

## 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 .....	26/05/2023 15:36 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/05/2023 12:25 (SGT)
Exact Location of Accident .....	Near SLE, Singapore
Additional Location Information .....	SLE 9KM (BEFORE EXIT 9 TO WOODALNDS AVE 12)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDV6676Y
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PHEY TECK ANN DAVID
NRIC No .....	S1612692F
Email Address .....	david.phey@yahoo.com
Mobile Phone No .....	(Phone) +65-91827171
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	23-MQ000442-R02

#### DRIVER

Name of Driver .....	PHEY TECK ANN DAVID
NRIC No .....	S1612692F
Date Of Birth .....	01/02/1963
Occupation .....	Indoor

Date Of Driving Pass .....	04/09/1989
Driving experience .....	33 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91827171
Alt. Phone Number .....	-
Email Address .....	david.phey@yahoo.com
Address .....	30 FERNVALE LINK
Address complement .....	#08-04
Postcode .....	797530
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED DOCUMENTS & VIDEO FOOTAGE

#### 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 .....	XD8543S
Vehicle Manufacturer .....	Scania
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAMASAMY SENTHILKUMAR
Passport No/FIN .....	G7345411K
Contact Number .....	(Phone) +65-86503121
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 .....	PHEY TECK ANN DAVID
Gender .....	Male
Phone No .....	(Phone) +65-91827171
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & SHOULDER ACHE (WHIPLASH)
Injured person in which vehicle? .....	SDV6676Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# IMPORTANT NOTICE

## SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Police Officer and/or the Accident Doctor.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to dispute their 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 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 if needed.

### 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 have 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (shall be collectively referred to as the "Insurers"), the Insurers' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/agency (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 making 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 envelope/email packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

- (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may have 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 lawyer/law firms) which may be held outside of Singapore, for one or more of the above Purposes.

Insured's Signature (Use A Type)

A Type

Driver's Signature (If driver is not the policyholder) (Use B Type)

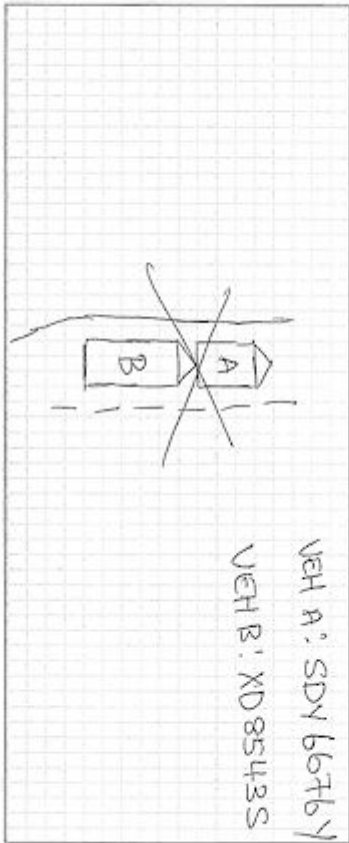
B Type

Witnessed by (Recording Centre Personnel) (Please fill in N/A/CO (if not))

Witnessed by (Recording Centre Personnel)

(Please fill in N/A/CO (if not))

### Sketch Plan



Describe Circumstances of the Accident

Kindly refer to attached Police Report: 4/20230526/7013

**Declaration**  
I/we declare the foregoing particulars are true in every respect.

Principal's Signature / Date & Time

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

**ASTOLUTON INDUSTRIAL PTE LTD**  
SINGAPORE  
TELE: 63402668 / FAX: 6846 7483  
Witnessed by Reporting Cause Personnel  
(Name as in INDCO card)





















