

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 12/04/2022 17:58 (SGT)
Date of Accident 09/04/2022 23:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE NEAR PAYA LEBAR EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9924X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG GIM EE(HONG JINYI)
NRIC No SXXXX798G
Email Address alfs1971@gmail.com
Mobile Phone No (Phone) +65-96926707
Alternative Phone No +65-96926707

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00004642202
Cover Note Number -

DRIVER

Name of Driver ANG GIM EE(HONG JINYI)
NRIC No SXXXX798G

Date Of Birth	12/01/1971
Occupation	Outdoor
Date Of Driving Pass	05/06/2010
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96926707
Alt. Phone Number	+65-96926707
Email Address	alfs1971@gmail.com
Address	BLK 621 BUKIT BATOK CENTRAL
Address complement	#09-514
Postcode	650621
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	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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220410/2033

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	SD CARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH6199E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HENG ZHAO
Contact Number	(Phone) +65-98249790
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	ANG GIM EE(HONG JINYI)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK,LEGS & NECK
Injured person in which vehicle?	SMS9924X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMS9924X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMS9924X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 12/4/22
Policyholder's Signature / Date & Time

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

[Signature] 12/6/22
Witnessed by Reporting Centre Personnel

Sketch Plan

DIE NEAR PAYA LEBAR EXIT

A - SMS9924X

B - GBH6199E



Describe Circumstances of the Accident


Pls refer to the police report: T/20220410/2033

Declaration

We declare the foregoing particulars are true in every respect.

 12/4/22
Policyholder's Signature / Date & Time

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

 12/04/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220410/2033

2 of 3

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

Report No. T/20220410/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS9924X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000046 42202	24/03/2022	23/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG GIM EE	ID No.	S7100798G
Related Vehicle	SMS9924X (Car)	Contact No.	96926707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 09/04/2022 at about 2330hrs, I was travelling along PIE near Paya Lebar Exit. I was heading towards Eunos direction and I felt a collision from my rear. I then tried to control my car and managed to park it safely at the road shoulder. The other party involved also parked at the road shoulder.

