SA18228Q0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 26/08/2022 16:23 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (26/08/2022 16:23 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 26/08/2022 16:23 (SGT) Reported by Date of Accident 24/08/2022 14:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE(TUAS) BEFORE ADAM EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

No - Claiming third party

Vehicle Registration Number SLH484C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner APKY LEASING Company Reg No 53399004A Email Address AREN_PHANG@YAHOO.COM.SG Mobile Phone No (Phone) +65-91899894 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vezel 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?

Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5118806497-01

DRIVER

Name of Driver PHANG BOON CHIN NRIC No S1782723E Date Of Birth 19/09/1966 Occupation Outdoor

Date Of Driving Pass 25/09/1985 Driving experience 36 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91899894 Alt. Phone Number Email Address AREN_PHANG@YAHOO.COM.SG Address 232 PASIR RIS DRIVE 4 Address complement 08-506 Postcode 510232 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender PASSENGER 2 Name **PASSENGER** Gender Male PASSENGER 3 Name **PASSENGER** Gender Female 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

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

If yes, against whom?

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 SKX1529D 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **SMR2529E** 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC8279A 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)

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?	PHANG BOON CHIN Male 3 DAYS MC SLH484C Yes Yes
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?	PASSENGER Male SLH484C Yes Yes
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?	PASSENGER Male SLH484C Yes Yes
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?	PASSENGER Female SLH484C Yes Yes

SKETCH PLAN

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- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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)

Lunderstand, 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
- (ii) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maling of correspondence, statements, involces, 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre Personnel

Sketch Plan

venille A: SLH 4840

Vehille B: SEXI52910

vehille C: SMK 2529E

Vehille D: SHC 82794.

PIECTUAS) before Adam

CS Cam Scanner

Describe Circumstances of the Accident Refer 10110 Report-Declaration

I/We declare the foregoing particulars are true in every respect.