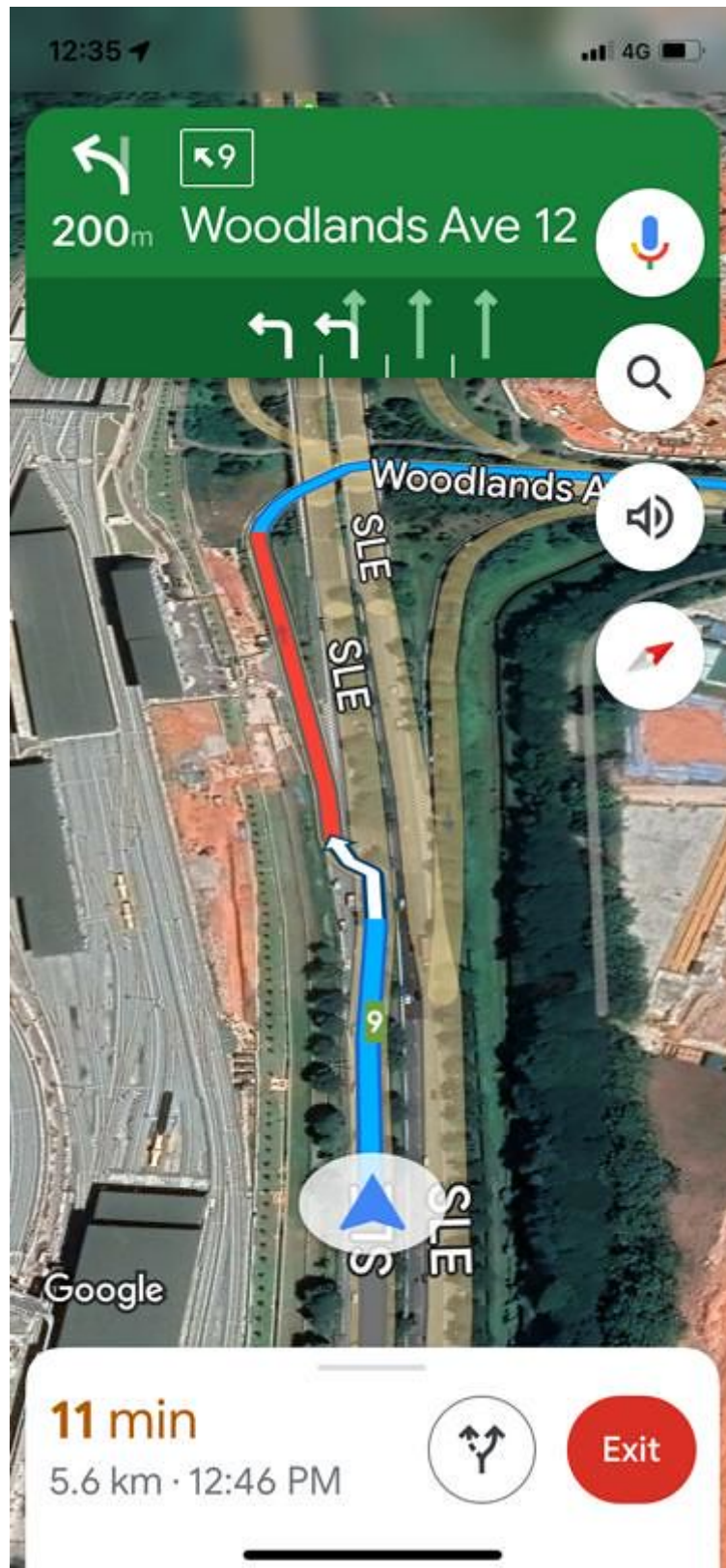




















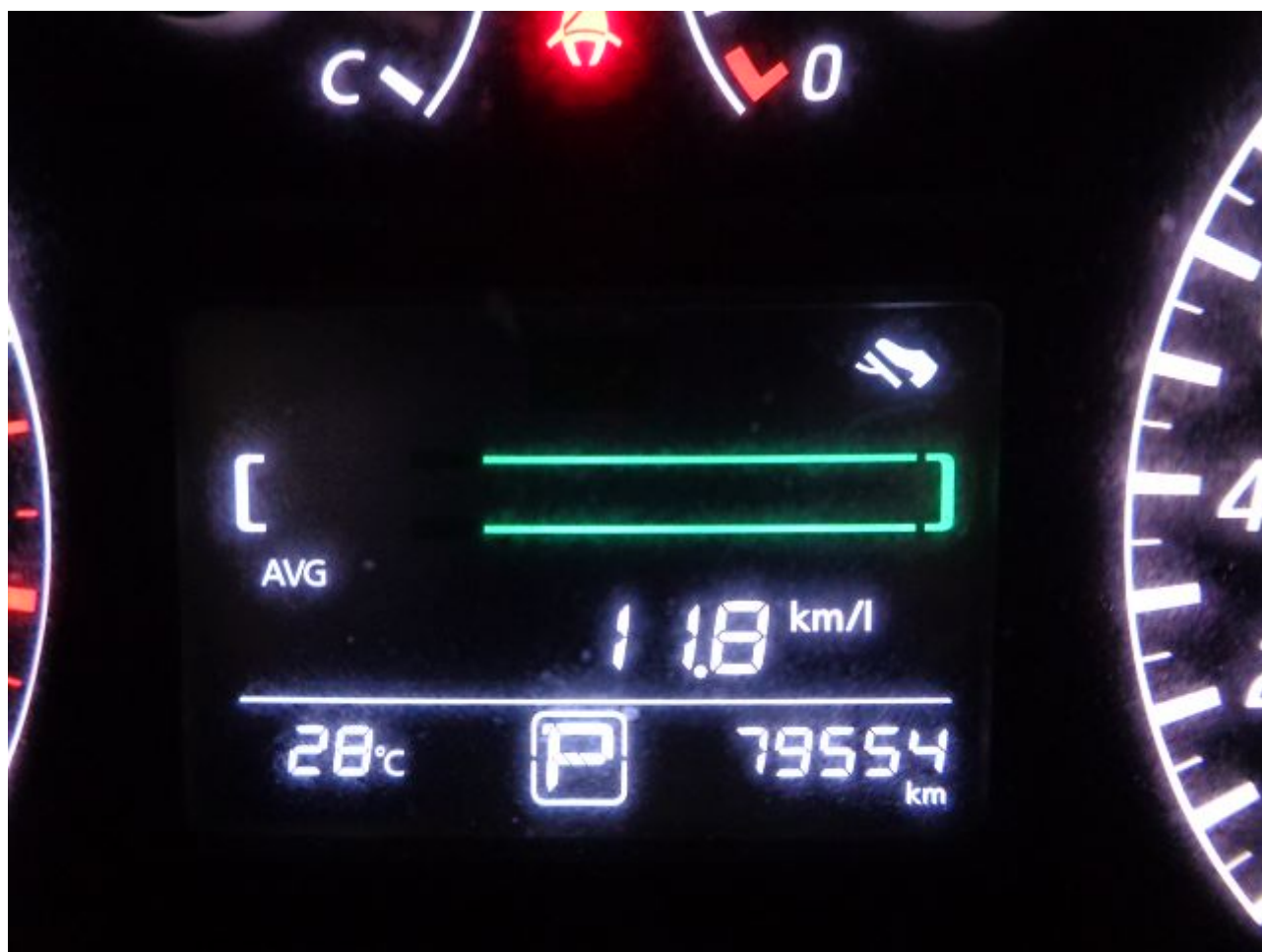






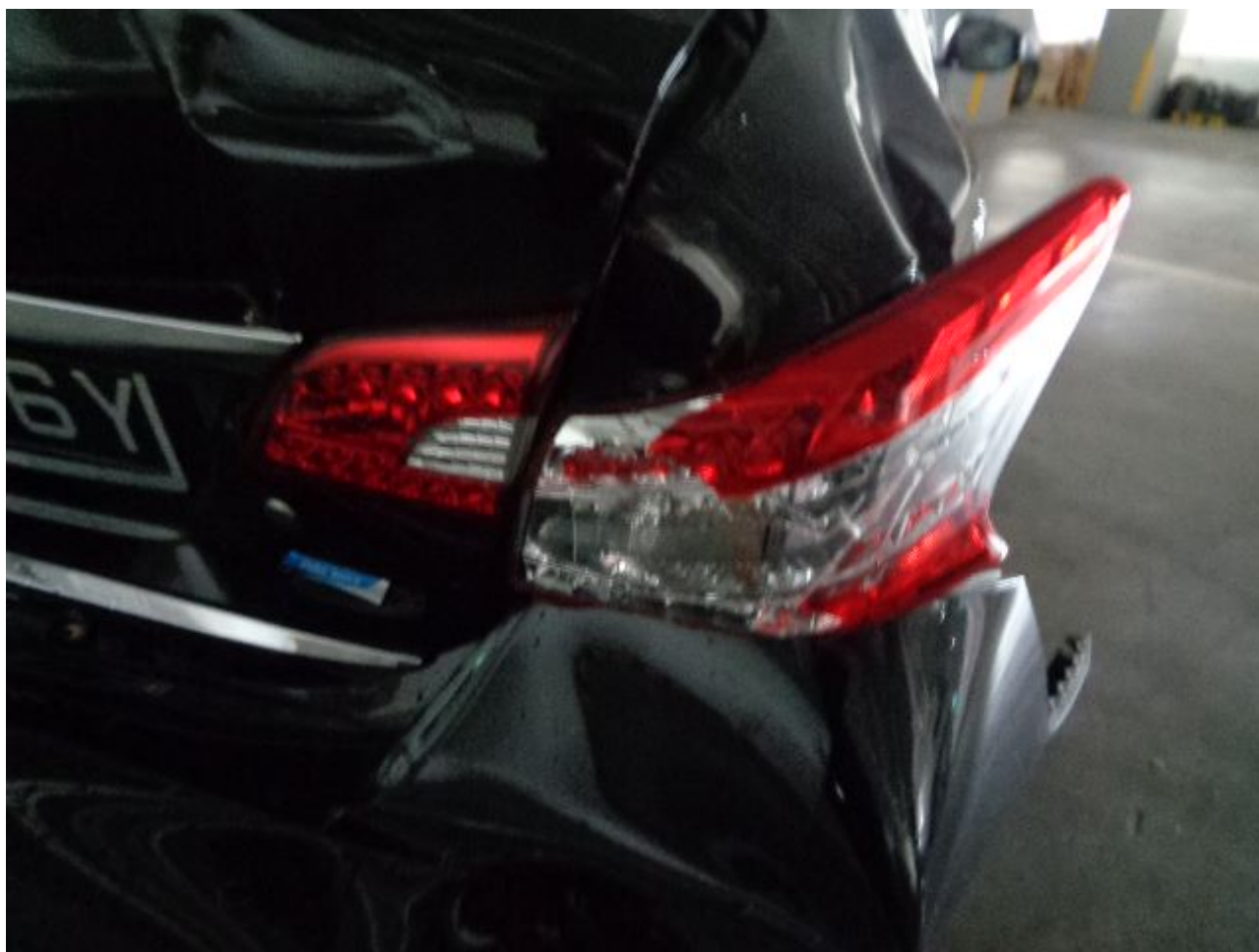












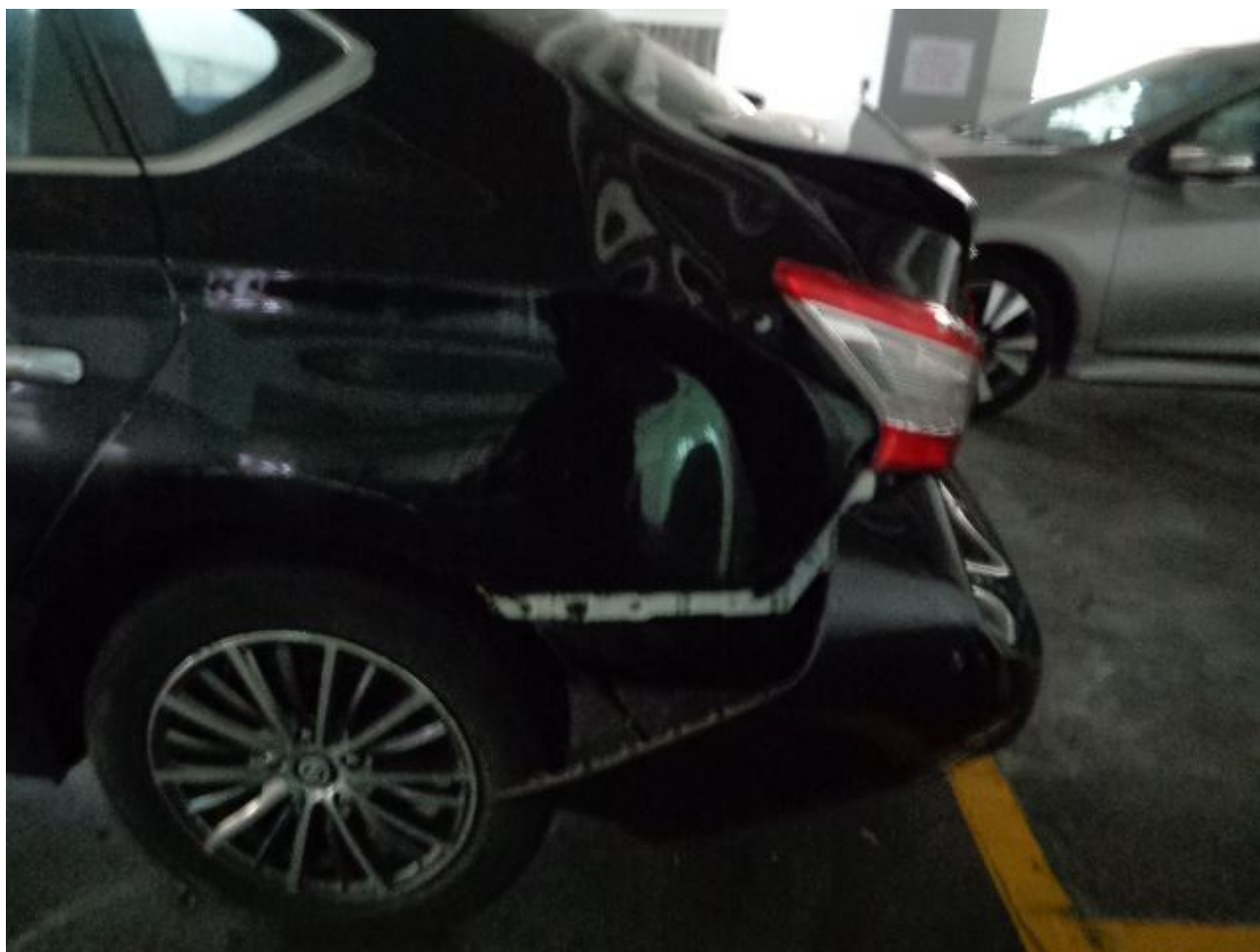












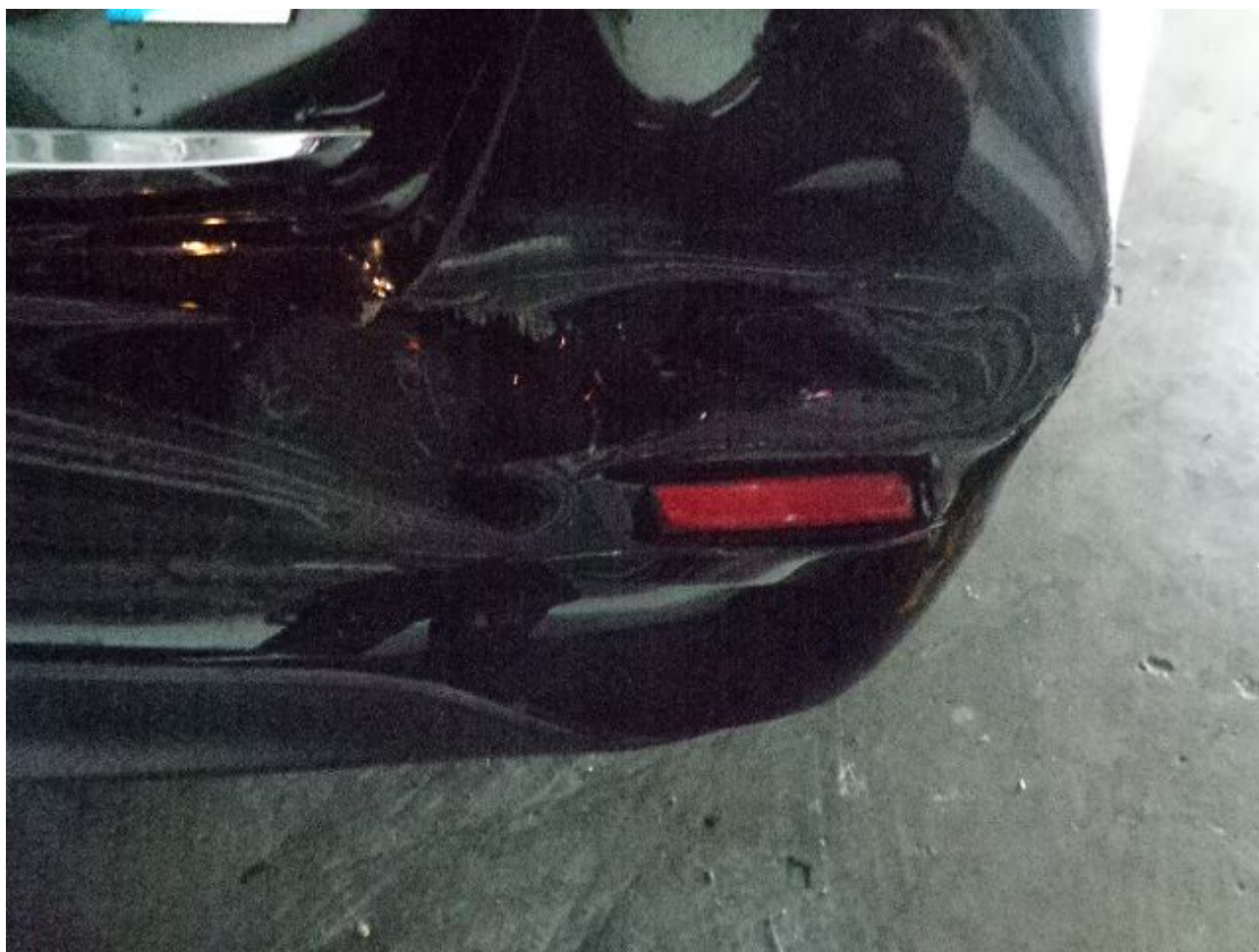




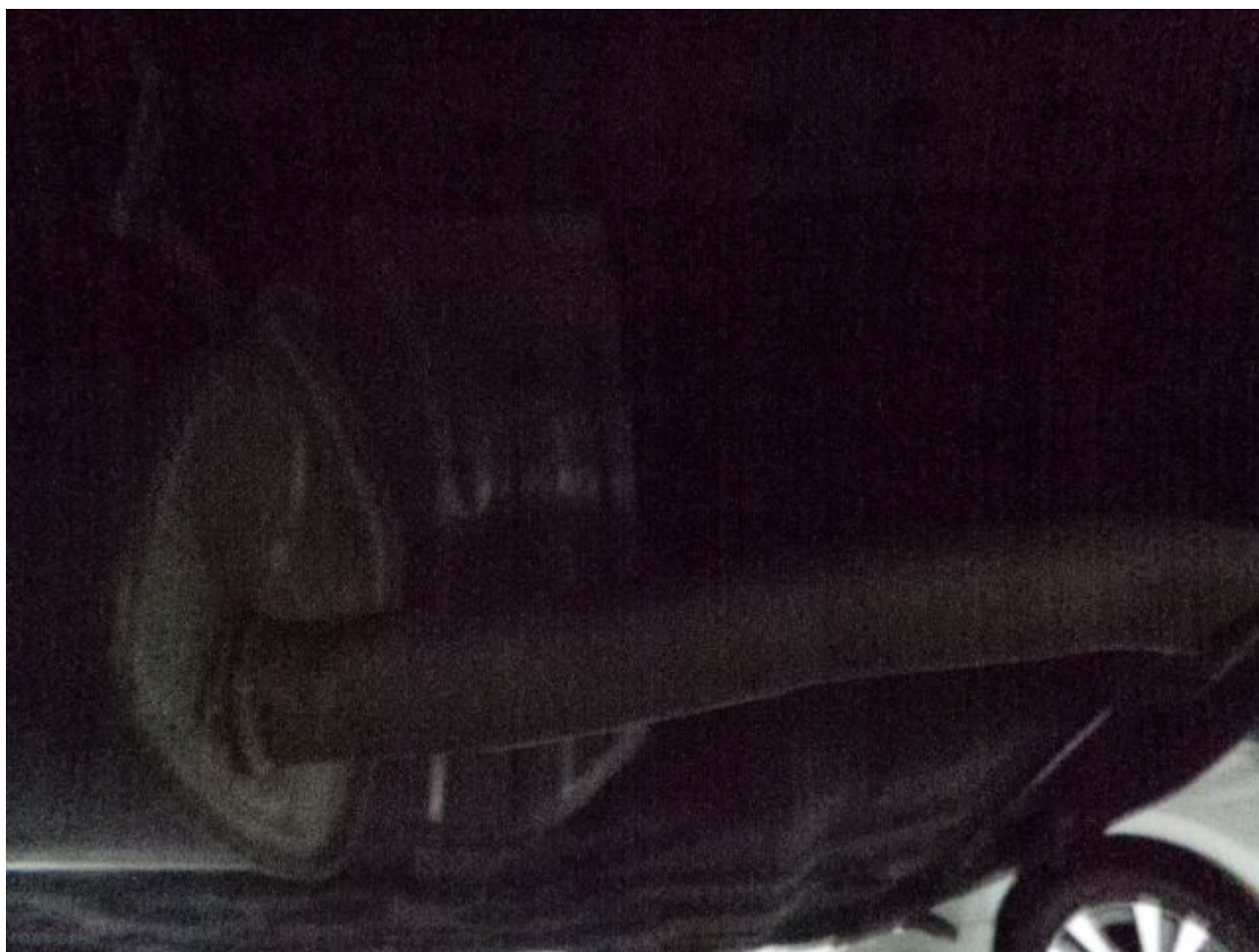














**SINGAPORE  
POLICE FORCE**



L/20230526/7013