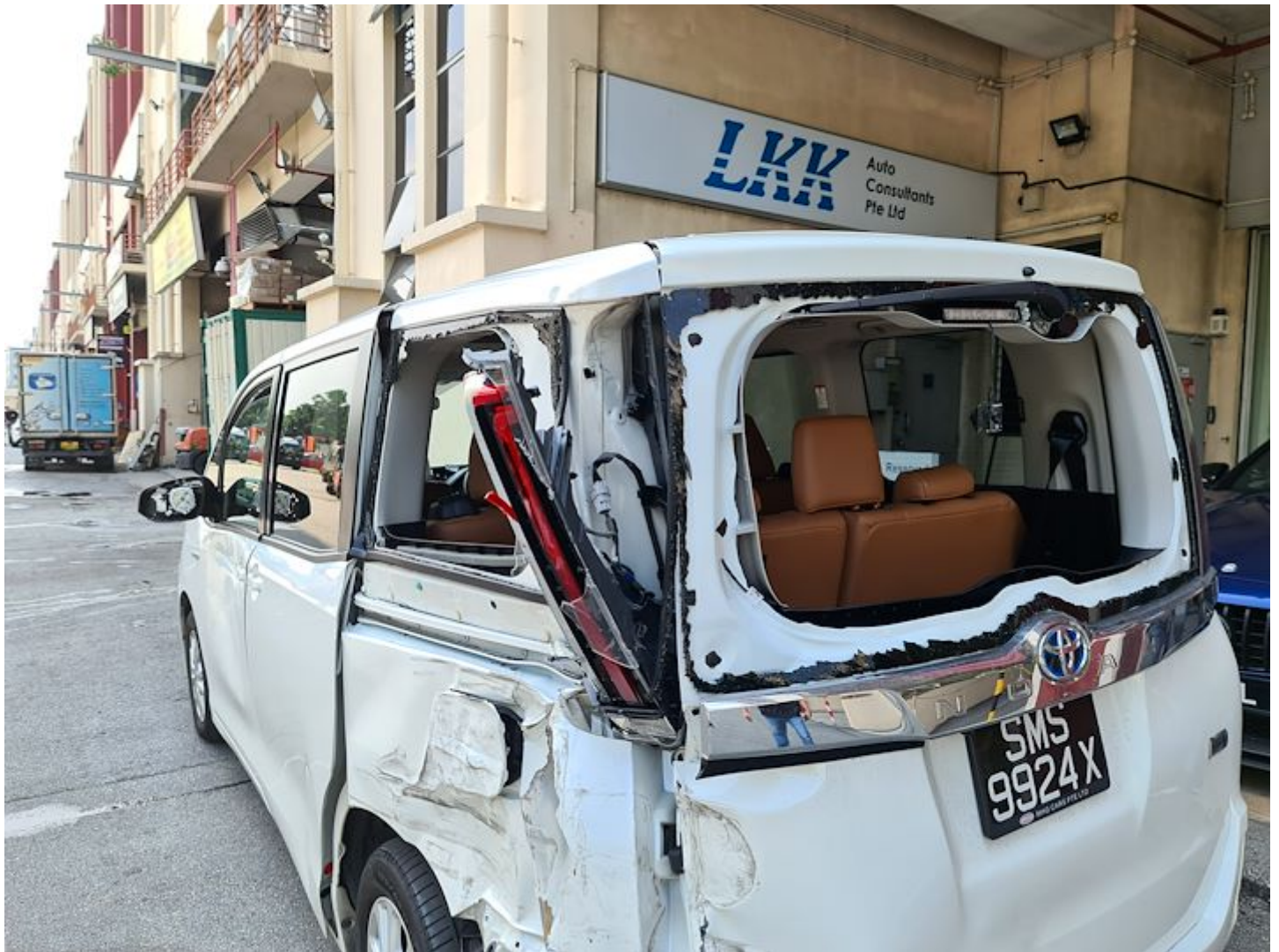
I spoke to him about the accident but I did not manage to get his particulars and subsequently I called for Traffic Police. While calling, I saw the other party went to spoke to my passengers however shortly after, I noticed the driver was no longer there and had walked away. His vehicle however was still at scene.

