

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	18/04/2023 16:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 07:15 (SGT)
Exact Location of Accident	Near 560 Bukit Batok Industrial Park A, Singapore 658115
Additional Location Information	PIE TOWARDS CHANGI, TOH GUAN EXIT 30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD829A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PO XIAO LUN
NRIC No	S8134325Z
Email Address	POXIAOLUN@ICLOUD.COM
Mobile Phone No	(Phone) +65-86906891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1598

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004607621-01

DRIVER

Name of Driver	PO XIAO LUN
NRIC No	S8134325Z
Date Of Birth	16/10/1981
Occupation	Outdoor

Date Of Driving Pass	13/03/2008
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86906891
Alt. Phone Number	-
Email Address	POXIAOLUN@ICLOUD.COM
Address	BLK 663D JURONG WEST ST 65
Address complement	#12-227
Postcode	644663
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	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)	4
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	CHARISSA PO SHI NING
Gender	Female

PASSENGER 2

Name	JOSLYN THAM SAU MUN
Gender	Female

PASSENGER 3

Name	MIKAELYN PO SHI HAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT

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 SKZ6111G
 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 SJL8582C
 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 3

Vehicle Registration Number SHD3276K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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	CHARISSA PO SHI NING
Gender	Female
Phone No	-
Address	BLK 663D JURONG WEST ST 65
Address Complement	#12-227
Post Code	644663
Approximate Age Years Old	-
Injuries Sustained	BRUISES ON HER LOWER GUM AND CHIN AREA. COMPLAIN
	PAIN ON ONE OF HER EARS
Injured person in which vehicle?	SKD829A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PO XIAOLUN
Gender	Male
Phone No	(Phone) +65-86906891
Address	BLK 663D JURONG WEST ST 65
Address Complement	#12-227
Post Code	644663
Approximate Age Years Old	-
Injuries Sustained	PAIN ON SHOULDER AND NECK
Injured person in which vehicle?	SKD829A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	JOSLYN THAM SAU MUN
Gender	Female
Phone No	(Phone) +65-88771816
Address	BLK 663D JURONG WEST ST 65
Address Complement	#12-227
Post Code	644663
Approximate Age Years Old	-
Injuries Sustained	LEFT HAND AND SHOULDER
Injured person in which vehicle?	SKD829A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MIKAELYN PO SHI HAN
Gender	Female
Phone No	-
Address	BLK 663D JURONG WEST ST 65
Address Complement	#12-227
Post Code	644663
Approximate Age Years Old	-
Injuries Sustained	PAIN ON ONE OF HER EAR AND RIGHT ANKLE AREA
Injured person in which vehicle?	SKD829A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Describe Circumstance of the Accident

As per police report.

Declaration

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

Policyholder's Signature / Date & Time

RB

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

RB



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









**SINGAPORE
POLICE FORCE**



T/20230417/2093

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20230417/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 18:47	Vide Report No.:	Station Diary No.: 160
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Informant's Particulars

Name of Informant: PO XIAOLUN			Address: APT BLK 663D JURONG WEST STREET 65 #12-227 SINGAPORE 644663		
ID Type / ID No.: NRIC NO / S8134325Z			Contact No.: Home/Office: Mobile: 86906891		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 16/10/1981	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: F&B 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: 17/04/2023 07:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage 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
SHD3276K	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	0
SKD829A	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Black	Slightly Damaged	4



**SINGAPORE
POLICE FORCE**



T/20230417/2093

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20230417/2093

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ6111G	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT	Blue	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKD829A	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2004607621	27/03/2023	26/03/2024	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	CHARISSA PO SHI NING		ID No.	T1641256I	
Related Vehicle	SKD829A (Car)		Contact No.	NIL	
Hospital/Clinic	EXCELSIOR CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	17/04/2023		Date Discharge	17/04/2023	
No. of Days granted Medical Leave	01		Degree of Injury	Slight	
Driver					
Name	PO XIAOLUN		ID No.	S8134325Z	
Related Vehicle	SKD829A (Car)		Contact No.	86906891	
Hospital/Clinic	EXCELSIOR CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	17/04/2023		Date Discharge	17/04/2023	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20230417/2093

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20230417/2093

CONTINUATION OF REPORT

Passenger			
Name	JOSLYN THAM SAU MUN	ID No.	S9021598A
Related Vehicle	SKD829A (Car)	Contact No.	88771816
Hospital/Clinic	EXCELSIOR CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2023	Date Discharge	17/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MIKAELYN PO SHI HAN	ID No.	T1511779B
Related Vehicle	SKD829A (Car)	Contact No.	NIL
Hospital/Clinic	EXCELSIOR CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2023	Date Discharge	17/04/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am the driver of vehicle bearing SKD829A.

On 17/04/2023 at about 0715hrs, I was travelling along PIE on the right most lane of a 3-lane road. After PIE Exit 30, I observed a taxi bearing SHD3276K stopped his vehicle at the right most lane. I was able to stop my vehicle on time, however the car bearing SKZ6111G behind me unable to stop in time and collided with my vehicle. The impact caused my vehicle to inch forward causing my vehicle to collide with the taxi in front of my vehicle. I then came down of my vehicle to make a check and discovered that I was involved in a chain collision with more 10 vehicles. My vehicle's rear bumper was dented due to the collision.

I experience pain on my shoulder and neck. My wife namely JOSLYN THAM SAU MUN at the passenger seat experience left hand and shoulder. My first daughter namely MIKAELYN PO SHI HAN experience pain on one of her ear and right ankle area. My second daughter namely CHARISSA PO SHI NING have bruises on her lower gum and chin area, and she complaint pain on one of her ears. We have seen a doctor and was given MCs. I took some pictures and left scene. I wished to state that I have an in-car camera, however I am unsure if it is still working.

I am lodging this report for my insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20230417/2093

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20230417/2093

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SCSGT(1) LIM YE KAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2023 18:47

Officer In Charge Of Case:

TP / AEIT /

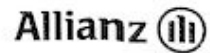
SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2004607621-01
 Date of Issue : 23 February 2023
 Coverage : Comprehensive
 Policyholder : PO XIAOLUN
 Period of Insurance : 27 March 2023 to 26 March 2024(both dates inclusive)
 Registration No. : SKD829A
 Chassis number of Vehicle : WDD2050402R252448

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 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.

23 February 2023

Issued Date

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

Intermediary Code : 0000373 | INSURANCE SG AGENCY

Excess	: Own Damage	SGD	600.00
	: Windscreen Damage	SGD	100.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg