

# 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 .....	05/11/2022 11:32 (SGT)
Reported by .....	Both
Date of Accident .....	03/11/2022 17:50 (SGT)
Exact Location of Accident .....	Near 20 Cecil St, Singapore 049705
Additional Location Information .....	CHURCH ST TOWARDS CECIL ST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNH1063D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PANG ZHI FENG
NRIC No .....	S9726182B
Email Address .....	DRPANG12@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96913658
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
Variant .....	-
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 .....	1984

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA024051

### DRIVER

Name of Driver .....	PANG ZHI FENG
NRIC No .....	S9726182B
Date Of Birth .....	09/08/1997
Occupation .....	Outdoor

Date Of Driving Pass .....	20/01/2017
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96913658
Alt. Phone Number .....	-
Email Address .....	DRPANG12@GMAIL.COM
Address .....	BLK 180, BUKIT BATOK WEST AVE 8
Address complement .....	#10-193
Postcode .....	650180
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? .....	No
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 .....	YAYEWKEE LIM HUI MEI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT A/20221104/7031

#### 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 TOO LARGE - PLEASE REQUEST FROM OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	EW5005Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91555005
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 .....	PANG ZHI FENG
Gender .....	Male
Phone No .....	(Phone) +65-96913658
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNH1063D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	YAYEWKEE LIM HUI MEI
Gender .....	Female
Phone No .....	(Phone) +65-93885662
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNH1063D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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

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

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

**Sketch Plan**

Church ST towards Cecil st

A-SNH1063D  
B-EW5005Z

## Describe Circumstance of the Accident

On 3/11/22 about 1750, I was driving my vehicle SNH106SD along church st towards Cecil street. I ~~was~~ picked my wife after her work and was going for dinner. We came to a stop at the traffic light. Then suddenly there was a loud bang followed by a strong jerk of the car. SW5005Z ~~went to~~ had no intention of stopping hence rear ended me.

REFER to police report A/2022/104/7031.

## Declaration

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

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)

WEE PAULINE



















**SINGAPORE  
POLICE FORCE**



T/20221105/7037

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

1 of 4

Report No. T/20221105/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/11/2022 17:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG ZHI FENG			Address: 180 BUKIT BATOK WEST AVENUE 8 #10-193 SINGAPORE 650180		
ID Type / ID No.: NRIC NO / S9726182B			Contact No.: Home/Office: Mobile: 96913658		
Nationality: MALAYSIAN			Email: DRPANG12@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 09/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2022 17:50	Type of Location: Straight Road
Location:  CHURCH STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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	Conditio	No of
EW5005Z	Car	ROLLS ROYCE		White		0
SNH1063D	Car	VOLKSWAGO N	GOLF GTI E35 2.0 AT 5K19P3 5DR	White		0





**SINGAPORE  
POLICE FORCE**



T/20221105/7037

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

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Report No. T/20221105/7037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNH1063D	ETIQA INSURANCE BERHAD	MA024051	28/09/2022	27/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	YAYEWKEE LIM HUI MEI		ID No.	S9545008C
Related Vehicle	SNH1063D (Car)		Contact No.	93885662
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/11/2022		Date	03/11/2022
No. of Days granted Medical Leave		05	Degree of	Serious
Driver				
Name	PANG ZHI FENG		ID No.	S9726182B
Related Vehicle	SNH1063D (Car)		Contact No.	96913658
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/11/2022		Date	03/11/2022
No. of Days granted Medical Leave		05	Degree of	Serious

## Brief Details.

On 3/11/2022 at or about 1750hours, I was driving straight along Church Street. As the traffic light turned red, I followed suit and came to a complete stop. After about 5 seconds, suddenly I felt an huge impact from the back. I then realised that EW 5005Z driven by Mr Asok Kumar Hp no. 91555005 had collided into the rear of my vehicle. We then got out of our vehicles and exchanged particulars. There was a passenger in my car- Yayewkee Lim Hui Mei who is pregnant. After the accident, we went to Mount Alvernia to see a doctor as we were experiencing severe pain in our neck and back. I experienced pain in my thumb the next day. We also did an ultrasound scan for the baby to ensure that the baby was doing fine. We were given 5 days' of MC each. I have front camera video footage (to show that I did not jammed brake). The rear camera video footage had been overwritten hence I couldn't retrieve it. It shows that the other party has no intention to stop a second before the accident.



**SINGAPORE  
POLICE FORCE**



T/20221105/7037

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

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Report No. T/20221105/7037

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221105/7037

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

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Report No. T/20221105/7037

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
05/11/2022 17:18

Classification Of Case:

NP168



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SW0E22B50002 Vehicle Registration No: SNH 1063D  
 Name (as shown in NRIC): PANG ZHI FENG NRIC/FIN/Passport No: SXXXX182B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 180 BUKIT BATOK WEST AVENUE 8 #10-193 Singapore (650180)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96913658  
 Email Address: DRPANG72@GMAIL.COM  
 Date of Accident: 3/11/22 Time of Accident: 17:50  
 Place of Accident: CHURCH ST TOWARDS CECIL STREET  
 Insurance Company: ETICA

**(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:

AMEND FROM THIRD PARTY CAR PLATE NO EW 5055Z  
TO EW 5005Z

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: LIM HUNG ENG  
NRIC/FIN No.: SXXXX293-F  
Date: 10/11/22





MX1  
70000266  
COV.Type: Comprehensive

**CERTIFICATE OF INSURANCE**

• MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA024051

- |   |               |   |
|---|---------------|---|
| 1. Index Mark and Registration Number of Vehicle  | SNH1063D      |   |
| 2. Name of Policyholder   | PANG ZHI FENG |   |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act  | 28/09/2022    | Engine No.: CDL061397<br>Chassis No.: WWZZZ1KZCW089497<br>Hire Purchase: MAYBANK SINGAPORE LIMITED<br>Excess (Named Drivers): S\$800.00<br>Excess (Unnamed Drivers): S\$1300.00 |
| 4. Date of Expiry of Insurance  | 27/09/2023    |   |
| 5. Persons or Class of Persons entitled to drive<br>(A) THE POLICYHOLDER<br>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION<br><br>PANG ZHI FENG<br><br>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE. |               |   |
| 6. Limitations as to use<br><br>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.<br><br>THE POLICY DOES NOT COVER:<br>(i) USE FOR HIRE OR REWARD.<br>(ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.<br>(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.<br>(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.   |               |   |

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**Policy Owners' Protection Scheme**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) / [www.lia.org.sg](http://www.lia.org.sg) / [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

For and on behalf of **Etiqa Insurance Pte. Ltd.**  
Approved Insurer

  
Authorised Signature