

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	27/01/2023 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/01/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE NEAR POLICE ACADEMY TOWRDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV1616C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FANG CHEE YOONG
NRIC No	S1781675F
Email Address	BOWLERSCLINIQUE@YAHOO.COM
Mobile Phone No	(Phone) +65-90922922
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000968621-01

DRIVER

Name of Driver	FANG CHEE YOONG
NRIC No	S1781675F
Date Of Birth	20/02/1966
Occupation	Indoor

Date Of Driving Pass	09/05/1984
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90922922
Alt. Phone Number	-
Email Address	BOWLERSCLINIQUE@YAHOO.COM
Address	BLK 434 CHOA CHU KANG AVENUE 4 #03-555
Address complement	-
Postcode	S680434
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	6
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	CHIEW NING TSE
Gender	Female

PASSENGER 2

Name	CHIEW SAY SENG
Gender	Male

PASSENGER 3

Name	FOO CHEE ENG
Gender	Female

PASSENGER 4

Name	FANG BREANA
Gender	Female

PASSENGER 5

Name	FANG JIN MING BREANAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900

Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SNH9760Y
Vehicle Manufacturer	Byd
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAH KOK KEAN
NRIC No	S1237185C
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	SLD9965T
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAGOTHAMAN RAGHAVENDRAN
NRIC No	S7279120G
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	SNE242B
Vehicle Manufacturer	Volvo
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) -

INJURED PERSONS DETAILS

INJURED 1

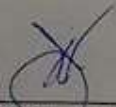
Name of injured person	CHIEW NING TSE
Gender	Female
Phone No	(Phone) +65-83220404
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT.
Injured person in which vehicle?	SBV1616C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstance of the Accident

As per report no. T/20230126/7135

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 Person
(Name as in NRIC/ID card)



SKETCH PLAN

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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

Police Academy

A = SBV1616C

B = SNH9760Y

C = SLD9965T

D = SNE292B

PIE TO Changi

B A C D































**SINGAPORE
POLICE FORCE**



T/20230126/7135

1 of 4

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

Report No: T/20230126/7135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 14:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: FANG CHEE YOONG		Address: 434 CHOA CHU KANG AVENUE 4 #03-555 SINGAPORE 680434	
ID Type / ID No.: NRIC NO / S1781675F		Contact No.: Home/Office: Mobile: 90922922	
Nationality: SINGAPORE CITIZEN		Email: BOWLERSCLINIQUE@YAHOO.COM	
Sex: Male	Age: 56	Date of Birth: 20/02/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retail of Bowling Equipment		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2023 14:30	Type of Location: Straight Road
Location: WHITLEY ROAD				
Weather: Raining		Road Surface: Wet		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBV1616C	Car	TOYOTA	VELLFIRE 2.5Z G-EDITION CVT 2WD 5DR	White	Slightly Damaged	6

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230126/7135

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

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Report No: T/20230126/7135

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBV1616C	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000968621	18/03/2022	17/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHIOU NING TSE	ID No.	S7707294B
Related Vehicle	SBV1616C (Car)	Contact No.	83220404
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/01/2023	Date	25/01/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	FANG CHEE YOONG	ID No.	S1781675F
Related Vehicle	SBV1616C (Car)	Contact No.	90922922
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Accident took place on 23Jan around 230pm, along PIE near Police Academy towards Changi.

I was travelling on the first lane as I already saw there was a collision in front, I managed to stop in time with approx. 1m from the front car SLD9965T.

Shortly after, the vehicle behind SNH9760Y hit my rear when I was on stationary and pushed me forward to hit the front car. As there was no serious injury on the spot so we took pictures of the vehicles and exchanged particulars.

During the collision, my wife was napping at the front passenger seat and she woke up in shock. She did expressed neck strained & left foot pain but as there was no serious injury, we move on.

On 24Jan, she felt headache and nauseous at night, ate 2 panadol and went to sleep. On



**SINGAPORE
POLICE FORCE**



T/20230126/7135

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

Report No: T/20230126/7135

CONTINUATION OF REPORT

25Jan, we went to Mt Avernia A&E as she felt her neck was getting more uncomfortable. She was given 3 days medical certificate, and prescribed with Anarex, Diclofenac, Kefentech Plaster and Omeprazole. She was advised to return for further check if the pain still persist.



**SINGAPORE
POLICE FORCE**



T/20230126/7135

4 of 4

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

Report No: T/20230126/7135

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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


Date/Time:
26/01/2023 14:14

Classification Of Case:

Allianz Insurance Singapore Pte. Ltd.
 Company Registration No. : 201903913C
 GST Registration No. : 201903913C
 Address: 79 Robinson Road #09-01 Singapore 068897
 Tel: +65 6714 3369
 Website: www.allianz.sg

Allianz Contact Centre
 Tel: 1800 222 1818 (Local)
 +65 6222 1919 (Overseas)

Email: customerservice@allianz.com.sg

Allianz 

CERTIFICATE OF INSURANCE

FORM MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000968621-01
 Coverage : COMPREHENSIVE
 Policyholder Name : FANG CHEE YOONG
 Registration No. : SBV1616C
 Period of Insurance : 18 MARCH 2022 to 17 MARCH 2023

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:


- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of 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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

15 February 2022
 Issued Date


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Account Code : 0000347
 Excess:
 Own Damage Excess
 Windscreen Excess

SGD	600.00
SGD	100.00