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

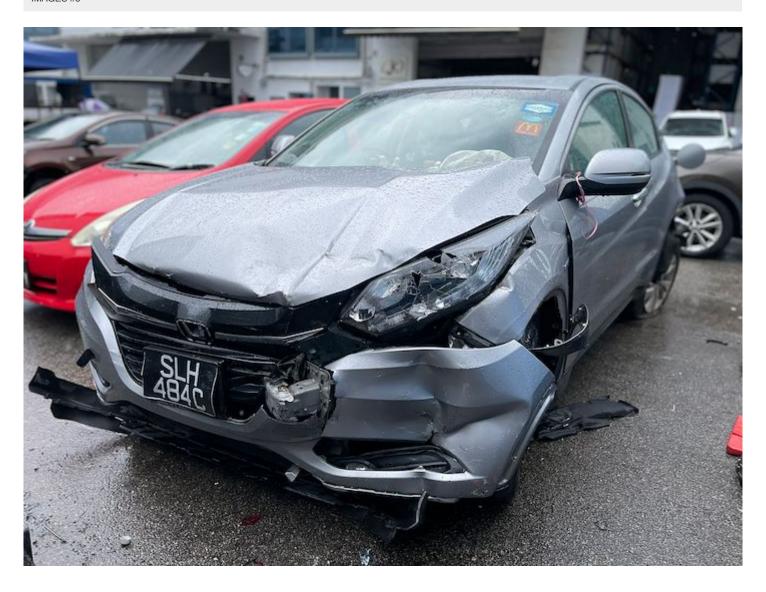


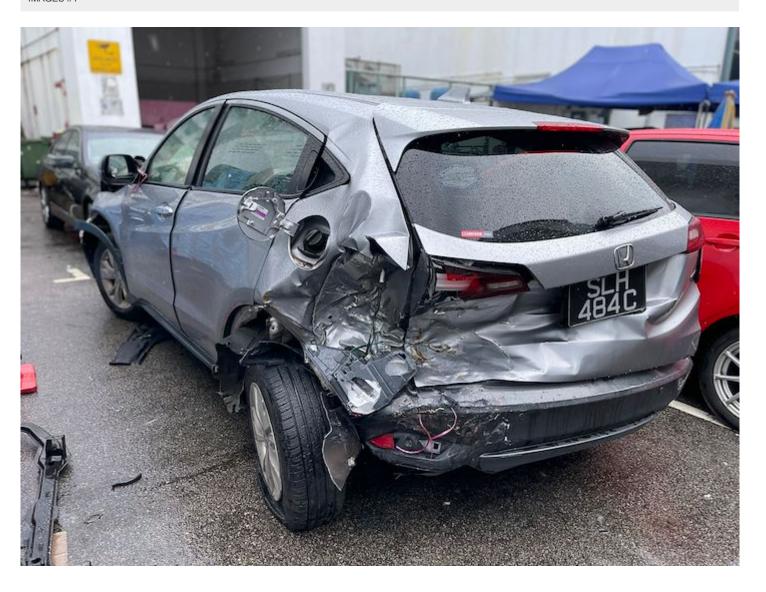
Witnessed by Reporting Centre Personnel

CS CamScanner

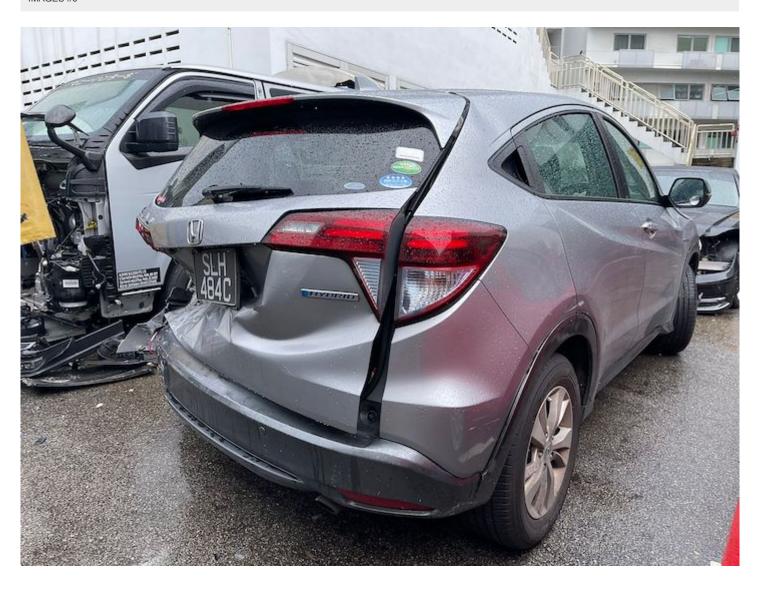


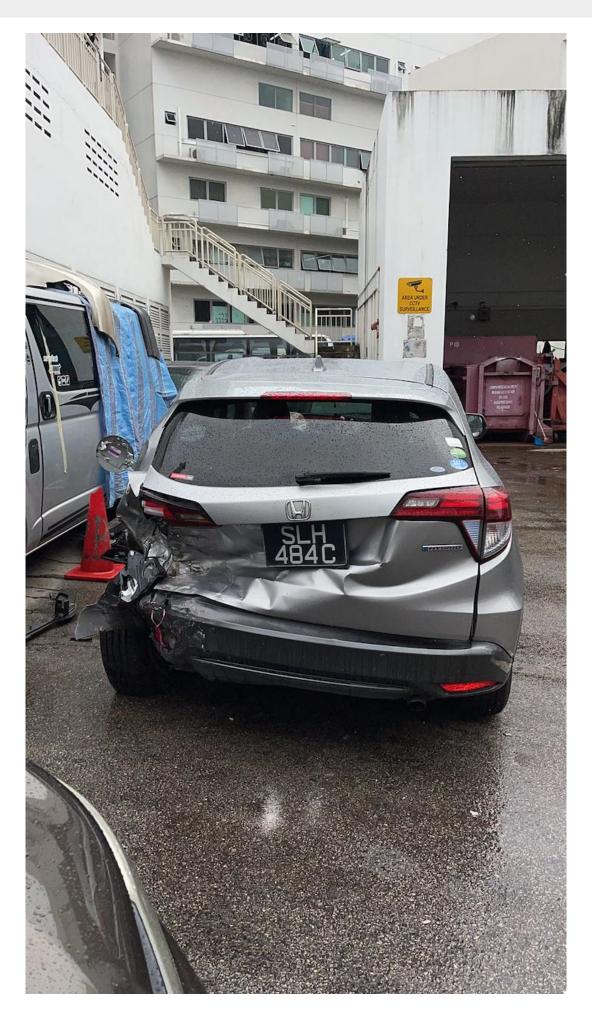
















T/20220824/7064

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20220824/7064

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 22:03	/lade:	Vide Report No.: E/20220824/0081	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: PHANG BOON CHIN			Address: 232 PASIR RIS DRIVE 4#08-506 SINGAPORE 510232			
ID Type / ID No.: NRIC NO / S1782723E			Contact No.: Home/Office:	Mobile: 91899894		
Nationality: SINGAPORE CITIZEN			Email: aren_phang@yahoo.com.sg			
Sex: Age: Date of Birth: Male 55 19/09/1966			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Drink Date/Time of Attended by Police Drive: Accident: No 24/08/2022 14:		Type of Location Straight Road
Location: PAN ISLAND Weather:	EXPRESSWAY	Road Surface:	Road Speed Limit:
Clear		Dry	
		Dry Traffic Control: Not Controlled	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHC8279A	Car				Seriously Damaged	2
SKX1529D	Car	BMW		Black	Seriously Damaged	0
SLH484C	Car	HONDA	VEZEL	Silver	Seriously Damaged	3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220824/7064

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMR2529E	Car	TESLA			Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLH484C	NTUC Income Insurance Co-Operative				

Details of Perso	n Involved	None H	a contraint			
