

# 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 .....              | 15/06/2023 16:32 (SGT)                       |
| Reported by .....                     | Actual Driver                                |
| Date of Accident .....                | 14/06/2023 16:15 (SGT)                       |
| Exact Location of Accident .....      | PIE, Singapore                               |
| Additional Location Information ..... | PIE TOWARDS CHANGI SIM AVENUE EXIT SINGAPORE |
| Country/State of Loss .....           | Singapore                                    |

## DETAILS OF OWN VEHICLE

|                                   |        |
|-----------------------------------|--------|
| Vehicle Registration Number ..... | SFN63Z |
|-----------------------------------|--------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | CHOW YEE FUNG (ZOU YIFANG) |
| NRIC No .....                  | S7937990E                  |
| Email Address .....            | EVELYNCHOW9@GMAIL.COM      |
| Mobile Phone No .....          | (Phone) +65-96712307       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                                |
|--|--------------------------------|
| Manufacturer .....   | Honda                          |
| Model .....  | Odyssey                        |
| Variant .....  | HONDA / ODYSSEY ABSOLUTE 2.4 A |
| 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 .....   | 2356                           |

### INSURANCE COMPANY

|   |  |
|---|--|
| Name of Insurance Company .....         | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number ..... | P10360886R02                                       |

### DRIVER

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver ..... | NAH SIANG ONN (LAN XIANGWENG) |
| NRIC No .....        | S7827351H                     |
| Date Of Birth .....  | 30/09/1978                    |
| Occupation .....     | Indoor                        |

|  |   |
|--|---|
| Date Of Driving Pass .....   | 18/09/1999                                    |
| Driving experience .....   | 23 YEARS AND 9 MONTHS                         |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-96830445                          |
| Alt. Phone Number .....  | -   |
| Email Address .....  | LINCLN1978@GMAIL.COM                          |
| Address .....  | BLK 102 LENGKONG TIGA 13-391 SINGAPORE 410102 |
| Address complement .....   | -   |
| Postcode .....   | 410102  |
| Is the driver the policyholder? .....                              | No  |
| If No, Relationship of the Driver with the Insured .....           | Spouse  |
| 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 .....                       | Geylang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008486999             |
| Alt. Police Station Phone No .....              | (Fax) +65-68486799                  |
| Police Station Address .....                    | 1 Cassia Link Singapore 397618      |
| Was notice of intended Prosecution given? ..... | No                                  |
| If yes, against whom? .....                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### ATTACHMENT(S)

|   |     |
|---|-----|
| 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 ..... | YQ7146G |
| Vehicle Manufacturer .....        | -       |

|   |                        |
|---|------------------------|
| Vehicle Model .....                           | -                      |
| Vehicle Variant .....                         | -                      |
| Vehicle Colour .....                          | -                      |
| Vehicle Category .....                        | Commercial vehicle     |
| Name of Driver .....                          | GOVUNDASAMY MANIVANNAN |
| Passport No/FIN .....                         | G6759519Q              |
| Contact Number .....                          | (Phone) +65-93461821   |
| 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 .....                              | NAH SIANG ONN (LAN XIANGWENG)                 |
| Gender .....  | Male  |
| Phone No .....  | (Phone) +65-96830445                          |
| Address .....   | BLK 102 LENGKONG TIGA 13-391 SINGAPORE 410102 |
| Address Complement .....                                  | -   |
| Post Code .....   | 410102  |
| Approximate Age Years Old .....                           | -   |
| Injuries Sustained .....                                  | -   |
| Injured person in which vehicle? .....                    | SFN63Z  |
| Were seat belts worn? .....                               | -   |
| Was this injured conveyed to hospital by ambulance? ..... | -   |

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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**

