

ASS. REC. BY:

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 5MK5398H Yr Regn: 2019 April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios c.c. 1496

Colour: Bronze A/C: Insured / Std / NI / NA

Sp. Reading: 43966 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR2 B23 F3101171851

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/50R16

R: 195/50R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 19/04/22

Survey held at Kang.

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP A16

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : S + RS. \$ \_\_\_\_\_

☐ : Photos

☐ : Others

Report Format: \_\_\_\_\_

Report Form / I/P F/C



## 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	14/04/2022 18:27 (SGT)
Date of Accident	14/04/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI NEAR EXIT 16A
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5398H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DORIS LEE KIM NEO
NRIC No	SXXXX187I
Email Address	DEC_DOR@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98343157
Alternative Phone No	+65-98343157

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116476928-01
Cover Note Number	DRIVO CLASSIC

#### DRIVER

Name of Driver	PANG SHUN YANG, NICHOLAS
NRIC No	SXXXX539I

Date Of Birth	15/12/1990
Occupation	Indoor
Date Of Driving Pass	22/05/2010
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90122331
Alt. Phone Number	-
Email Address	PANGSHUNYANG@GMAIL.COM
Address	BLK 525C PASIR RIS ST 51 #08-587
Address complement	-
Postcode	513525
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20220414/2063

#### 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 TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK3344A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Private car
Name of Driver	TAN WEE YEE
NRIC No	SXXXX308Z
Contact Number	(Phone) +65-98793344
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL86J
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LUI TAI LONG THADDEAUS
NRIC No	SXXXX782B
Contact Number	(Phone) +65-91767168
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJT7344M
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AHMAD FAWWAZ AIDID BIN MOHD NASIR
NRIC No	SXXXX356F
Contact Number	(Phone) +65-98184608
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

Details of property damaged in accident  
No. Of Passenger (Including Driver)

VEHICLE E  
-

### INJURED PERSONS DETAILS

#### INJURED 1

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



SKETCH PLAN

IMPORTANT NOTICE

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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 willful 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.

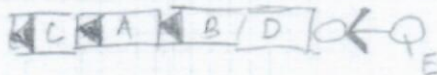
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Changi ← PIE



A: SMK 5398H  
B: SKK 3344A  
C: SKL 86J  
D: SJT 7344M  
E: Unknown

Describe Circumstances of the Accident

See attached Police Report No: T/202204/4/2063.

Declaration

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220414/2063

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Report No. T/20220414/2063

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2022 16:12		Vide Report No.: E/20220414/0078		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: PANG SHUN YANG, NICHOLAS			Address: APT BLK 525C PASIR RIS STREET 51 #08-587 SINGAPORE 513525		
ID Type / ID No.: NRIC NO / S9049539I			Contact No.: Home/Office: Mobile: 90122331		
Nationality: SINGAPORE CITIZEN			Email: pangshunyang@gmail.com		
Sex: Male	Age: 31	Date of Birth: 15/12/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/04/2022 14:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 80 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: No

## Details of Vehicle Involved

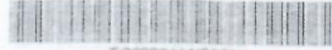
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT7344M	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Red	Seriously Damaged	0
SKK3344A	Car	MERCEDES BENZ	E180 SEDAN AVG	Blue	Slightly Damaged	0





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Changi N.P.C.  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20220414/2063

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Report No. T/20220414/2063

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL86J	Car	TOYOTA	LEXUS UX200 5DR SUV (AT) (2WD) LUXURY	Grey	Slightly Damaged	0
SMK5398H	Car	TOYOTA	VIOS 1.5 G (AUTO)	Brown	Slightly Damaged	0

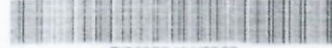
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD FAWWAZ 'AIDID BIN MOHD NASIR		ID No. S9347356F
Related Vehicle	NIL		Contact No. 98184608
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	PANG SHUN YANG, NICHOLAS		ID No. S9049539I
Related Vehicle	NIL		Contact No. 90122331
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
Driver			
Name	LUI TAO LONG, THADDEAUS		ID No. S8807782B
Related Vehicle	NIL		Contact No. 91767168
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





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20220414/2063

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Report No: T/20220414/2063

## CONTINUATION OF REPORT

Driver			
Name	TAN WEE YEE (CHEN WEIYU)	ID No.	S8009308Z
Related Vehicle	NIL	Contact No.	98793344
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

**Brief Details.**

On the above mentioned date, time and location. I was driving on the extreme right lane (1st lane) of a 3 lane highway. I was travelling on PIE towards Changi near exit 16A at a speed of 80km/h - 90km/h. Suddenly the car in front (SKL86J) jam break, in which I managed to stop in time. However a few seconds later, there I felt an impact from the rear of my car. This caused a chain collision as my vehicle (SMK5398H) hit the car in front. I stepped out of my vehicle, to see a Mercedes Benz (SKK3344A) that has collided into rear boot. Behind her was another car (SJT7344M) that collided into the rear of the car. This resulted my front bonnet and rear boot to be dented inwards. The accident involved 5 cars and a motorcycle, I was the 3rd car in the chain. All drivers involved exchanged particulars and shortly when TP arrived, we were instructed to lodge a police report.

I do not know the cost of damage. I am not injured and do not need medical attention. I am lodging this report as instructed by the traffic police officer at scene.

**Collision breakdown and driver details:**

- 1st vehicle: car unknown plate number
- 2nd vehicle: SKL86J driver S8807782B (HP 91767168)
- 3rd vehicle: SMK5398H driver S9049539I (complainant)
- 4th vehicle: SKK3344A driver S800938Z (HP 96793344)
- 5th vehicle: SJT7344M driver S9347356F (HP 98184608)
- 6th vehicle: motorcycle unknown plate number





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-8872999



T/20220414/2063

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Report No: T/20220414/2063

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:

G /  
SGT 2 LENNY NATASHA BINTE  
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/04/2022 16:12

Officer In Charge Of Case:

TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Classification Of Case:

NP168