

## 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 Actual 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 .....	08/08/2022 13:16 (SGT)
Reported by .....	Both
Date of Accident .....	06/08/2022 17:20 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE TOWARDS AYE BEFORE BRADDELL EXIT ON LANE 4
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF4125A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PANG KAH WAI
NRIC No .....	SXXXX495D
Email Address .....	ERNESTPKW@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-96858555
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	E6
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5127773027

#### DRIVER

Name of Driver .....	PANG KAH WAI
NRIC No .....	SXXXX495D
Date Of Birth .....	16/09/1969
Occupation .....	Outdoor

Date Of Driving Pass .....	24/06/1987
Driving experience .....	35 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96858555
Alt. Phone Number .....	-
Email Address .....	ERNESTPKW@OUTLOOK.COM
Address .....	APT BLK 413B NORTHSHORE DRIVE #09-515
Address complement .....	-
Postcode .....	822413
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKJ4597K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	PANG KAH WAI
Gender .....	Male
Phone No .....	(Phone) +65-96858555
Address .....	APT BLK 413B NORTHSHORE DRIVE #09-515
Address Complement .....	-
Post Code .....	822413
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNF4125A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

Pls refer to Police report as attached.

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

# SKETCH PLAN

## IMPORTANT NOTICE

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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/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.