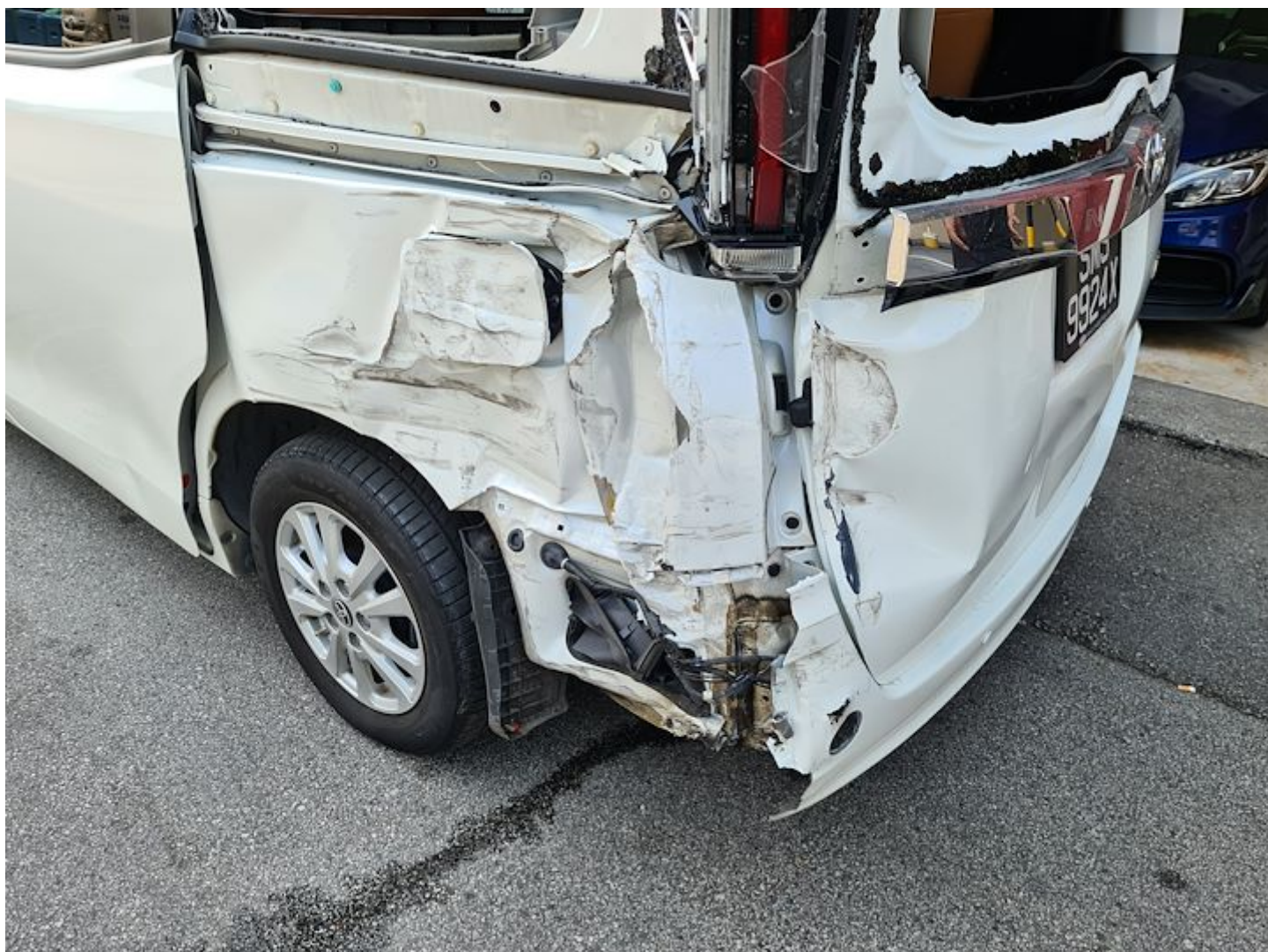
I then waited till Traffic Police arrival and the ambulance arrived first and the ambulance conveyed both my passengers to the hospital. Afterwards, Traffic Police arrived and spoke to me. My vehicle is plate no. SMS9924X and due to the accident, the rear and left side of my vehicle is seriously damaged. The other party's vehicle (GBH6199E) sustained serious damage on the front and also right driver door. I am currently feeling soreness in my back, legs and neck.

