

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	02/07/2022 14:30 (SGT)
Reported by	Driver
Date of Accident	01/07/2022 19:10 (SGT)
Exact Location of Accident	Near 230 Whitley Rd, Singapore 297823
Additional Location Information	PIE (Tuas) after Stevens Road Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5264E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Twinbiz Rental Pte. Ltd.
Company Reg No	201407909C
Email Address	joseph@n51.com.sg
Mobile Phone No	(Phone) +65-88215151
Alternative Phone No	(Office) +65-68420051

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	Alpha 1.8S CVT
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	1797

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000469072

DRIVER

Name of Driver	Ang Seow Chye
NRIC No	S1636219J
Date Of Birth	03/02/1964
Occupation	Outdoor

Date Of Driving Pass	15/12/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91509303
Alt. Phone Number	-
Email Address	joseph@n51.com.sg
Address	Apt Blk 338B Anchorvale Crescent #12-53
Address complement	Singapore
Postcode	542338
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Vanessa
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan and police report no. T/20220702/2030.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4982Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Koppineedi Suresh
Contact Number	(Phone) +65-85983054
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Ang Seow Chye
Gender	Male
Phone No	(Phone) +65-91509303
Address	Apt Blk 338B Anchorvale Crescent #12-53
Address Complement	Singapore
Post Code	542338
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS5264E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	Vanessa
Gender	Female
Phone No	(Phone) +65-96381176
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS5264E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Witnessed by Reporting Centre Personnel

Sketch Plan

PZETUAS) After Hours rd Ext.

W → _____

N → _____

- → W P Z E T U A S

A - SL35264E
B - SKUH9822Z

Describe Circumstances of the Accident

As per police report no. T/20220702/2030

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

[Signature]



**SINGAPORE
POLICE FORCE**



T/20220702/2030

1 of 3

Police Station Of Origin:

Punggol N.P.C

151 Punggol Central SINGAPORE 828727

Tel No: 1800-6049999

Report No: T/20220702/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2022 11:44	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: ANG SEOW CHYE			Address: APT BLK 338B ANCHORVALE CRESCENT #12-53 SINGAPORE 542338	
ID Type / ID No.: NRIC NO / S1636219J			Contact No.:	Mobile: 91509303
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 03/02/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: grab / gojek driver			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: 01/07/2022 19:10	Type of Location: Express way PIE towards Jurong
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKU4982Z	Car	SUBARU		Grey	Slightly Damaged	0
SLS5264E	Car	TOYOTA	Prius alpha	Grey	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20220702/2030

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220702/2030

CONTINUATION OF REPORT

Driver			
Name	ANG SEOW CHYE		ID No. S1636219J
Related Vehicle	SLS5264E (Car)		Contact No. 91509303
Hospital/Clinic	calrose medical family clinic		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Koppineedi suresh		ID No. G6944261M
Related Vehicle	NIL		Contact No. 85983054
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 1st July 2022 at about 1910hrs while i was travelling along PIE towards Jurong (in between Steven road exit and Adam Road Exit) and my vehicle is SLS5264E. At that point of moment, I had a female passenger (96381176) with me from the GRAB App and was heading towards Jurong. The traffic was heavy and slow. Suddenly, I felt a strong bump on the back of my vehicle and i alighted the vehicle to make a check. One vehicle SKU4982Z had hit into my rear. My vehicle suffered from a huge dent at the rear bumper and rear door.

I then made a check on the other parties vehicle and there were only slight damage to his vehicle (minor dent and scratches).

On the 2nd July 2022 at about 0700hrs, I felt pain and strain from my shoulder and lower back. I then went to see a doctor and was given 7 days MC.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220702/2030

3 of 3

Report No. T/20220702/2030

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:

F /

SGT 3 SOH WEI XIANG, JOLVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/07/2022 11:44

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168