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20230526/7013

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 26/05/2023 10:39	Vide Report No.	Station Diary No.
Name Of Informant PHEY TECK ANN DAVID	Address 30 FERNVALE LINK #08-04 SINGAPORE 797530	
ID Type / ID No. NRIC NO / S1612692F	Contact No. Home/Office: Mobile: 91827171	
Nationality SINGAPORE CITIZEN	Email Address DAVID.PHEY@YAHOO.COM	
Occupation Public relations/Corporate communications professional	Sex Male	Age 60
Institution/School Name	Date of Birth 01/02/1963	Race Chinese
Date/Time Of Incident 25/05/2023 12:25 - 25/05/2023 20:30	Location Of Incident SLE 9KM	

**Brief details.**

At or about 12:25pm on 25 May 2023, I was driving my vehicle SDV6676Y on SLE and about to exit at Exit 9 to Woodlands Ave 12. My car was fully in the exit lane and I had slowed and almost fully stopped my car as the exit lane was congested. A container truck XD8543S drove into my car from the rear. He admitted he had not braked in time. I experienced tightness and aches in my shoulder and neck after the accident, and saw a doctor the same evening. I was given an MC for 4 days, prescribed pain medication and advised to monitor closely for possible whiplash effects.

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: 26/05/2023 10:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20230526/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230526/7013

Subjects Involved			
Victim			
Person Name	PHEY TECK ANN DAVID		
ID Type	NRIC NO	ID No	S1612692F
Gender	Male	Age	60
Race	Chinese	Language	English
Occupation	Public relations/Corporate communications professional	Address	30 FERNVALE LINK #08-04 SINGAPORE 797530
Mobile No	91827171	Is Informant A Victim?	Yes
Person Name	PHEY TECK ANN DAVID (Informant)		

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: 26/05/2023 10:39
Officer In-Charge Of Case:	Classification Of Case: