

## 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 .....	12/08/2022 10:49 (SGT)
Reported by .....	Driver
Date of Accident .....	11/08/2022 09:00 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	ECP TOWARDS CITY 5.5KM
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE2746B
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANTHON JUDA RANGGI
NRIC No .....	S2574759C
Email Address .....	SOAEROTIC@YAHOO.COM
Mobile Phone No .....	(Phone) +65-81811897
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	Xc60
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1998

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	RV00000590024

#### DRIVER

Name of Driver .....	CAREN THONG MING HUEI
NRIC No .....	S8280138C
Date Of Birth .....	27/07/1982
Occupation .....	Indoor

Date Of Driving Pass .....	24/02/2011
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96380596
Alt. Phone Number .....	-
Email Address .....	CARENTHONG82@YAHOO.CO.UK
Address .....	1G FIGARO ST
Address complement .....	-
Postcode .....	458322
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	4
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 .....	ANTHON JUDA RANGGI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER ATTACH SKETCH PLAN AND POLICE REPORT

#### 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 .....	SMP4130T
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) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHA4254H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SNE4130P
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) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

## INJURED PERSONS DETAILS

INJURED 1

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

## 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date  
& Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A - SNE3746B

B - SMP41307

C - SHA425411

D - SNE4130P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ECP toward city

Suddenly ~~the~~ the front vehicle jammed brake. I

also jammed my brakes but could not stop

in time and knock onto the Rr of vehicle B

I came out of my vehicle and found out

that my vehicle was involved in a 4 car

chain collision.

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

































# SINGAPORE POLICE FORCE



T/20220811/2087

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 5

Report No. T/20220811/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2022 17:14	Vide Report No.:	Station Diary No.: 50
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: CAREN THONG MING HUEI			Address: 1G FIGARO STREET SINGAPORE 458322	
ID Type / ID No.: NRIC NO / S8280138C			Contact No.: Home/Office: Mobile: 96380596	
Nationality: MALAYSIAN			Email: carenthong82@yahoo.co.uk	
Sex: Female	Age: 40	Date of Birth: 27/07/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2022 09:00	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SHA4254H	Taxi	HYUNDAI		Blue		0
SLB9192S	Car	KIA	FORTE K3	White		0
SMF8724G	Car	MITSUBISHI	ATTRAGE	Silver		0
SMP4130T	Car	HONDA	VEZEL 1.5X	Black		0
SNE2746B	Car	VOLVO	XC60 T5	White		1





**SINGAPORE  
POLICE FORCE**



T/20220811/2087

2 of 5

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20220811/2087

**CONTINUATION OF REPORT**

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNE4130P	Car	TOYOTA	PRIUS	Red		0

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	Johana	ID No.	NIL
Related Vehicle	SHA4254H (Taxi)	Contact No.	84848858
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	Tan De En	ID No.	NIL
Related Vehicle	SLB9192S (Car)	Contact No.	98230104
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	Peter Neo	ID No.	NIL
Related Vehicle	SMF8724G (Car)	Contact No.	97499696
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**



T/20220811/2087

3 of 5

Report No. T/20220811/2087

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

<b>Driver</b>			<b>ID No.</b>	NIL
<b>Name</b>	Malaysia Abadi Abu Bakar		<b>Contact No.</b>	96744447
<b>Related Vehicle</b>	SMP4130T (Car)		<b>Class of Driving Licence &amp; Expiry Date</b>	Class: NIL Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL		<b>Date Treatment</b>	NIL
	<b>No. of Days granted Medical Leave</b>	NIL	<b>Date Discharge</b>	NIL
		<b>Degree of Injury</b>	NIL	
<b>Driver</b>			<b>ID No.</b>	S8280138C
<b>Name</b>	CAREN THONG MING HUEI		<b>Contact No.</b>	96380596
<b>Related Vehicle</b>	SNE2746B (Car)		<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 3 Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL		<b>Date Treatment</b>	NIL
	<b>No. of Days granted Medical Leave</b>	NIL	<b>Date Discharge</b>	NIL
		<b>Degree of Injury</b>	NIL	
<b>Driver</b>			<b>ID No.</b>	NIL
<b>Name</b>	Raymond Teh		<b>Contact No.</b>	87774477
<b>Related Vehicle</b>	SNE4130P (Car)		<b>Class of Driving Licence &amp; Expiry Date</b>	Class: NIL Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL		<b>Date Treatment</b>	NIL
	<b>No. of Days granted Medical Leave</b>	NIL	<b>Date Discharge</b>	NIL
		<b>Degree of Injury</b>	NIL	

**Brief Details.**

On 11/08/2022, at about 9.00am, I was driving my vehicle bearing plate number SNE2746B along ECP towards City. I wish to state that the traffic was quite heavy and I was driving on the extreme right lane at the time. At about 5.5KM mark, I had to perform an emergency brake to avoid a black Honda Vezel in front of me that had come to an immediate stop.

Unfortunately, I did not manage to stop in time and collided into the Honda Vezel of plate number SMP4130T. The airbags in my vehicle was deployed. After the accident, I checked on my husband who was my passenger at the time. We alighted from the car and checked on the overall condition of the accident.

I learnt that there were a total of 6 vehicles, including mine, involved in the chain-collision. The sequence



**SINGAPORE  
POLICE FORCE**

T/20220811/2087

4 of 5

Report No. T/20220811/2087

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

of the accident are as follows:

SLB9192S - First vehicle  
SMF8724G  
SNE4130P  
SHA4254H  
SMP4130T  
SNE2746B - Last vehicle

Though shaken from the accident, we managed to speak to all the drivers involved. Ambulance and Traffic Police were called to the accident location. I believe a passenger from vehicle SMF8724G conveyed by ambulance. We managed to take photos of the accident and exchange details. We were then advised by the Traffic Police to lodge an accident report. I wish to state that the IO in charge is IO Sofian and he can be contacted at 97579103.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
44 9296  
Tel No: 1800-4428999



T/20220811/2087

5 of 5

Report No. T/20220811/2087

**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 /

SR STAFF SGT MUHAMMAD  
FARIHIN BIN RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/08/2022 17:14

Officer In Charge Of Case:

TP / GIT /

STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

NP168