

## 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	25/02/2020 16:53
Date Of Accident	24/02/2020 15:00
Exact Location Of Accident	ALONG BRICKLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8464G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHANG TEE AN
NRIC No	S0226541I
Email Address	XEPHPHANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90210996
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 (R17)-2.0 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA508490
Cover Note Number	

### Driver

Name of Driver	PHANG WEI ZHAN
NRIC No	S9505262B
Date Of Birth	04/02/1995
Occupation	INDOOR
Date Of Driving Pass	27/12/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91792636
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 236 BUKIT BATOK EAST AVE 5 #05-135
Postcode	650236
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200224/2147

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD TAKE BY TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD278P
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 UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD278P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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:



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

I AM AWARED THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

STARBUCK SKETCHPLANFORM\_V3



POLICE REPORT



SINGAPORE  
POLICE FORCE



T20200224/2147

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6859999

1 of 3

Report No: T20200224/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2020 18:26	Vide Report No.: J/20200224/0074	Station Diary No.: 136
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Informant's Particulars

Name of Informant: PHANG WEI ZHAN		Address: APT BLK 236 BUKIT BATOK EAST AVENUE 5 #05-135 SINGAPORE 650236	
ID Type / ID No. NRIC NO / S9505262B		Contact No.: Home/Office: Mobile: 91792636	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 04/02/1995	Type of Informant: Driver
Race: Chinese-English		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/02/2020 15:00	Type of Location: T-Junction
Location: Along Road 1 BRICKLAND ROAD T-junction of Brickland Road and Choa Chu Kang Avenue 6.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD278P	Car				Seriously Damaged	2
SMF8464G	Car				Seriously Damaged	0

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999



T/20200224/2147

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Report No. T/20200224/2147

CONTINUATION OF REPORT

**Brief Details.**

On 24/02/2020 at around 1500hrs, I was my owned car V1) grey Mercedes E200 with license plate no. SMF8464G driving along Brickland Road towards Kranji Expressway. It was a 4 lanes road and I was on the 2nd lane meant for going straight and turning right. As I was approaching the cross-junction of Brickland Road and Choa Chu Kang Avenue 6, the traffic lights were red for turning right, but green for going straight. Hence, I carried on driving forward. When I noticed that there was another car in front of me, a V2) White Kia with license no. SKD278P was not moving, I tried to apply my brakes but it was not soon enough and I collided into the rear of V2.

V1 damages were at front right, where the right portion has came off, exposing the inner parts of the car. V2 damages were at the rear, where the left portion has severe dents and the whole rear bumper had been misaligned. Everyone alighted from their cars after the collision. Subsequently, traffic police and ambulance were at the scene as well. The ambulance conveyed one of the passengers from V2. I did not want to be conveyed as my injuries left knee and right arm were not that severe.

I have in-car camera installed and the SD card with the footage were given to the police at scene.

POLICE REPORT

100002242147

5 of 3

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:  
BUKIT BATOK N.P.C.  
21 Bukit Batok East Avenue 4 SINGAPORE  
659540  
Tel No: 1800-6552999

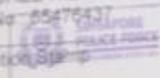
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Page No: 100002242147

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 2 GARRISON CHUA KESHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2020 18:26
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No: 65476437	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



Addendum Sheet Pg. 1



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: 566550020G / 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 : \_\_\_\_\_ Vehicle Registration No: SMF8464G
Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : \_\_\_\_\_ Singapore( )
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_
Email Address : \_\_\_\_\_
Date of Accident : 24/02/2020 Time of Accident : 1500
Place of Accident : \_\_\_\_\_
Insurance Company: \_\_\_\_\_

(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:

- Typo error Vehicle number SMF8646G should be SMF8464G
- Third party passenger conveyed by ambulance

Policyholder / Driver's Signature
Date:

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