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of				f Pedestrian Crossing: NA		
Driver						
Name	PHANG BOON CHIN			ID No.	S1782723E	
Related Vehicle	SLH484C (Car)			Contact No	91899894	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	24/08/2022 Date			24/0	08/2022	
No. of Days gran	ted Medical Leave	03	Degree of	Seri	ous	

Brief Details.

ON 24/08/2022 AT ABOUT 14:10HR, I WAS DRIVING MY VEHICLE - SLH484C, ALONG WITH 3 PASSENGERS IN MY VEHICLE, TRAVELLING ALONG PIE IN THE DIRECTION OF TUAS. I WAS TRAVELLING ALONG LANE 1 FROM THE RIGHT. BEFORE THE EXIT TO ADAM ROAD, FRONT VEHICLE CAME TO A STOP, AND I STOP AS WELL. SUDDENLY, I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. THE IMPACT SENT MY VEHICLE ONTO THE RIGHT AND MY VEHICLE COLLIDED ONTO THE ROAD DIVIDER. WHEN I ALIGHTED, I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES. SUBSEQUENTLY, I SUFFERED ABRASION AND FELT DISCOMFORT

ON MY CHEST AND WAS CONVEYED TO TAN TOCK SENG HOSPITAL FROM THE ACCIDENT SCENE. MY PASSENGERS AND THE 2ND VEHICLE'S DRIVER WERE ALSO CONVEYED AS WELL.

1ST VEHICLE - SME2529E 2ND VEHICLE - SHC8279A 3RD VEHICLE - SLH484C 4TH VEHICLE - SKX1529D



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



3 of 4 Report No. T/20220824/7064

CONTINUATION OF REPORT



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



4 of 4 Report No. T/20220824/7064

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 /

MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247

NP168

Signature Of Informant:

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

Date/Time: 24/08/2022 22:03

Classification Of Case:

