

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	12/07/2019 12:03
Date Of Accident	08/07/2019 06:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8591U
Insured/Policyholder	
Name Of Registered Owner	PHANG CHYE CHOON (FENG CAICHUN)
Co Reg No	-
Email Address	CEETAH0501@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97937704
Alternative Phone No	OFFICE-97937704

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 ABS AIRBAG (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3027461901
Cover Note Number	

Driver

Name of Driver	PHANG CHYE HUAT
NRIC No	S1731094A
Date Of Birth	03/12/1965
Occupation	INDOOR
Date Of Driving Pass	19/05/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97937704
Fax Number	
Contact Number	OTHERS-97937704
Email Address	CEETAH0501@GMAIL.COM

Address	BLK 113 JURONG EAST STREET 13 #06-418
Postcode	600113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	CLOUDY
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDL4852 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190710/2022

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JDL4852
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMAD REDZUAN BIN SAIM
NRIC/Passport Number	A3802496I
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

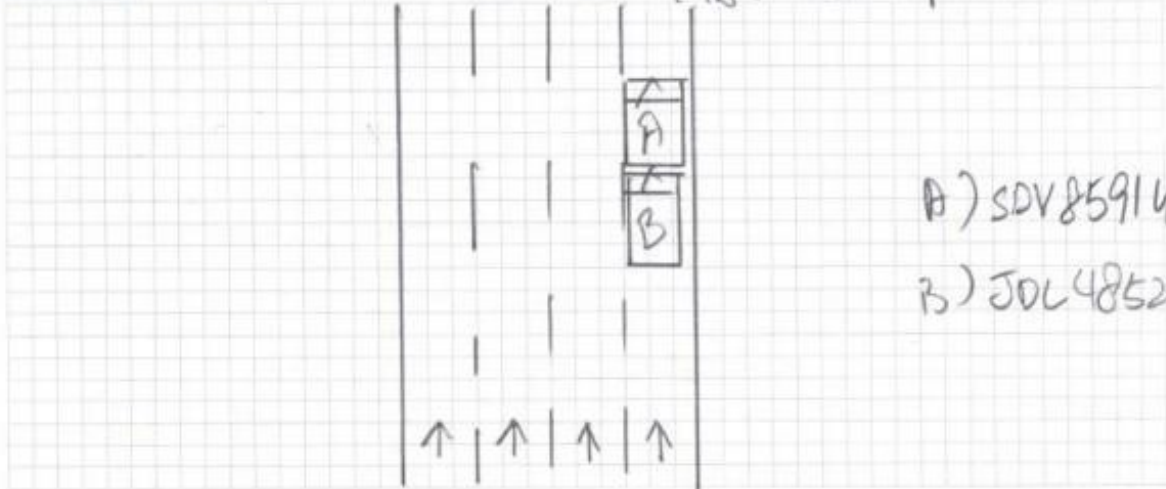
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Along Pk towards THAS CTRAC Point.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Not Refer to Police Report.
7/20190210/2022

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:

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

CIAMC SketchPlanForm_V1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190710/2022

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3
Report No. T/20190710/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 08:01	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: PHANG CHYE HUAT			Address: APT BLK 113 JURONG EAST STREET 13 #06-418 SINGAPORE 600113	
ID Type / ID No.: NRIC NO / S1731094A			Contact No.: Home/Office: Mobile: 97937704	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 03/12/1965	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2019 06:45	Type of Location: Roundabout
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards TUAS Check point				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
JDL4852	Bus/Coach/Mi nibus				Seriously Damaged	0
SDV8591U	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	White	Seriously Damaged	0

Details of Person Involved

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

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T/20190710/2022

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Tel No: 1800-8999999

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Report No. T/20190710/2022

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD REDZUAN BIN SAIM	ID No.	A38024961
Related Vehicle	JDL4852 (Bus/Coach/Minibus)	Contact No.	NIL
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	NIL	Degree of Injury	NIL
Driver			
Name	PHANG CHYE HUAT	ID No.	S1731094A
Related Vehicle	SDV8591U (Car)	Contact No.	97937704
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.

On the 8/7/2019 at about 0645hrs I was driving my vehicle bearing car plate SDV8591U along PIE towards TUAS checkpoint on the roundabout. I was in a stationary position as the vehicle in front of me was in a stationary position. Subsequently a bus bearing car plate JDL4852 had collided to the rear of my vehicle. I then came to a shocked, after calming down I approached the driver and he informed that his vehicle brake had some faulty. I then asked if he had fell asleep however he did not reply. I then exchange particulars with him and took photos of the vehicles. I then told him that I will be claiming insurance and he acknowledged. My vehicle suffered dent and cracks on the rear bumper. I did not suffered any injuries, I then drove my vehicle back home as I was feeling unwell.

On the 9/7/2019 at about 1130hrs I had went insurance company to conduct claiming, however the insurance agent informed that I am required to lodged a traffic police report as I had an accident with foreign vehicle. I then acknowledged and came to the police station to lodged report. This is the first time such incident have happened.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190710/2022

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190710/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 CHANG ZHEN LONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/07/2019 08:01

Officer In Charge Of Case:

TP / AEIT /

Insp NEO CHENG BEET, CECILIA

Contact No: 65476069

SN 35

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Identification Card

