

## 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 .....	27/10/2022 16:04 (SGT)
Reported by .....	Both
Date of Accident .....	26/10/2022 05:45 (SGT)
Exact Location of Accident .....	Upper Changi Rd E, Singapore
Additional Location Information .....	UPPER CHANGI ROAD EAST SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLP54T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PEH ENG CHOON
NRIC No .....	S1549910I
Email Address .....	ALVINPEH.IDC@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90697159
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Harrier
Variant .....	TOYOTA / HARRIER ELEGANCE 2.0 A
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1986

#### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-000901

#### DRIVER

Name of Driver .....	PEH ENG CHOON
NRIC No .....	S1549910I
Date Of Birth .....	08/06/1962
Occupation .....	Indoor

Date Of Driving Pass .....	29/01/1980
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90697159
Alt. Phone Number .....	-
Email Address .....	ALVINPEH.IDC@GMAIL.COM
Address .....	74 PUNGGOL WALK #06-51
Address complement .....	-
Postcode .....	828787
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	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 .....	CHAN GEOK CHOON
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	PC1044L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABDUL HAMID BIN ALI
NRIC No .....	S1656383H
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 .....	PEH ENG CHOON
Gender .....	Male
Phone No .....	(Phone) +65-90697159
Address .....	74 PUNGGOL WALK #06-51
Address Complement .....	-
Post Code .....	828787
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLP54T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	CHAN GEOK CHOON
Gender .....	Female
Phone No .....	-
Address .....	74 PUNGGOL WALK #06-51
Address Complement .....	-
Post Code .....	828787
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLP54T
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.
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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 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:

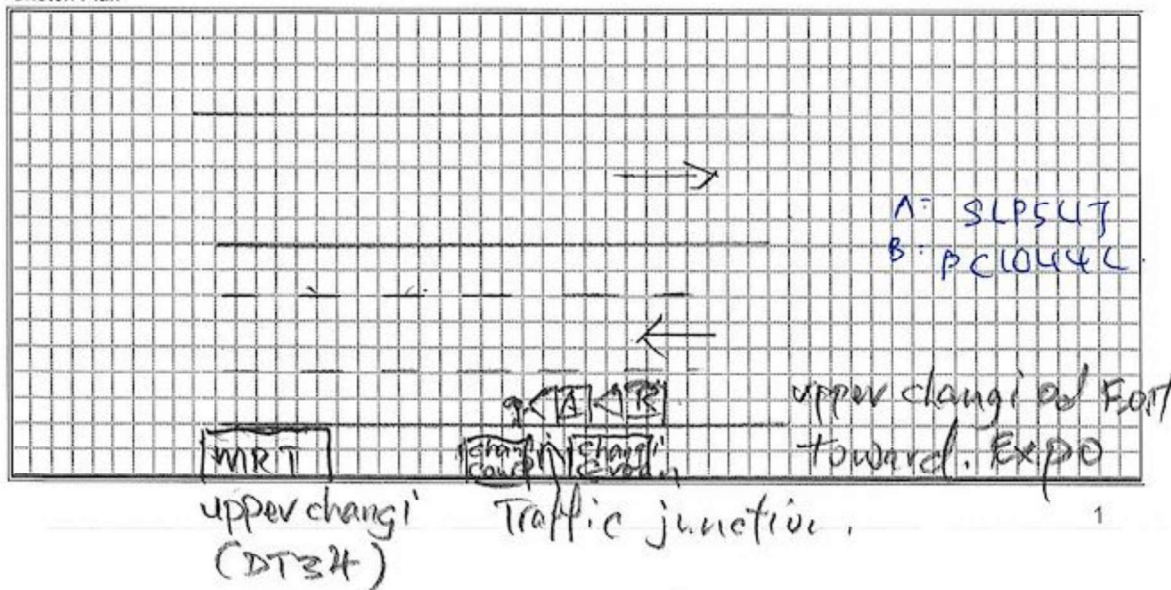
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT.

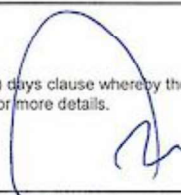
**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

