

## 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 ..... 26/08/2022 16:23 (SGT)  
Reported by ..... Both  
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

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 ..... Honda  
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? ..... No - Claiming third party  
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 .....	Male
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? .....	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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	PASSENGER
Gender .....	Male

#### 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
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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 .....	PHANG BOON CHIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SLH484C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH484C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 3

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH484C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

#### INJURED 4

Name of injured person .....	PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH484C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT 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.



Policyholder's Signature / Date &  
Time

*[Signature]*

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



Witnessed by Reporting Centre  
Personnel

Sketch Plan

Vehicle A: SLH484C  
Vehicle B: SKX1529D  
Vehicle C: SMK2529E  
Vehicle D: SHC8279A



PIE (Tinas) before Adam

Describe Circumstances of the Accident

- Refer to ID110 Report -

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



Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



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**

Date/Time Report Made: 24/08/2022 22:03		Vide Report No.: E/20220824/0081		Station Diary No.:	
<b>Informant's Particulars</b>					
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: Male	Age: 55	Date of Birth: 19/09/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/08/2022 14:10	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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	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



**SINGAPORE  
POLICE FORCE**



T/20220824/7064

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

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Report No. T/20220824/7064

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	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 Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of 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 24/08/2022
No. of Days granted Medical Leave	03	Degree of	Serious

## 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



**SINGAPORE  
POLICE FORCE**

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



T/20220824/7064

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Report No. T/20220824/7064

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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Tel No: 65470000



T/20220824/7064

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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:

