

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 17/06/2022 16:53 (SGT)
Date of Accident 07/06/2022 19:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE (CHANGI) EXIT TOWARDS UPPER SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN8070R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PEH GUAN HUAT
NRIC No SXXXX351Z
Email Address VIRGIL@TEAM-EZ.COM
Mobile Phone No (Phone) +65-97266885
Alternative Phone No (Home) +65-97266885

VEHICLE PARTICULARS

Manufacturer Audi
Model Q2
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124124479
Cover Note Number -

DRIVER

Name of Driver VIRGIL JOY ANGELUS
NRIC No SXXXX379D

Date Of Birth	10/01/1967
Occupation	Indoor
Date Of Driving Pass	05/02/1994
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777640
Alt. Phone Number	-
Email Address	VIRGIL@TEAM-EZ.COM
Address	162 YUNG PING ROAD
Address complement	10-21
Postcode	610162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SMD3901E
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car

Name of Driver	FION
NRIC No	SXXXX218J
Contact Number	(Phone) +65-96842850
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	VIRGIL JOY ANGELUS
Gender	Male
Phone No	(Phone) +65-97777640
Address	162 YUNG PING ROAD
Address Complement	10-21
Post Code	610162
Approximate Age Years Old	55
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKN8070R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

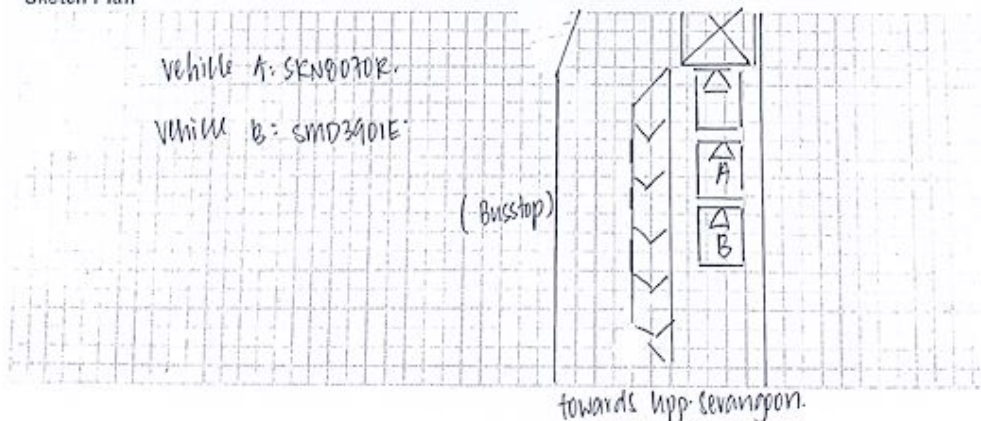
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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/rail 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.

Y
[Signature]
[Signature]

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- Refer to Police Report -

As I was feeling unwell after the accident, I sought for medical attention and rested until the 17th of June 2022 to file my accident report.