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

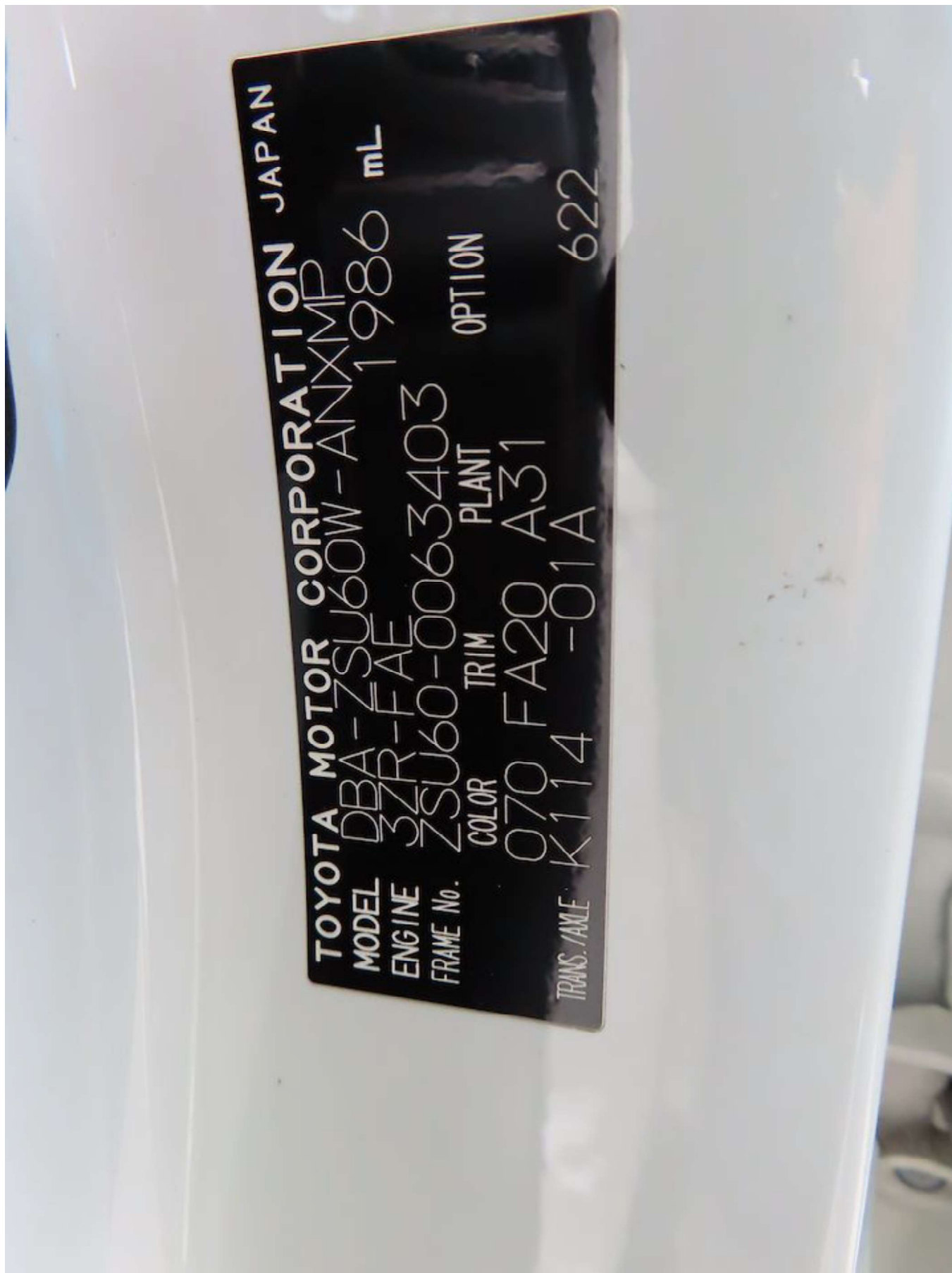


















**SINGAPORE  
POLICE FORCE**



T/20221027/2046

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20221027/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2022 13:36		Vide Report No.: G/20221026/0144		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: PEH ENG CHOON			Address: 74 PUNGGOL WALK #06-51 SINGAPORE 828787		
ID Type / ID No.: NRIC NO / S1549910I			Contact No.: Home/Office: Mobile: 90697159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 08/06/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: construction			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/10/2022 05:45	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1044L	Bus/Coach/Mi nibus				Seriously Damaged	0
SLP54T	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP54T	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 000901	02/02/2022	01/02/2023





**SINGAPORE  
POLICE FORCE**



T/20221027/2046

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20221027/2046

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PEH ENG CHOON	ID No.	S1549910I
Related Vehicle	NIL	Contact No.	90697159
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	26/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	ABDUL HAMID BIN ALI	ID No.	S1656383H
Related Vehicle	NIL	Contact No.	NIL
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

**Brief Details.**

On 26/10/2022 at about 5.45pm, I was making my way to expo with my wife to pick my grandson at Expo. While I was making my way on Upper Changi Road East towards Expo, I came to a stop light. Out of a sudden, I heard a loud bang and realised that I have been rear ended by a private bus bearing plate no (PC1044L). The traffic police arrived at scene. I had slight back injuries and my wife's face was slightly swollen. Me and my wife were conveyed by the ambulance to Changi General Hospital. The bus driver mentioned that his brakes was not functioning when he tried to stop thus collided into my car. After further assessment from the hospital, there are no serious injuries and I was given 2 days MC. My wife is a housewife and is recovering at home. My certificate of insurance number is DMPHQ22-000901.



**SINGAPORE  
POLICE FORCE**



T/20221027/2046

3 of 3

Report No. T/20221027/2046

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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 /  
SGT 2 NABEEL BIN OMAR  
PATAIL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

Signature Of Informant:

Date/Time:  
27/10/2022 13:36

Classification Of Case:

NP168