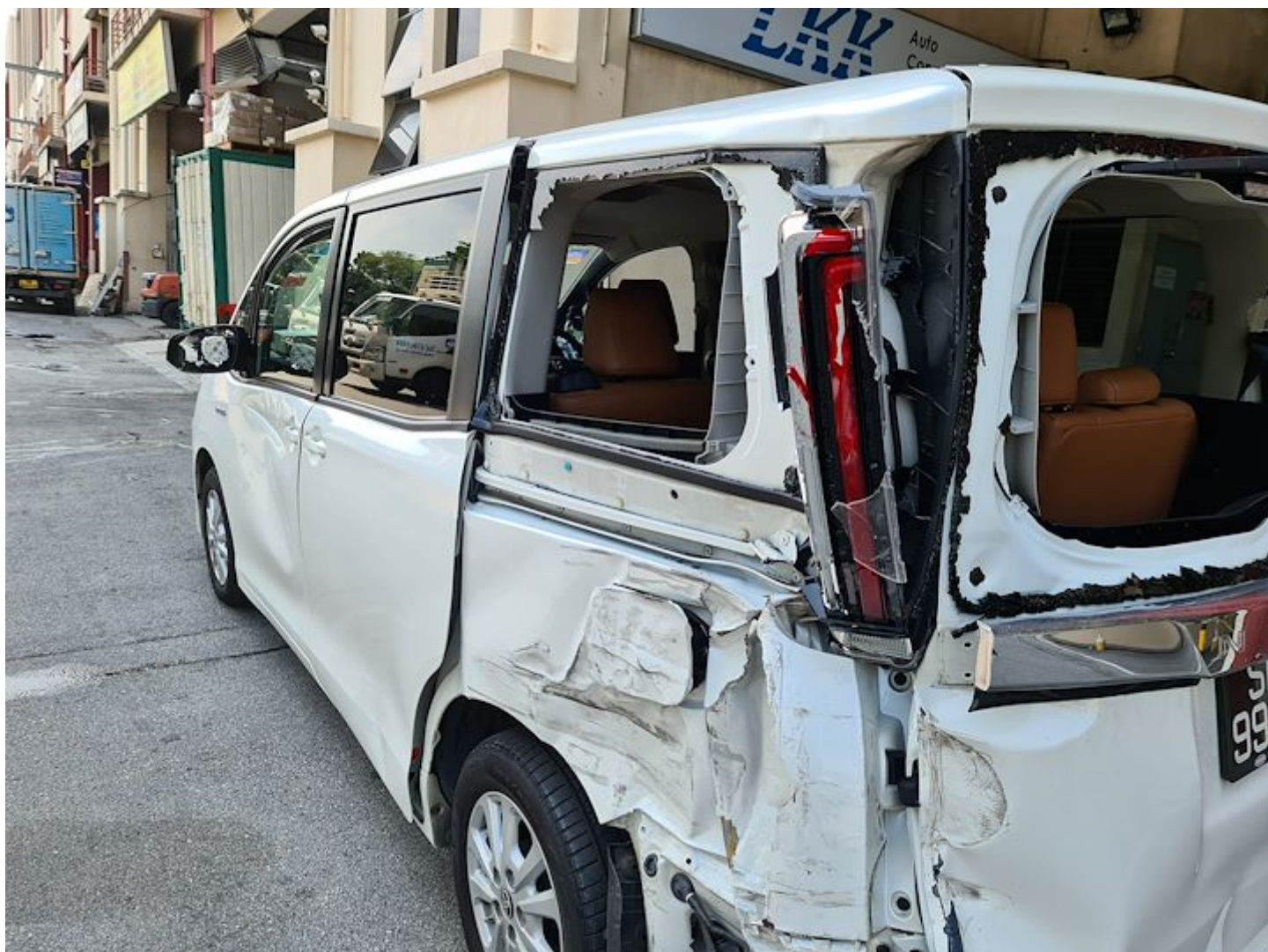


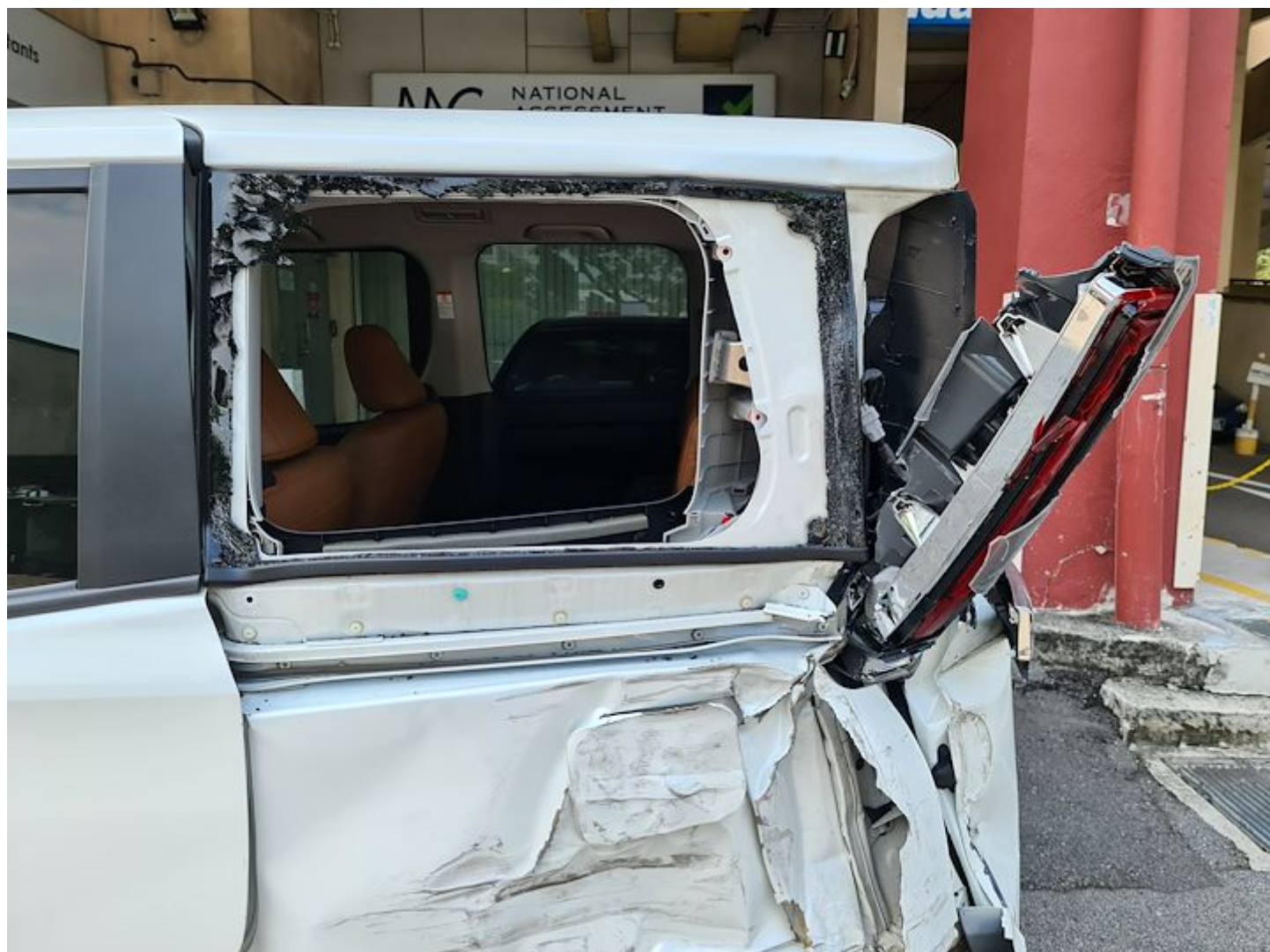
















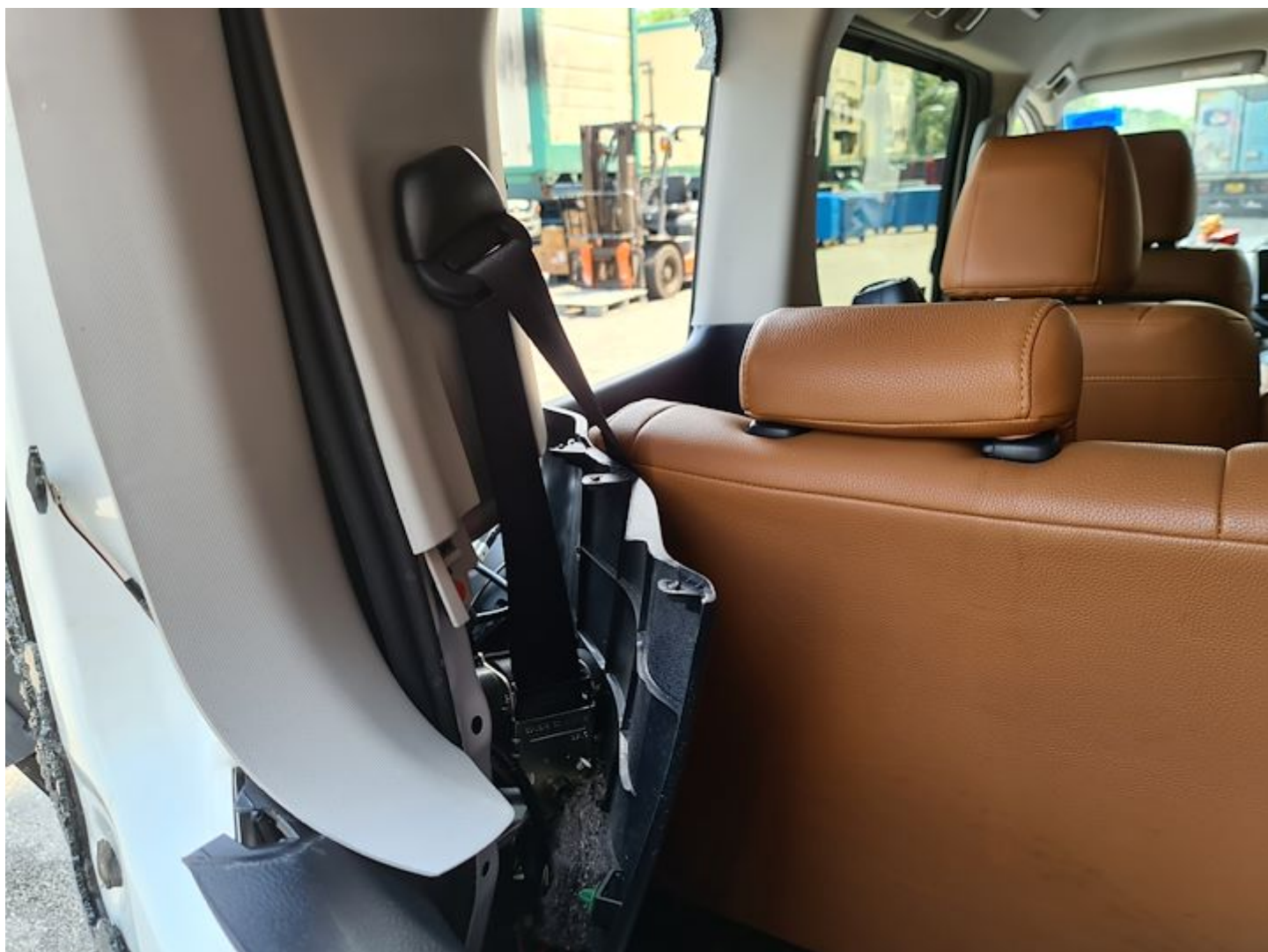




















**SINGAPORE
POLICE FORCE**



T/20220410/2033

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/20220410/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2022 15:45		Vide Report No.: G/20220409/0264		Station Diary No.: 44
Informant's Particulars				
Name of Informant: ANG GIM EE		Address: APT BLK 621 BUKIT BATOK CENTRAL #09-514 SINGAPORE 650621		
ID Type / ID No.: NRIC NO / S7100798G		Contact No.: Home/Office: Mobile: 96926707		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 12/01/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2022 23:30	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBH6199E	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	0
SMS9924X	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220410/2033

2 of 3

