

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	23/02/2023 15:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/02/2023 08:26 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS NEAR MOUNT PLEASANT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3568C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG WEIHAN
NRIC No	SXXXX570H
Email Address	evantas@gmail.com
Mobile Phone No	(Phone) +65-96466865
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210123542

DRIVER

Name of Driver	HUANG WEIHAN
NRIC No	SXXXX570H
Date Of Birth	06/05/1981
Occupation	Indoor

Date Of Driving Pass	10/04/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96466865
Alt. Phone Number	-
Email Address	evantas@gmail.com
Address	61 KAMPONG ARANG ROAD #05-02A
Address complement	-
Postcode	438181
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	5
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230223/2020

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	SMH9851E
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHOON CHEE KONG
NRIC No	SXXXX461F
Contact Number	(Phone) +65-97393904
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	HUANG WEIHAN
Gender	Male
Phone No	(Phone) +65-96466865
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC3568C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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/are 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.

<p><i>[Signature]</i> Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> 23/07/2023 Witnessed by Reporting Centre Personnel</p>					
<p>Sketch Plan: PIE TOWARDS JUALS NEAR MOUNT PERAKANT EXIT</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Sketch Plan</p> <p>PIE TOWARDS JUALS NEAR MOUNT PERAKANT EXIT</p> </div> <div style="width: 65%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">A</td></tr> <tr><td style="text-align: center;">B</td></tr> <tr><td style="text-align: center;">C</td></tr> <tr><td style="text-align: center;">D</td></tr> <tr><td style="text-align: center;">E</td></tr> </table> </div> </div> <div style="margin-top: 20px;"> <p>(A) SNC 3568C</p> <p>(B) SMH 9851E</p> <p>(C)</p> <p>(D)</p> <p>(E)</p> </div>			A	B	C	D	E
A							
B							
C							
D							
E							


Describe Circumstances of the Accident

Ref to Police Report No. 7/20230223/2020

Declaration

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

 23/02/2023
Witnessed by Reporting Centre Personnel





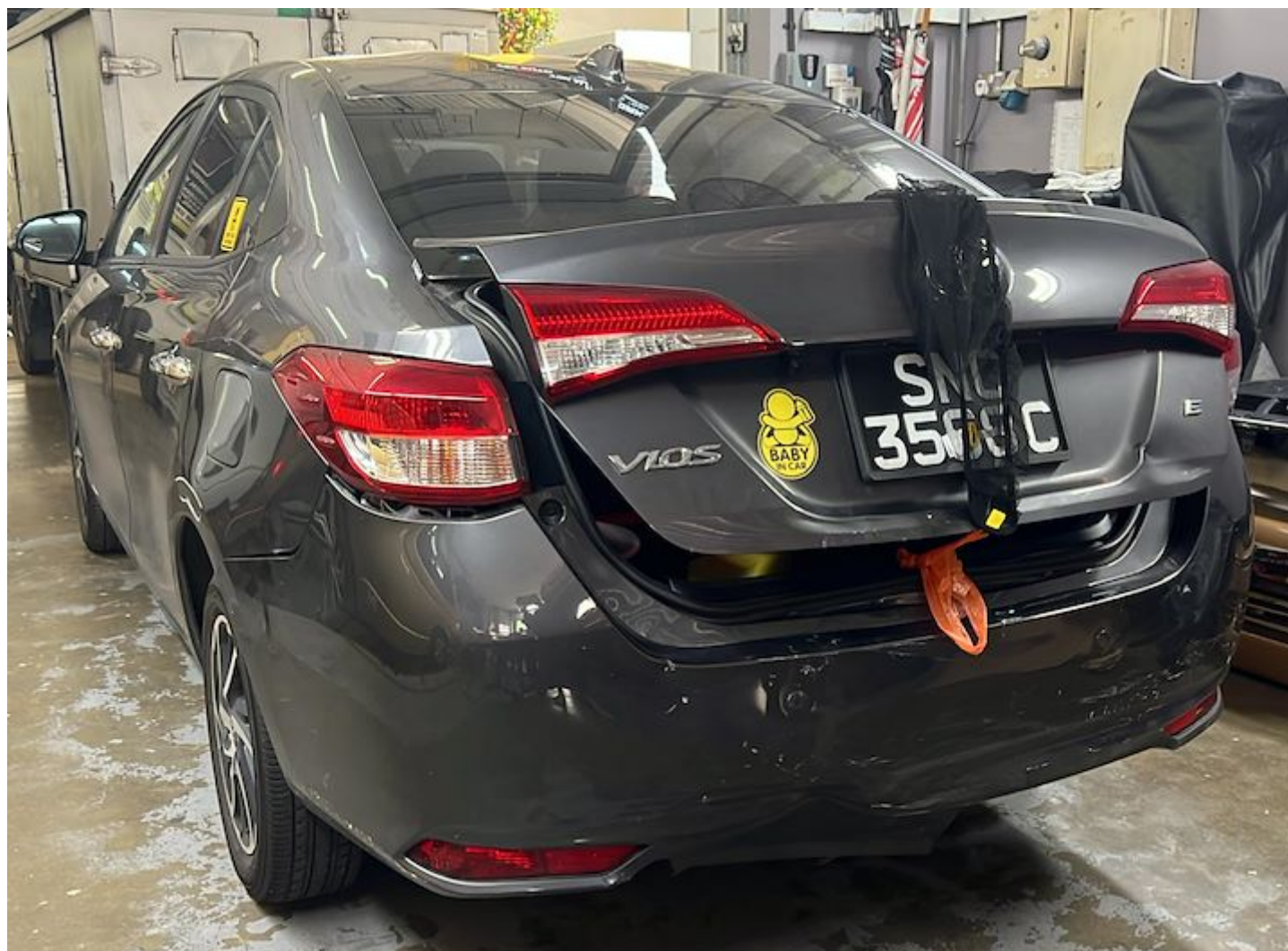

















**SINGAPORE
POLICE FORCE**


T/20230223/2020

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Report No. T/20230223/2020

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2023 12:38		Vide Report No.:	Station Diary No.: 13
Informant's Particulars			
Name of Informant: HUANG WEIHAN		Address: BLK 61 KAMPONG ARANG ROAD #05-02A SINGAPORE 438181	
ID Type / ID No.: NRIC NO / S8112570H		Contact No.: Home/Office: Mobile: 96466865	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 06/05/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: HEAD OF SENIOR SERVICE		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 08:25	Type of Location: EXPRESSWAY
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	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	Condition	No of Passenger
SMH9851E	Car	HONDA	FIT HYBRID 1.5 AUTO	Grey	Seriously Damaged	1
SNC3568C	Car	TOYOTA	VIOS (E) 4-DOOR SEDAN (AUTO) (2WD)	Grey	Slightly Damaged	0



**SINGAPORE
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T/20230223/2020

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Report No. T/20230223/2020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNC3568C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210123542	15/10/2021	14/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PHOON CHEE KONG		ID No.	S8716461F
Related Vehicle	SMH9851E (Car)		Contact No.	97393904
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
Driver				
Name	HUANG WEIHAN		ID No.	S8112570H
Related Vehicle	SNC3568C (Car)		Contact No.	96466865
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 23/02/2023 at about 0826hrs, I was driving along PIE towards Tuas near Mount Pleasant exit, and I was driving at the 1st lane. The traffic was heavy, and the road was dry. As I was driving, there is a car in front of me, SNC9790L, that had engaged his brakes. I managed to stop on time, but I suddenly felt and impact from the rear of my car. I then felt a couple more impacts coming from the rear.

I stopped and got out of the car, and I saw that there was a chain collision that had happened involving 5 cars. The car that had directly collided onto the rear of my car was SMH9851E, the driver of the car and myself was fine and did not need any medical assistance that time. However, one of the drivers amongst the 5 cars was injured and was conveyed to the hospital. The traffic police also came to scene.

I exchanged particulars with the driver of SMH9851E and after that, I drove off under the instructions of the traffic police.



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Tel No: 1800-5679999



T/20230223/2020

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Report No. T/20230223/2020

CONTINUATION OF REPORT



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POLICE FORCE**

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SINGAPORE 650370
Tel No: 1800-5679999



T/20230223/2020

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Report No. T/20230223/2020

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:

J /

SGT 2 MUHAMMAD KHAIRUL
AMIRIN BIN MOHD YAZED

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Signature Of Informant:

Date/Time:

23/02/2023 12:38

Classification Of Case:

NP168