*[Signature]*

Policyholder's Signature / Date & Time

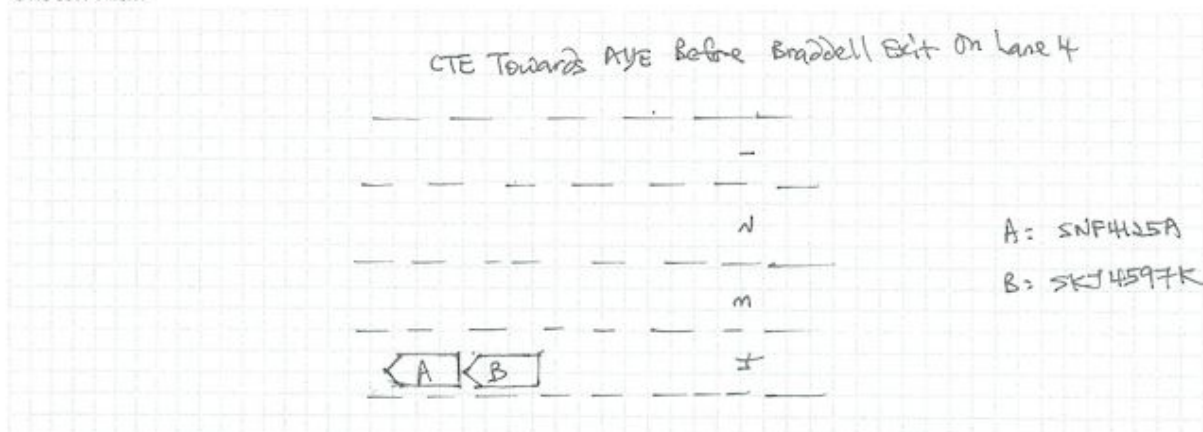
*[Signature]*

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

*[Signature]*

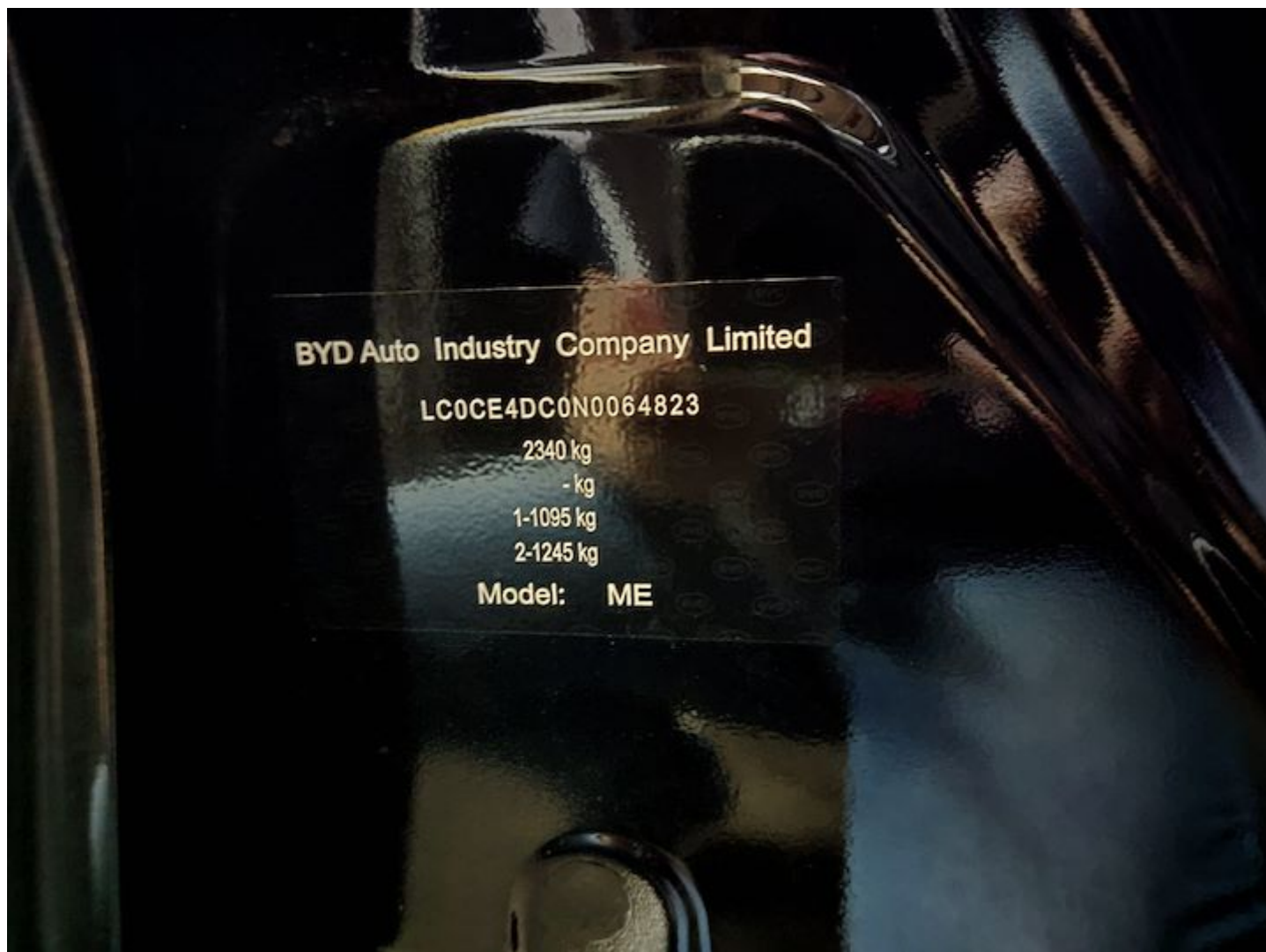
Witnessed by Reporting Centre Personnel

## Sketch Plan









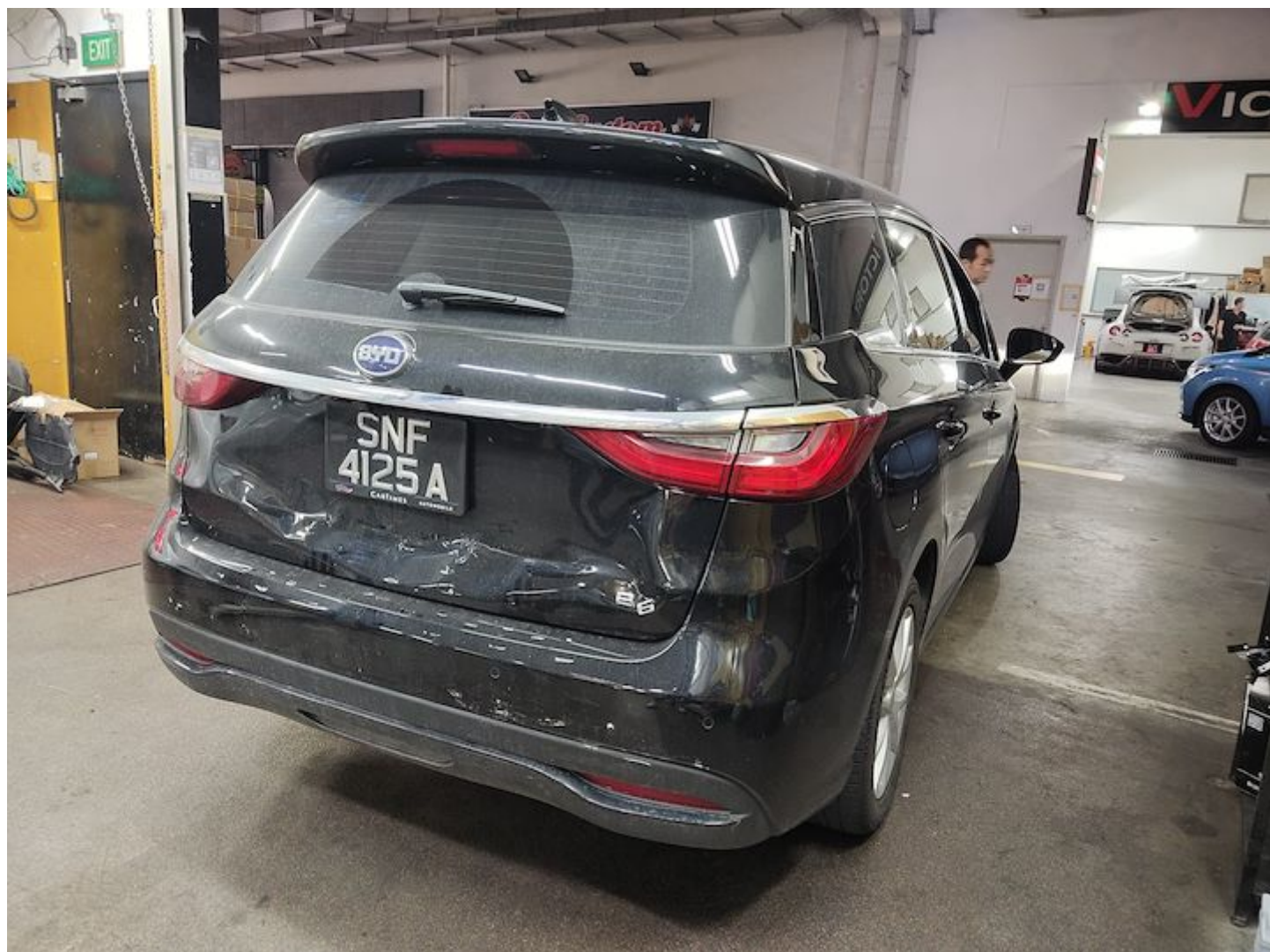




















**SINGAPORE  
POLICE FORCE**



T/20220807/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220807/7035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2022 19:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG KAH WAI			Address: 413B NORTHSORE DRIVE #09-515 SINGAPORE 822413		
ID Type / ID No.: NRIC NO / S6933495D			Contact No.: Home/Office: Mobile: 96858555		
Nationality: SINGAPORE CITIZEN			Email: ERNESTPKW@OUTLOOK.COM		
Sex: Male	Age: 52	Date of Birth: 16/09/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2022 17:20	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SNF4125A	Car	BYD	E6 (ME-2)	Black		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF4125A	NTUC Income Insurance Co-Operative Limited	5127773027	26/05/2022	25/05/2023



**SINGAPORE  
POLICE FORCE**



T/20220807/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220807/7035

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PANG KAH WAI	ID No.	S6933495D
Related Vehicle	SNF4125A (Car)	Contact No.	96858555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time I was ferrying a female passenger on board vehicle SNF4125A. I was travelling straight on my lane and as the vehicle in front stopped I gradually follow suit. Suddenly vehicle SKJ4597K came from behind and hit onto my vehicle's rear portion. The impact was great and it causes both my knees to hit onto the dashboard. After a while I start to feel pain on my neck, shoulders and back areas. I thought nothing of it and went back. The next day the pain on my body worsen. I quickly proceeded to intermedical kovan clinic to seek treatment and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220807/7035

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Report No. T/20220807/7035

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/08/2022 19:21

Classification Of Case:



