

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	13/02/2023 15:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/02/2023 17:15 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT6663U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lam Sian Tang
NRIC No	S6800932D
Email Address	GCB_1961@hotmail.com
Mobile Phone No	(Phone) +65-90016789
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124848429-01

DRIVER

Name of Driver	Lam Sian Tang
NRIC No	S6800932D
Date Of Birth	26/01/1968
Occupation	Outdoor

Date Of Driving Pass	26/05/1994
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90016789
Alt. Phone Number	-
Email Address	GCB_1961@hotmail.com
Address	Blk 70 Circuit Road #10-61
Address complement	-
Postcode	370070
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	6
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	Unknown
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attachment police report no: T/20230212/2039.

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	Video Footage with Workshop

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8380U
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	GBH3061M
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJV2637R
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	JMM9811
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)	3

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SH6755L
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)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Unknown
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDT6663U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Unknown
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDT6663U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Unknown
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3061M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

Veh A - SDT 6663U Veh E - SJV 2637R

Veh B - GBH 3061M Veh F - SH6755L

Veh C - JMM 9811

Veh D - SHB 8380U

Describe Circumstance of the Accident

Refer to Police Report - T/20230212/2039.

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)











































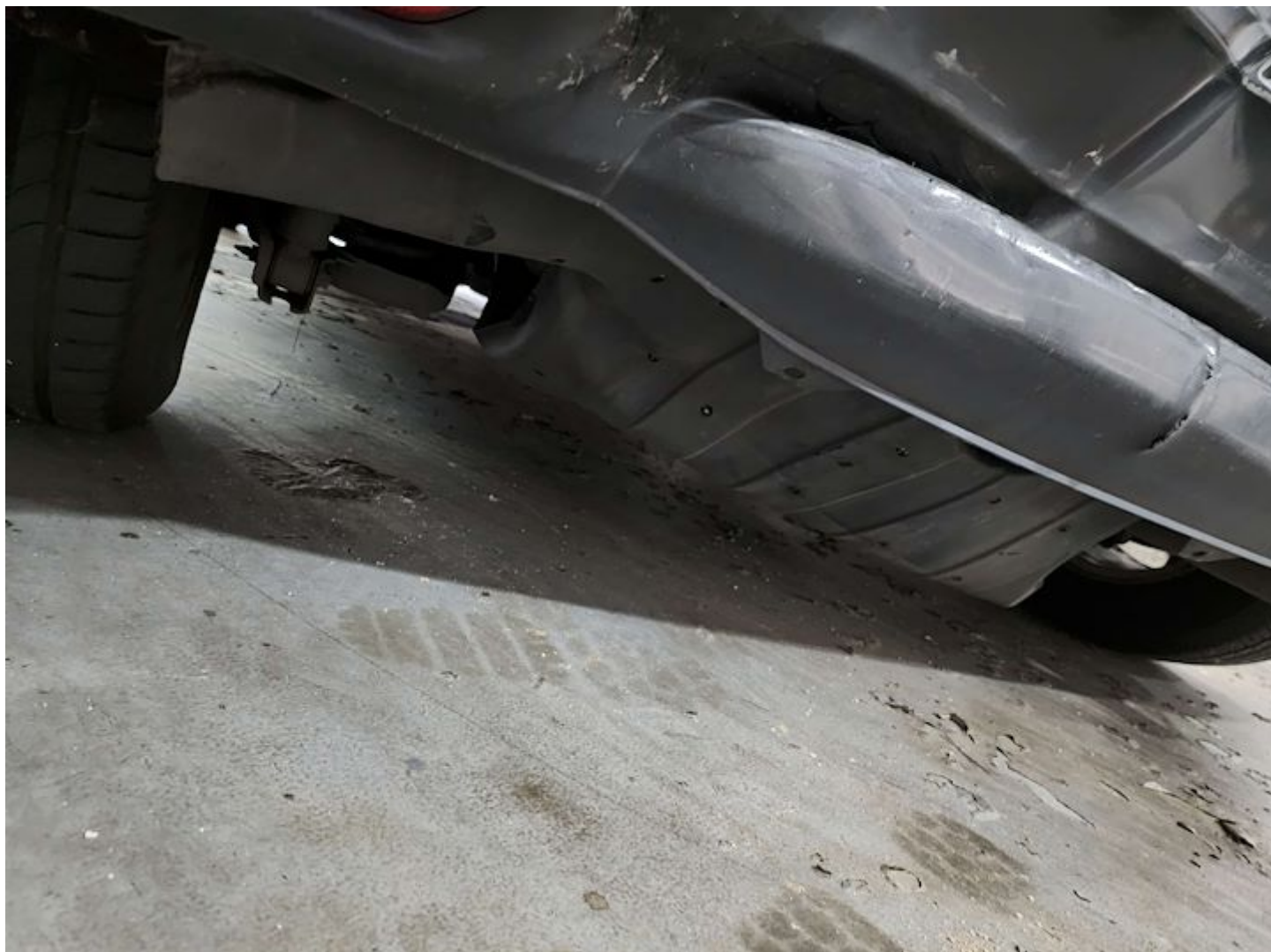



































**SINGAPORE
POLICE FORCE**


T/20230212/2039

1 of 3

Report No.: T/20230212/2039

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2023 15:58	Vide Report No.: L/20230211/0110	Station Diary No.: 22
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Informant's Particulars

Name of Informant: LAM SIAN TANG			Address: APT BLK 70 CIRCUIT ROAD #10-61 SINGAPORE 370070		
ID Type / ID No.: NRIC NO / S6800932D			Contact No.: Home/Office: Mobile: 90016789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/01/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/02/2023 17:15	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Lamp Post Number: 226	Road Surface: Dry		Road Speed Limit:	
Weather: Clear	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION INVOLVING 6 VEHICLES				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3061M	Lorry	KIA	K2500 6MT	White	Seriously Damaged	0
JMM9811	TRUCK				Seriously Damaged	0
SDT6663U	Car	HONDA	VEZEL HYBRID 1.5X A	White	Seriously Damaged	1
SH6755L	TAXI				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230212/2039

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230212/2039

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB8380U	TAXI	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Silver	Slightly Damaged	0
SJV2637R	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Brown	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDT6663U	NTUC Income Insurance Co-Operative Limited	5124848429-01	14/12/2022	13/12/2023

Brief Details.

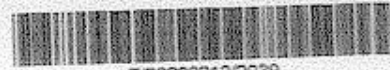
On the 11th of February 2023 at about 1715hrs, I was driving my vehicle bearing registration plate number SDT6663U, along Yishun Ave 1 heading to send my passenger whom I had picked up from 254 Kim Keat Ave via Grab (booking reference: A-4IDOHFLGWGTH). I was on the way to send my passenger to Brother Motor located at the vicinity of Yishun Industrial Park A. While I was at Yishun Ave 1 (Yishun Dam), near to lamppost 226, all of a sudden, I felt an impact from the rear of my vehicle. The impact caused my vehicle to surge forward and resulted in a chain collision. I got out and saw that the chain collision involved 6 vehicles (including my vehicle). The following vehicles were involved in the chain collision order and the damages as follows:

- 1st vehicle: SHB8380U, rear bumper dented
- 2nd vehicle: SJV2637R, front and rear bumper dented
- 3rd vehicle: SH6755L, front and rear bumper dented
- 4th vehicle: SDT6663U, front bumper and bonnet dented, rear windscreen smashed and rear bumper dented inwards
- 5th vehicle: GBH3061M, front bumper and rear portion dented
- 6th vehicle: JMM9811, front bumper dented

For the above 4th till 6th vehicles, all of the headlights, were damaged also. Traffic Police and Ambulance were called in and the driver of the 5th vehicle (GBH3061M) was conveyed to hospital, however, I am unsure of which hospital. The drivers of the first 2 vehicles (SHB8380U and SJV2637R), drove off after exchanging particulars with the rest of us - whereas the remaining 4 other vehicles (SH6755L, SDT6663U, GBH3061M and JMM9811) waited for tow truck to tow our vehicles, as it was not safe for us to drive our vehicles in the current state and condition.



SINGAPORE POLICE FORCE



T/20230212/2039

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Report No. T/20230212/2039

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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:

G /
SGT 3 MUHAMMAD ARIF BIN
HAIRUDIN

A

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

NP168

Signature Of Informant:

[Handwritten Signature]

Date/Time:
12/02/2023 15:58

Classification Of Case:

