

# 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 ..... 23/11/2022 11:16 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 21/11/2022 19:51 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ST ANDREW ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC3451D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DREAM LEASING PTE LTD  
Company Reg No ..... 2XXXXX953H  
Email Address ..... dreamcarrentalsg@gmail.com  
Mobile Phone No ..... (Phone) +65-81288789  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V11018/VPZ/R00

### DRIVER

Name of Driver ..... PANG KAM YUEN  
NRIC No ..... SXXXX058G  
Date Of Birth ..... 06/05/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/08/1981
Driving experience .....	41 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98374789
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	BLK 173C PUNGGOL FIELD #03-619
Address complement .....	-
Postcode .....	823173
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	TAN KWEE LAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJM520D
Vehicle Manufacturer .....	Lexus
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JONATHAN PHAY WEE CHONG
NRIC No .....	SXXXX141F
Contact Number .....	(Phone) +65-97865363
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 .....	TAN KWEE LAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLC3451D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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. The 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.
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.

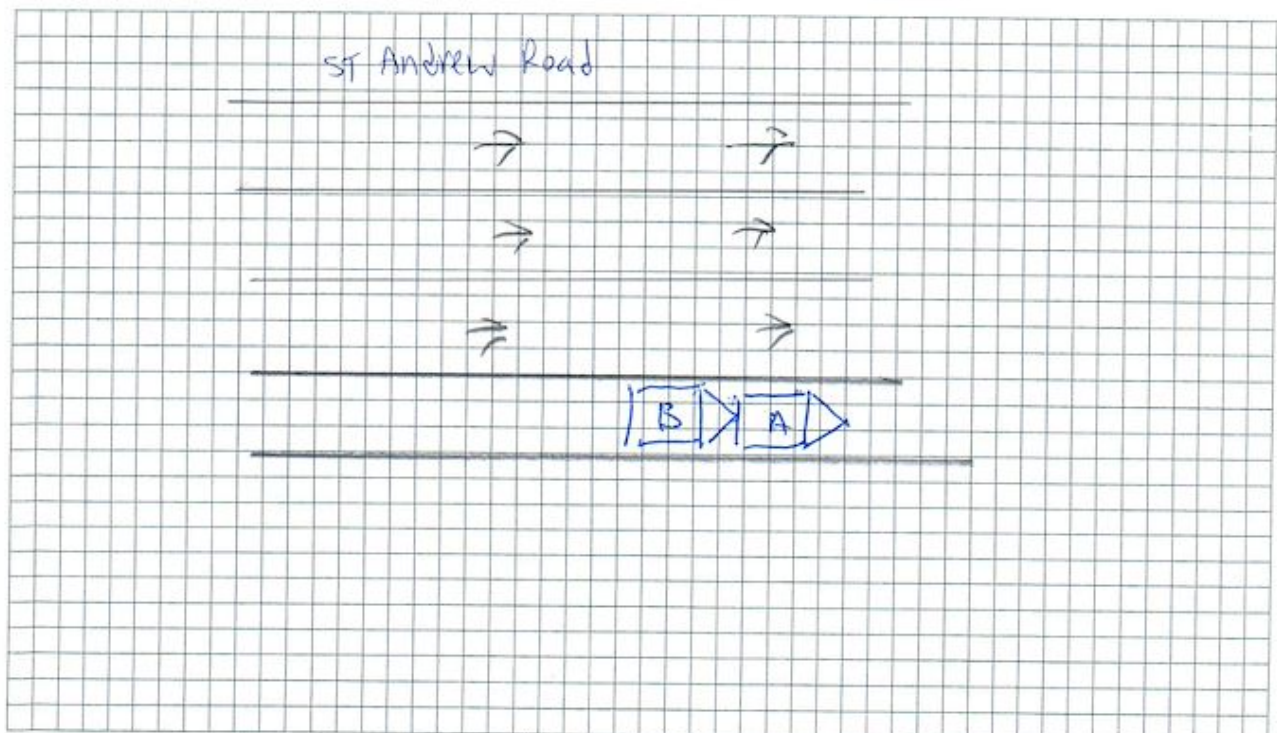
Policyholder's Signature / Date &amp; Time



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

Witnessed by Reporting Centre Personnel

23/11/2022



A: SLC 34510


B: SJN 5200

## Describe Circumstances of the Accident

Refer to Police Report No: T/2022/1122/2067

Declaration

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

Policyholder's Signature /  
Date & TimeDriver's Signature (If driver is not  
the policyholder) / Date & Time 23/11/2022Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20221122/2067

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Report No. T/20221122/2067

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JONATHAN PHAY WEE CHONG	ID No.	S9316141F
Related Vehicle	SJM520D (Car)	Contact No.	97865363
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
<b>Driver</b>			
Name	PANG KAM YUEN	ID No.	S1183058G
Related Vehicle	SLC3451D (Car)	Contact No.	98374789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN KWEE LAN	ID No.	S1245143A
Related Vehicle	SLC3451D (Car)	Contact No.	96922300
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	Slight

**Brief Details.**

On 21/11/2022 at 1920hrs, I was driving my vehicle SLC3451D along St Andrew Road. I was on the extreme right lane and my wife was in the vehicle with me. My vehicle came to a halt at the traffic light near to the Singapore Recreation Club. Suddenly, I felt a sharp impact from the rear. I came out to make a check and a vehicle SJM520D has collided onto my vehicle. The rear of my vehicle was heavily damaged and the boot could not be closed. We then exchanged particulars and left.

On 22/11/2022 at 1500hrs, my wife and I went to see doctor at Mount Alvernia Hospital as I sprained my neck and felt numbness on my right hand. My wife was having cramp on her left leg. The doctor gave both of us 5 days of MC each.





































# SINGAPORE POLICE FORCE



T/20221122/2067

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569929  
Tel No: 1800-4519999

Report No. T/20221122/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2022 17:02	Vide Report No.:	Station Diary No.: 86
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### Informant's Particulars

Name of Informant: PANG KAM YUEN			Address: APT BLK 173C PUNGGOL FIELD #03-619 SINGAPORE 823173	
ID Type / ID No.: NRIC NO / S1183058G			Contact No.:	Mobile: 98374789
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 66	Date of Birth: 06/05/1956	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2022 19:20	Type of Location:
Location:  SAINT ANDREW'S ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM520D	Car				Slightly Damaged	1
SLC3451D	Car				Seriously Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE  
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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
<b>Driver</b>			
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CONTINUATION OF REPORT



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Report No. T/20221122/2067

**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 NICHOLAS WONG WEN  
EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/11/2022 17:02

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168