

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 | 28/10/2022 12:47 (SGT) |
| Reported by | Both |
| Date of Accident | 28/10/2022 07:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE - CHANGI |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SLX67P |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | SIOW YUEN HOI |
| NRIC No | S7083406E |
| Email Address | YUENHOI77@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96875380 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 520i |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2000 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5108706328 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | SIOW YUEN HOI |
| NRIC No | S7083406E |
| Date Of Birth | 19/10/1970 |
| Occupation | Indoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 07/05/1997 |
| Driving experience | 25 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96875380 |
| Alt. Phone Number | - |
| Email Address | YUENHOI77@GMAIL.COM |
| Address | 321 HOUGANG AVE 5 #04-40 S530321 |
| Address complement | - |
| Postcode | - |
| 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 | 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 | 5 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Hougang Neighbourhood Police Post |
| Police Station Address | Blk 357 Hougang Avenue 7 #01-805 Singapore 530357 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

ATTACHMENT(S)

| | |
|---|---------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE SIZE TOO LARGE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBD8213E |
| 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 | SMG7772T |
| 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 | UNKNOWN |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 4

| | |
|---|--------------------|
| Vehicle Registration Number | XQ2306U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) | - |

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:

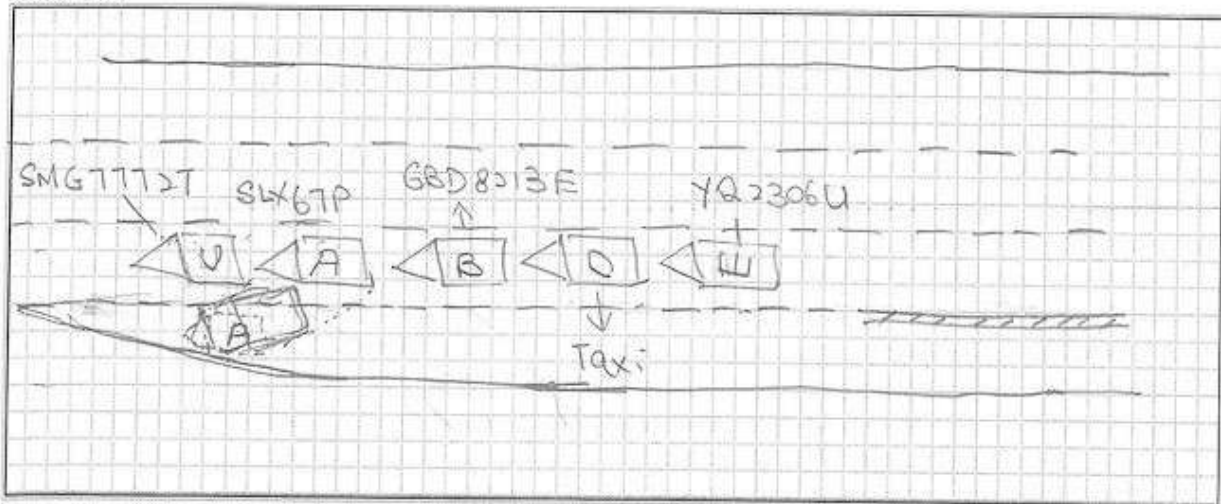
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

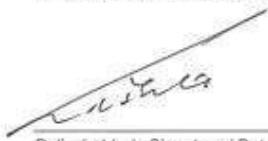
Describe Circumstance of the Accident

Suddenly

I notice vehicle in front a stop & I follow to stop. & managed to stop in time. Moments later I felt a huge impact from behind, & my vehicle swerved to the left & lightly brush against veh C & vehicle B after hitting my vehicle B continue to hit onto vehicle C rear portion. I then came out to check & realised there was a total of 5 vehicles involved in the accident.

Declaration

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


**SINGAPORE
POLICE FORCE**


T/20221028/2046

1 of 4

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20221028/2046

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 28/10/2022 14:55 | | Vide Report No.: | | Station Diary No.: 21 | |
| Informant's Particulars | | | | | |
| Name of Informant: SIOW YUEN HOI | | | Address: APT BLK 321 HOUGANG AVENUE 5 #04-40 SINGAPORE 530321 | | |
| ID Type / ID No.: NRIC NO / S7083406E | | | Contact No.: Home/Office: Mobile: 96875380 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 52 | Date of Birth: 19/10/1970 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SALES EXECUTIVE | | | Driving Licence Information: Class: 2B,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/10/2022 07:55 | Type of Location: AFTER ENTERING FROM CHANGI SOUTH AVENUE 3 |
| 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: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|--|-------|---------------------|-----------------|
| SLX67P | Car | BMW | 520i 2.0L AT D/AB 2WD 4DR GAS/D NAV | Grey | Slightly Damaged | 0 |
| SMG7772T | Car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20221028/2046

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20221028/2046

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| YQ2306U | Lorry | | | | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLX67P | NTUC Income Insurance Co-Operative Limited | 5108706328-03 | 26/04/2022 | 25/04/2023 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SIOU YUEN HOI | ID No. | S7083408E |
| Related Vehicle | SLX67P (Car) | Contact No. | 96875380 |
| Hospital/Clinic | ADVANCE CLINIC & SURGERY PTE LTD | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 28/10/2022 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |

Brief Details:

On 28/10/2022 at about 0755hrs, I had just entered PIE (Pan-Island Expressway) through the slip road from Changi South Avenue 3. As I was travelling along the most extremely left lane, the above mentioned SMG7772T was in front of me. Suddenly the bus which was in front of SMG7772T horned and brake. I reacted quickly and brake along as well. However, in a split second, I felt an impact from my rear and my vehicle was pushed onto the shoulder lane. The above mentioned lorry that had knocked me from my rear then went on and collided onto the SMG7772T which was in front of me. As my vehicle was pushed to the shoulder lane, my vehicle merely brushes past the rear bumper of the mentioned SMG7772T. However, said lorry had then follow up with a full collision onto the said SMG7772T.

I then stayed in my vehicle as I was too shocked to do anything. After recovering from the shock, I slowly came down from my vehicle and took photo of the accident. It was then I realized that it was chain accident involving another lorry and a Taxi as well. Not long later, the Ambulance and Traffic Police came. I provided my details to the Police and the footage in my in-car camera. Thereafter, I was advised to make a Police Report. After the accident, I felt pain in my neck and the back area, hence I went to see the doctor and was given 2 days of medical leave.

I am unsure of the repair cost of my vehicle so far.



**SINGAPORE
POLICE FORCE**



T/20221028/2046

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SINGAPORE 530357
Tel No: 1800-2869999

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Report No: T/20221028/2046

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999



T/20221028/2046

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Report No. T/20221028/2046

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 /
SR STAFF SGT TAN YEOW
CHONG NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2022 14:55

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

NP168