

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
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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

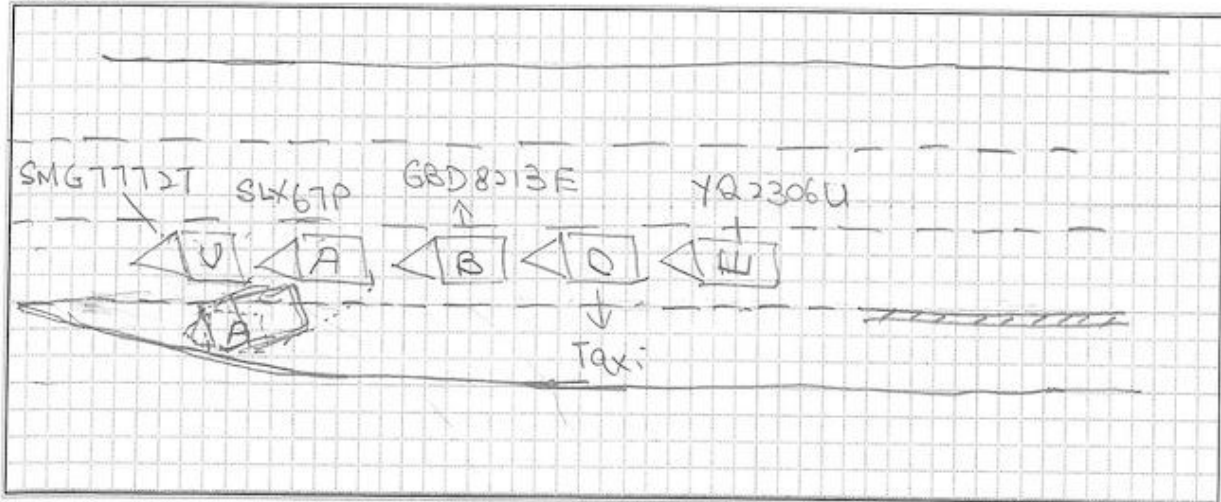
- Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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 5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 6. This report will be forwarded by the insurers to 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.
 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

1

I notice vehicle in front ^{suddenly} 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.

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

Policyholder's Signature / 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
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Informant's Particulars

Name of Informant: SIOU 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.	S7083406E
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

Police Station Of Origin:
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357 Hougang Avenue 7 #01-805
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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0U22AS0004 Vehicle Registration No: SLX 67P
Name(as shown in NRIC) : Siew Yuan Ho: NRIC/FIN/Passport No : 87083406E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 321 Hoggang Ave 5 #04-40 Singapore 330321
Contact (Tel) : _____ Mobile No.: 96875380
Email Address : yuenhoi77@gmail.com
Date of Accident : 28/10/2022 Time of Accident: 7.55am
Place of Accident : PTE - Changi
Insurance Company: NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report No. T/20221028/2046

X

Policyholder / Driver's Signature

Date: 28/10/2022



Reporting Centre Personnel's Signature

Name: Jerry Goh

NRIC/FIN No.: _____

Date: _____