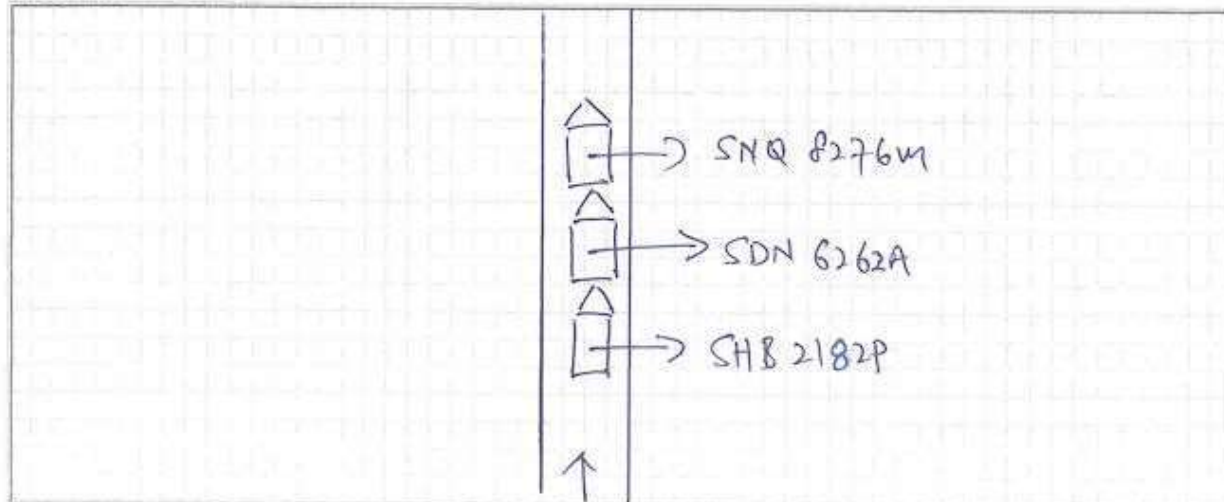
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 purposes(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



Slip Road CTE towards PIE Changi

Describe Circumstance of the Accident

Refer to Police Report T/20240804/7021

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
(Name as in NRIC/ND card)



SINGAPORE
POLICE FORCE



T/20240804/7021

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

1 of 3
Report No. T/20240804/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2024 13:55		Vide Report No.: E/20240804/0071		Station Diary No.:	
Informant's Particulars					
Name of Informant: HAN GUANG CHOU			Address: 273B BISHAN STREET 24 #40-110 SINGAPORE 572273		
ID Type / ID No.: NRIC NO / S8102579G			Contact No.: Home/Office: Mobile: 97523126		
Nationality: SINGAPORE CITIZEN			Email: hanguangchou@gmail.com		
Sex: Male	Age: 43	Date of Birth: 23/01/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other finance and insurance clerks			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2024 10:10	Type of Location: Straight Road	
Location: SORBY ADAMS DRIVE				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDN6262A	Motor car					0
SH82182P	Motor car		Prius	Yellow	Seriously Damaged	1
SNQ8276M	Motor car	TOYOTA	Noah	Black	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20240804/7021

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

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Report No: T/20240804/7021

CONTINUATION OF REPORT

Driver			
Name	HAN GUANG CHOU		ID No. S8102579G
Related Vehicle	SDN6262A (Motor car)		Contact No. 97523126
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	NG CHEOW HAN		ID No. S1255603I
Related Vehicle	SHB2182P (Motor car)		Contact No. 98958790
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	MD ANSARI B MUSTAFFA		ID No. S8200107G
Related Vehicle	SNQ8276M (Motor car)		Contact No. 90021547
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

Brief Details:

At the said time, I was driving along the service road from CTE(towards City) to PIE(towards Changi) - beside St Andrews.

the car in front (SNQ8276M driven by male Md Ansari B Mustafa S8200107G) of me braked, i braked as well, i recalled i as able to brake in time without any impact with the vehicle in front.

shortly after, i felt i was hit from behind and i hit the car in front. i checked and ensure my passengers are ok.

i attempted to move my car to a position to avoid obstructing the traffic but i realise the the car in front positioned itself in a position which i cant do much. so i put the gear in parking mode and got off the car to check on the drivers of the other 2 vehicle. i was hit from behind by a taxi (SHB2182P driven by male Ng Cheow Han S1255603I).

after which, police and ambulance was called and i follow instructions from respective officers on ground.



SINGAPORE
POLICE FORCE

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



T/20240804/7021

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Report No: T/20240804/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FARHANA BINTE MOHAMED FAUZI ALKHATIB
Contact No.: 63767000

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

Date/Time:
04/08/2024 13:55

Classification Of Case: