# **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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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   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 11/10/2021 11:44 (SGT) Date of Accident 09/10/2021 18:20 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information PUNGGOL WAY EXIT ONTO TPE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLE5515E** 

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PAN KOK CHONG NRIC No. S2616752C Email Address PKZHONG@HOTMAIL.COM Mobile Phone No (Phone) +65-97506110 Alternative Phone No +65-97506110

#### VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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? Yes Vehicle Category Private car Transmission Auto CC 1496

#### **INSURANCE COMPANY**

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10401617R01 Cover Note Number

#### DRIVER

Name of Driver **GERALD PAN JIA XIONG** NRIC No. S9528891Z

Date Of Birth 12/08/1995 Occupation Indoor Date Of Driving Pass 16/02/2016 Driving experience 5 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97200668 Alt. Phone Number Email Address GPANATIC@GMAIL.COM Address BLK 916 HOUGANG AVENUE 9 #12-14 Address complement Postcode 530916 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JQA3386 Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? 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 T/20211009/7030 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE (SSGT ALIFF A.) Was there any audio recorded? No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBG3599J

## Accident report SP0U21AB0001

Vehicle Registration Number

Vehicle Manufacturer	Maxus
Vehicle Model	G10
Vehicle Variant	_
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	KAM YONG TIONG
NRIC No	S7139018G
Contact Number	(Phone) +65-90464977
Address	<u>-</u>
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	SLW4167M
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ANG BOON PHENG
NRIC No	S1826052B
Contact Number	(Phone) +65-92955729
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	JQA3386
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LAI WAI KEONG
Passport No/FIN	401696210
Contact Number	(Phone) +65-92423357
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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 GA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Park Chay 1035

Policyholder's Signature / Date & Time

Cum / 11 0CT 2021 1035 HRS

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

Witnessed by Reporting Centre

Sketch Plan

C-SLW 4167 M
D-JQA 3386

R-GBG 3599J
A-SLE 5515E

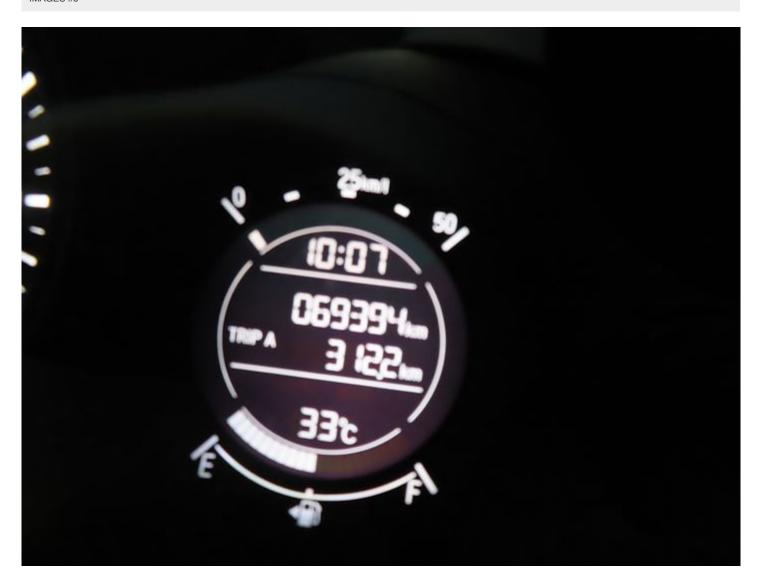
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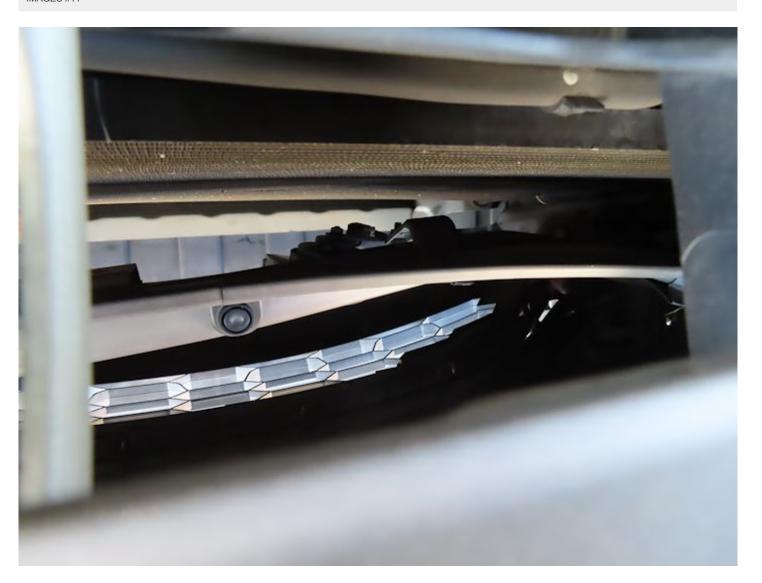
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## 1 of 4 Report No. T/20211009/7030

#### REPORT OF A TRAFFIC ACCIDENT

	e Report N 21 20:52	1ade:	Vide Report No.: F/20211009/0173	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: PAN JIA		Address: 916 HOUGANG AVENUE 9	#12-14 SINGAPORE 530916
ID Type NRIC NO	/ ID No.: ) / S95288	91Z	Contact No.: Home/Office:	Mobile: 97200668
Nationali SINGAP	ty: ORE CITIZ	EN	Email: GPANATIC@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 12/08/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Product Manager			Driving Licence Information: Class: Date of Expiry:	

	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2021 18:20	Type of Location: slip road into TPE	
Location: PUNGGOL W	/AY	,	1	,	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
One Way		Not Controlled		Moderate	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBG3599J	Van	MAXUS	G10	Grey		0
JQA3386	Car	TOYOTA	CAMRY	Black		0
SLE5515E	Car					0
SLW4167M	Car	TOYOTA	CAMRY	Black		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20211009/7030

#### CONTINUATION OF REPORT

Any Dodoctrica L	aughed: No						
Any Pedestrian II			T.I	de et de e	0	· 114	
No. of Pedestrian	is injurea: NIL		Use of Pe	destrian	Cross	sing: NA	
Driver							
Name	KAM YONG TIONG			ID No.		S7139018G	
Related Vehicle	GBG3599J (Van)			Contact No.		90464977	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran							
Driver	too mooroar mouro	77100	Dog. co c.				
Name	LAI WAI KEONG			ID No		401696210	
Related Vehicle	JQA3386 (Car)			Contact No.		92423357	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
	ted Medical Leave	NIL	Degree of		NIL		
Driver		1.3.1-	1 0				
Name	GERALD PAN JIA XIONG			ID No		S9528891Z	
Related Vehicle	SLE5515E (Car)			Conta	ct No.	97200668	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
	ted Medical Leave	Degree of		NIL			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20211009/7030

#### CONTINUATION OF REPORT

Driver					
Name	ANG BOON PHENG		ID No.	S1826052B	
Related Vehicle	SLW4167M (Car)			Contact No	. 92955729
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	, t
No. of Days gran	ted Medical Leave NIL Degre			NIL	

#### Brief Details.

- Yes, have dashcam video, but was seized by the Traffic Police. (SSGT Aliff A.)
   IC: Qhairil, Tel:65475187
- Slip rd from punggol way into TPE
- Travelling on Punggol Way Road
- No, accident not at pedestrian crossing

#### Description:

As I was filtering into the expressway, a few cars in front began to brake abruptly. I heard a loud bang in front and noticed that the car in front of me plate number (GBG 3599J) braking abruptly. I slammed my brakes immediately.

In spite of my best effort, I was not able to stop in time and resulted in a light touch to the rear bumper of the car in front.

My car (SLE 5515E) had a small dent on the front bumper.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20211009/7030

#### CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2021 20:52
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

NP168