

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	12/08/2024 13:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/08/2024 17:35 (SGT)
Exact Location of Accident	155 Woodlands Street 13, Block 155, Singapore 730155
Additional Location Information	ALONG WOODLANDS STREET 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9473B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RONNIE PEH SOON HUAT
NRIC No	SXXXX927E
Email Address	ronnie_peh@hotmail.com
Mobile Phone No	(Phone) +65-94236443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	SUV
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	1200
Vehicle Fuel	Petrol
First Registration Date	23/01/2018
Chassis no	SJNFEAJ11U2161902
Effective Date/Time of Ownership	23/01/2018 00:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10684568R02

DRIVER

Name of Driver	RONNIE PEH SOON HUAT
NRIC No	SXXXX927E
Date Of Birth	08/10/1990
Occupation	Indoor
Driving Pass Date	17/10/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94236443
Alt. Phone Number	-
Email Address	ronnie_peh@hotmail.com
Address	NA
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	6
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	HUI JUN
Gender	Female

PASSENGER 2

Name	KENNETH PEH
Gender	Male

PASSENGER 3

Name	DARIUS PEH
Gender	Male

PASSENGER 4

Name	JACOB PEH
Gender	Male

PASSENGER 5

Name	MARY GRACE
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 POLICE REPORT T/20240810/7056

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	SMK1431X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	RONNIE PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HUI JUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KENNETH PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	DARIUS PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	JACOB PEH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	MARY GRACE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9473B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

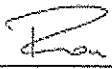
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

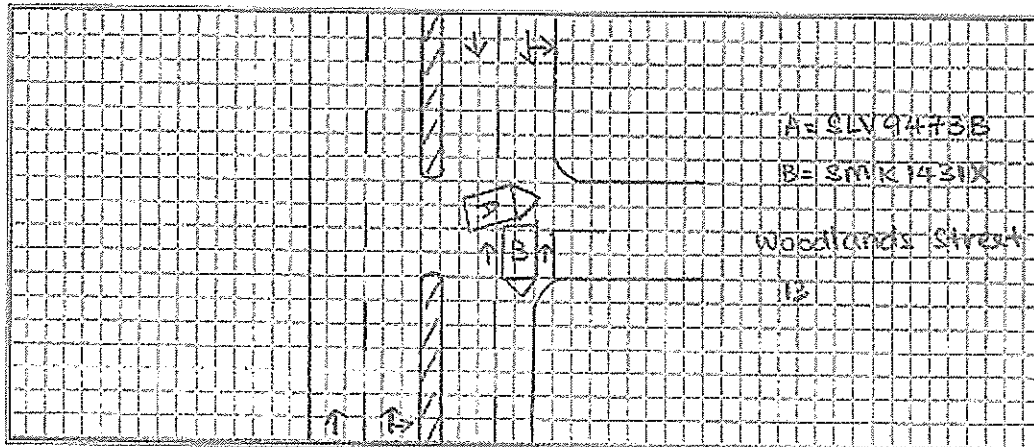
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Refer to Police Report

T/20240810/7056

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 NRIC ID card)



**SINGAPORE
POLICE FORCE**



T/20240810/7056

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

1 of 3

Report No. T/20240810/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2024 16:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RONNIE PEH SOON HUAT			Address: 344 WOODLANDS STREET 32 #05-158 SINGAPORE 730344		
ID Type / ID No.: NRIC NO / S9037927E			Contact No.: Home/Office: Mobile: 94236443		
Nationality: SINGAPORE CITIZEN			Email: RONNIE_PEH@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 08/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Civil servant			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2024 17:35	Type of Location:
Location: WOODLANDS STREET 13				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
SLV9473B	Motor car	NISSAN	QASHQAI 1.2 DIG-T CVT	Red		5

Details of Vehicle Insurance				
Vehicle No:	Insurance Company	Insurance No	Effective Date	Expiry Date
SLV9473B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10684568R02	23/01/2024	22/01/2025



**SINGAPORE
POLICE FORCE**



T/20240810/7056

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

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Report No. T/20240810/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RONNIE PEH SOON HUAT	ID No.	S9037927E
Related Vehicle	SLV9473B (Motor car)	Contact No.	94236443
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.

On the stated date and time I was ferrying my family on board vehicle SLV9473B.

1. KOH HUI JUN - WIFE
2. PEH SHUN JIE KENNETH - BRO
3. SEPALON MARY GRACE BARREDO - HELPER
4. JACOB PEH WEN YU
5. DARIUS PEH ZHUO LE

Jacob who is 2 years old was seated behind in the middle in his baby seat.

Darius who is 11 months old was carried by my helper, they are seated behind front pax.

I was travelling straight on the rightmost lane along Woodlands St 13 towards Woodlands centre direction.

I then signalled my intention to turn right to the carpark compound of Blk 182.

I looked out for traffic on the opposite direction and when it was safe to make my right turn, I proceeded to do so.

When I completed my right turn and was about to reach the gentry.

Suddenly I felt a great impact from my vehicle's right portion.

The impact was great and caused Jacob to hit his right knee onto something.

My youngest who was in my helper arms hit his neck and shoulder area onto my helper.

I later alighted and realised that vehicle SMK1431X had reversed abruptly and hit onto my vehicle's right portion.

After a while all of us felt pain on our neck and back areas.

Today we seek treatment at Norwood Medical Clinic Woodlands and all of us were given 5 days MC.



SINGAPORE
POLICE FORCE

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



T/20240810/7056

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Report No, T/20240810/7056

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2024 16:12
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168