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



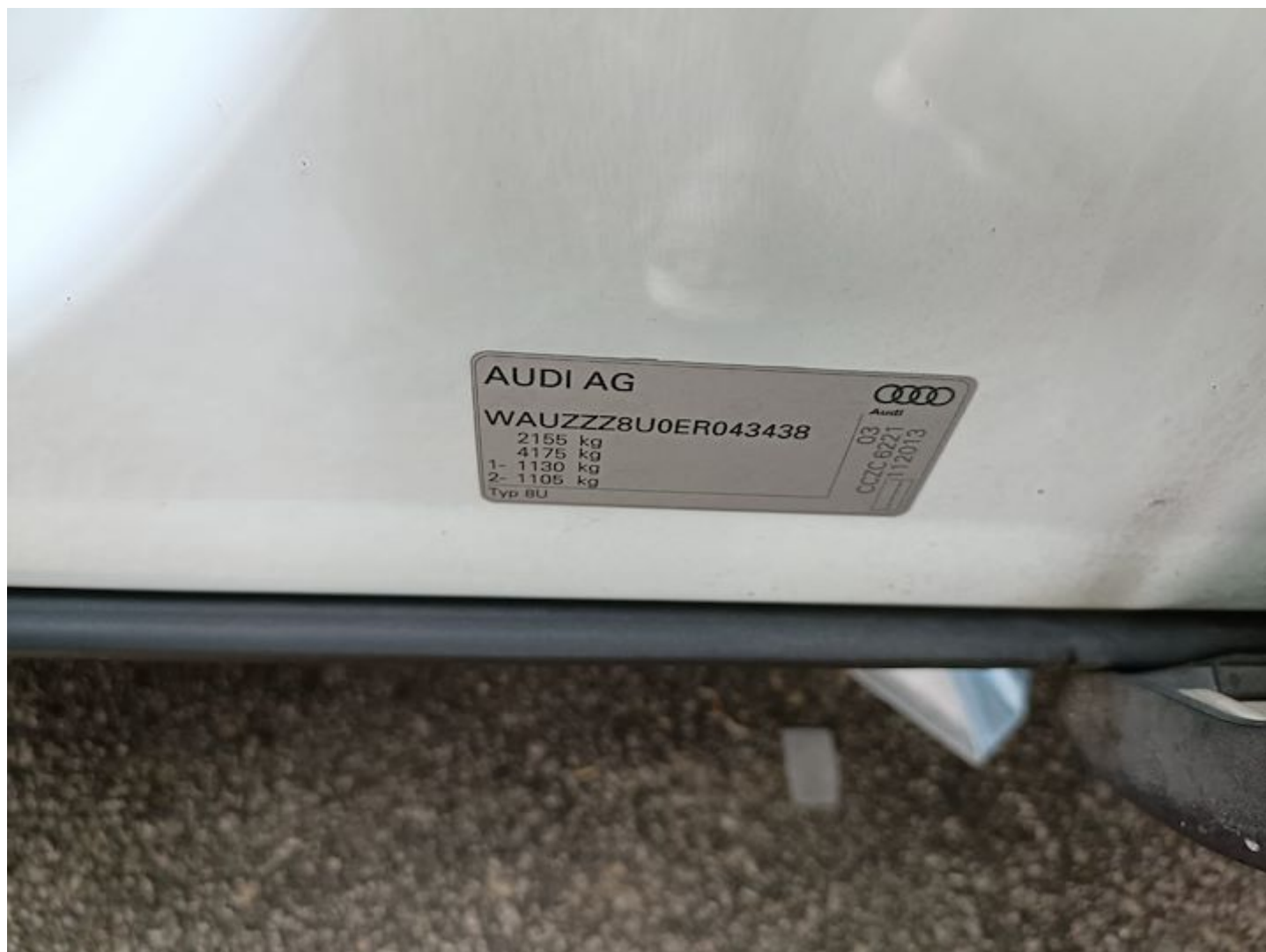



















**SINGAPORE
POLICE FORCE**


T/20220609/2076

1 of 3

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

Report No. T/20220609/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2022 19:08	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: VIRGIL JOY ANGELUS		Address: APT BLK 162 YUNG PING ROAD #10-21 SINGAPORE 610162	
ID Type / ID No.: NRIC NO / S1839379D		Contact No.:	Mobile: 97777640
Nationality: SINGAPORE CITIZEN		Email: virgil@elizabeth-zion.com.sg	
Sex: Male	Age: 55	Date of Birth: 10/01/1967	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Director		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2022 19:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
SKN8070R	Car	AUDI	Q3 2.0 TFSI QU (170BHP)	White	Slightly Damaged	0
SMD3901E	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Seriously Damaged	3



**SINGAPORE
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T/20220609/2076

2 of 3

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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VIRGIL JOY ANGELUS	ID No.	S1839379D
Related Vehicle	SKN8070R (Car)	Contact No.	97777640
Hospital/Clinic	CENTRAL 24H CLINICS (JURONG WEST)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/06/2022	Date Discharge	09/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Fion	ID No.	S7347218J
Related Vehicle	SMD3901E (Car)	Contact No.	96842850
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 along Jln Toa Payoh towards Upper Serangoon Road. Suddenly there is a sudden break along the road. I did manage to stop my vehicle on time. However, the vehicle behind me did not on time and rear ended my vehicle. Subsequently, I went down to make a check and exchange particular with the driver who rear ended my vehicle. I then told the driver that I will be lodging a report for insurance claim and the driver acknowledge.

After the accident, I felt slight pain on my right shoulder, upper back and neck area.

On 09/06/2022, I felt the pain gotten worst, as such I went to make a check at the clinic and was being given 3 days of MC (MC NO: 0000183615). I then contacted the driver regards the accident. she informed me that in her vehicle, there is 3 other kids. The driver further informed me that no one was injured in the accident.

**SINGAPORE
POLICE FORCE**

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T/20220609/2076

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Report No. T/20220609/2076

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 LIM JIA XIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2022 19:08

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168