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

Report No. T/20220410/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS9924X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000046 42202	24/03/2022	23/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	ANG GIM EE	ID No.	S7100798G
Related Vehicle	SMS9924X (Car)	Contact No.	96926707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 09/04/2022 at about 2330hrs, I was travelling along PIE near Paya Lebar Exit. I was heading towards Eunos direction and I felt a collision from my rear. I then tried to control my car and managed to park it safely at the road shoulder. The other party involved also parked at the road shoulder.

I spoke to him about the accident but I did not manage to get his particulars and subsequently I called for Traffic Police. While calling, I saw the other party went to spoke to my passengers however shortly after, I noticed the driver was no longer there and had walked away. His vehicle however was still at scene.

I then waited till Traffic Police arrival and the ambulance arrived first and the ambulance conveyed both my passengers to the hospital. Afterwards, Traffic Police arrived and spoke to me. My vehicle is plate no. SMS9924X and due to the accident, the rear and left side of my vehicle is seriously damaged. The other party's vehicle (GBH6199E) sustained serious damage on the front and also right driver door. I am currently feeling soreness in my back, legs and neck.



**SINGAPORE
POLICE FORCE**

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



T/20220410/2033

3 of 3

Report No. T/20220410/2033

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 2 TAN WEE JIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2022 15:45

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Classification Of Case:

NP168

