

## 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 Authorised 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 Report	19/11/2018 17:45
Date Of Accident	18/11/2018 16:15
Exact Location Of Accident	SLIP RD BISHAN ST 14
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3571K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG HOE KEE
NRIC No	S0496759C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817275
Alternative Phone No	OFFICE-96817275

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100470570-01
Cover Note Number	-

### Driver

Name of Driver	PANG WEE HWA WILLY(FENG WEIHUA)
NRIC No	S7708322G
Date Of Birth	24/03/1977
Occupation	INDOOR
Date Of Driving Pass	13/04/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96817275
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 166 HOUGANG AVE 1 #09-1572
Postcode	530166
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : PANG NGIAP JUN GENDER: : FEMALE
Passenger 2	NAME: : TANG CHOR KIANG GENDER: : FEMALE
Passenger 3	NAME: : PANG LEE ENG GENDER: : MALE
Passenger 4	NAME: : EPI APRIANTI BT MUHAMAD GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6695B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PANG WEE HWA WILLY(FENG WEIHUA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	PANG NGIAP JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	TANG CHOR KIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	PANG LEE ENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

#### DETAILS OF INJURED PERSON 5

Name	EPI APRIANTI BT MUHAMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims,
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

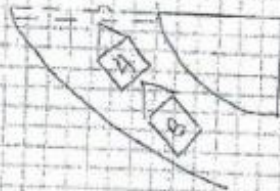
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

19/11/18

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



A - SLD 357HK

B - S - 26695B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/11/18 at 4.15pm, I was driving my vehicle A along Slip road Bishan St 14. I stop my car to wait for on coming vehicle to be clear, suddenly vehicle B hit on my rear portion.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

30/12/18 10:10 AM Page 1/2

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



19/11/18

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



DRIVING DOC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7708322G





Name  
PANG WEE HWA, WILLY  
(FENG WEIHUA)  
冯 伟 华

Race  
CHINESE


Date of birth  
24-03-1977

Sex  
M


Country of birth  
SINGAPORE



4086060



NRIC No. S7708322G



Date of issue  
16-08-2007

Address  
APT BLK 166 HOUGANG AVENUE 1  
#09-1572  
SINGAPORE 530166

DRIVING DOC





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181120/7016

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

1 of 4

Report No. T/20181120/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2018 22:07	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: PANG WEE HWA, WILLY		Address: APT BLK 166 HOUGANG AVENUE 1 #09-1572 SINGAPORE 530166	
ID Type / ID No.: NRIC NO / S7708322G		Contact No.: Home/Office: Mobile: 97518281	
Nationality: SINGAPORE CITIZEN		Email: shinjo77@yahoo.com.sg	
Sex: Male	Age: 41	Date of Birth: 24/03/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Financial/Investment adviser		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: 18/11/2018 16:15	Type of Location: X-Junction
Location: BISHAN STREET 14 (SLIP-ROAD TWO BISHAN ROAD) NEAR LAMP POST 58				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
SLD3571K	Car					0
SLZ6695B	Car		Kia Carens	Black	Slightly Damaged	0

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181120/7016

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

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Report No. T/20181120/7016

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	PANG WEE HWA, WILLY		ID No. S7708322G
Related Vehicle	SLD3571K (Car)		Contact No. 97518281
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2018	Date Discharge	18/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Tang Chor Kiang		ID No. S7824976E
Related Vehicle	SLD3571K (Car)		Contact No. 97518281
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018	Date Discharge	18/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Epi Aprianti Bt Muhamad Rasad		ID No. G8612216U
Related Vehicle	SLD3571K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018	Date Discharge	18/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Pang Ngiap Jun Eugene		ID No. T1422727F
Related Vehicle	SLD3571K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018	Date Discharge	18/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181120/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/20181120/7016

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Pang Lee Eng Victoria		ID No. T1122355E
Related Vehicle	SLD3571K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT-ALVERNIA-HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018	Date Discharge	18/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Li Jinde		ID No. S9101423H
Related Vehicle	SLZ6695B (Car)		Contact No. 94896695
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I was driving along Bishan St 14 (slip-road towards Bishan Road). As it was a slip road, I stopped my vehicle to check on the on-coming traffic along Bishan Road. Before i move off from my stationary position, another vehicle collided with my car from the rear. The vehicle registration number is SLZ6695B.

The driver of the vehicle (Mr. Li Jin De : NRIC S9101423H) admitted that he thought i was moving off from my position, that's why he didn't stop / slow down which resulted in the collision.

The collision had caused minor injuries to my 2 children, wife, domestic helper & myself. We have consulted the doctor and were given medication as well as medical leave as a result of this incident.

I am lodging this report for insurance claiming purposes.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20181120/7018

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Report No. T/20181120/7018

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

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

Date/Time:  
20/11/2018 22:07

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MNA 18149812 Vehicle Registration No.: SLD 3571K  
Name (as shown in NRIC): Tang Hoe Kee NRIC/FIN/Passport No.: S0496759C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: B1K 166 Hougang Ave 1 #09-1572 Singapore 653016  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96817275  
Email Address: \_\_\_\_\_  
Date of Accident: 18/11/18 Time of Accident: 16:15  
Place of Accident: Slip road Bishan St 14  
Insurance Company: Alh

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Pls upload police report.

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_