

# 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 Submission ..... 27/03/2021 17:37 (SGT)  
Date of Accident ..... 26/03/2021 17:45 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS BEFORE PAYA LEBAR EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF756S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SUPERTEC LIMOUSINE PTE LTD  
Company Reg No ..... 2XXXXX332H  
Email Address ..... superteclimo@gmail.com  
Mobile Phone No ..... (Phone) +65-96998181  
Alternative Phone No ..... +65-98986812

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00002832100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PHANG LEONG HING  
NRIC No ..... SXXXX965I

|  |                              |
|--|------------------------------|
| Date Of Birth .....  | 16/03/1979                   |
| Occupation .....   | Outdoor                      |
| Date Of Driving Pass .....   | 31/08/2018                   |
| Driving experience .....   | 2 YEARS AND 7 MONTHS         |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-98986812         |
| Alt. Phone Number .....  | -                            |
| Email Address .....  | superteclimo@gmail.com       |
| Address .....  | 2 CHOA CHU KANG CLOSE #08-01 |
| Address complement .....   | -                            |
| Postcode .....   | 688238                       |
| Is the driver the policyholder? .....                              | No                           |
| If No, Relationship of the Driver with the Insured .....           | Hirer                        |
| 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 ..... | Clear                    |
| Road Surface .....       | Dry                      |

#### 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 material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police? .....  | Yes                                  |
| Police Station Name .....                       | Bedok Division Headquarters          |
| Police Station Phone No .....                   | (Phone) +65-18002440000              |
| Alt. Police Station Phone No .....              | (Fax) +65-64443009                   |
| Police Station Address .....                    | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 ..... | WITH OWNER |
| Was there any audio recorded? .....                     | No         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLH4282S |
|-----------------------------------|----------|

|   |                    |
|---|--------------------|
| Vehicle Manufacturer .....                    | Toyota             |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Private car        |
| Name of Driver .....                          | JANYCE KEE SIU JIA |
| 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 .....                              | PHANG LEONG HING |
| Address .....   | -                |
| Address Complement .....                                  | -                |
| Post Code .....   | -                |
| Approximate Age Years Old .....                           | -                |
| Injuries Sustained .....                                  | SLIGHT INJURY    |
| Injured person in which vehicle? .....                    | SMF756S          |
| Were seat belts worn? .....                               | Yes              |
| Was this injured conveyed to hospital by ambulance? ..... | No               |

**SKETCH PLAN****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. 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 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.
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.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 27/03/21 @ 1300hrs

Witnessed by Reporting Centre Personnel

**Sketch Plan**

At Roadside The Vehicle Parked near road

A = SWAF 796J  
B = SUH 4282J



**Describe Circumstances of the Accident**

Refer to police report : 9/20210326/7072

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















































**SINGAPORE  
POLICE FORCE**



G/20210326/7072

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20210326/7072

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

|   |   |                   |
|---|---|-------------------|
| Date/Time Report Made<br>26/03/2021 21:26 | Vide Report No.   | Station Diary No. |
| Name Of Informant<br>PHANG LEONG HING     | Address<br>2 CHOA CHU KANG GROVE #08-01 SINGAPORE<br>688238 |                   |
| ID Type / ID No.<br>NRIC NO / S7969965I   | Contact No.<br>Home/Office: Mobile:<br>98986812             |                   |
| Nationality<br>MALAYSIAN                  | Email Address<br>xtreme.multi@gmail.com                     |                   |
| Occupation<br>Self Employed               | Sex<br>Male   | Age<br>42         |
| Institution/School Name                   | Date of Birth<br>16/03/1979                                 | Race<br>Chinese   |
| Date/Time Of Incident<br>26/03/2021 17:45 | Location Of Incident<br>PAN ISLAND EXPRESSWAY               |                   |

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMF756S along PIE(Tuas) before Paya Lebar with 1 passenger on board.

I had gradually come to a stop due to traffic conditions when suddenly, I felt a massive impact from the rear causing my vehicle to surge forwards.

Fortunately, my vehicle was able to come to a stop without colliding into the vehicle in front.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>26/03/2021 21:26   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20210326/7072

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210326/7072

I alighted to realise that SLH4282S had crashed into my vehicle's rear.

After exchanging particulars with the driver of SLH4282S, I proceeded to drop off my passenger at Paya Lebar.

Initially, I only knocked my left knee against the dashboard when my body was flung forwards.

However, I started feeling soreness over neck, shoulders, chest and lower back areas after a while.

I went to a nearby clinic, Unihealth Clinic Bedok, for treatment and was given 5 days MC.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>26/03/2021 21:26   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |
| Authentication Stamp   |  |