**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 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:

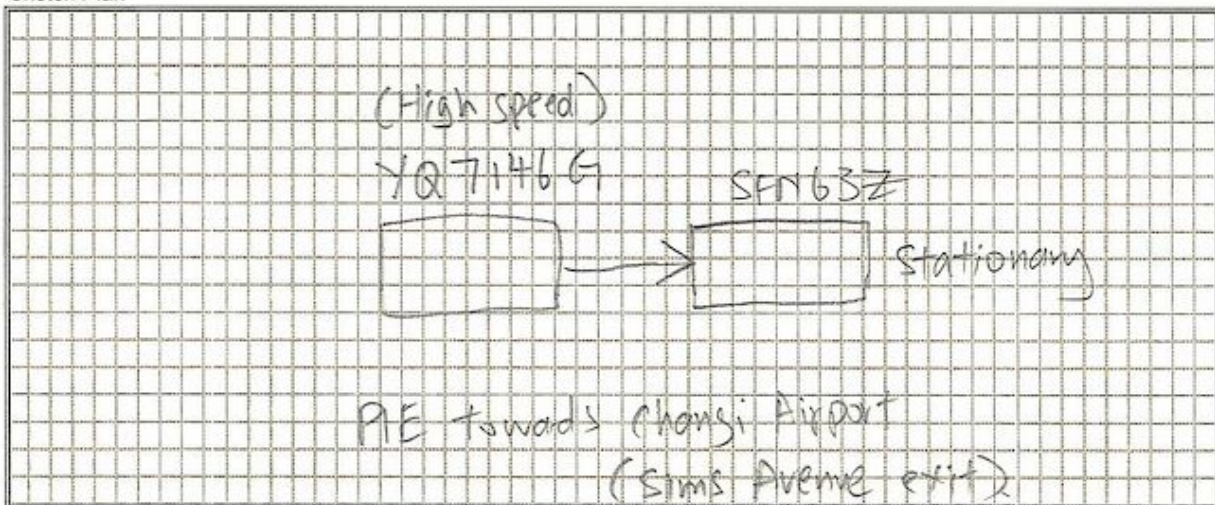
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**





























































































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230615/2022

1 of 4

Report No. T/20230615/2022

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>15/06/2023 10:18 | Vide Report No.: | Station Diary No.:<br>26 |
|--|------------------|--------------------------|

| Informant's Particulars                  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>NAH SIANG ONN      |            | Address:<br>APT BLK 102 LENGKONG TIGA #13-391 SINGAPORE 410102 |                              |
| ID Type / ID No.:<br>NRIC NO / S7827351H |            | Contact No.:<br>Home/Office: Mobile: 96830445                  |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>44 | Date of Birth:<br>30/09/1978                                   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:  |                              |
| Occupation:<br>PROJECT MANAGER           |            | Driving Licence Information:<br>Class: 3 Date of Expiry:       |                              |

| General Information of the Accident                          |                  |                                    |  |   |
|--|------------------|------------------------------------|--|---|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>14/06/2023 04:15 | Type of Location:<br>EXPRESSWAY<br>EXIT |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                       |                  |                                    |  |   |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  |   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy                |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No     |

| Details of Vehicle Involved |       |      |       |       |                   |                 |
|-----------------------------|-------|------|-------|-------|-------------------|-----------------|
| Vehicle No.                 | Type  | Make | Model | Color | Condition         | No of Passenger |
| SFN63Z                      | Car   |      |       |       | Seriously Damaged | 0               |
| YQ7146G                     | Lorry |      |       |       | Slightly Damaged  | 1               |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20230615/2022

2 of 4

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20230615/2022

## CONTINUATION OF REPORT

|                                   |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                        |  |                                   |
| Name                              | NAH SIANG ONN          | ID No.                                 | S7827351H                         |
| Related Vehicle                   | SFN63Z (Car)           | Contact No.                            | 96830445                          |
| Hospital/Clinic                   | PARKWAY EAST HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 14/06/2023             | Date Discharge                         | 14/06/2023                        |
| No. of Days granted Medical Leave | 05                     | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                        |  |                                   |
| Name                              | GOVINDASAMY MANIVANNAN | ID No.                                 | G6759519Q                         |
| Related Vehicle                   | YQ7146G (Lorry)        | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |

**Brief Details.**

I am the above-mentioned person and the driver of Vehicle SFN63Z.

On 14/6/2023 at about 1615hrs, I was driving my vehicle SFN63Z along PIE towards Changi Direction.

There are 4 lanes of road on the Expressway.

There was a very heavy traffic jam along PIE at that point of time hence my vehicle was moving slowly during the traffic Jam.

I then exited at PIE Exit 13 ( Sims Way Exit) and stopped my vehicle while awaiting the vehicle in front of me to start moving.

Suddenly one vehicle, YQ7146G collided into the rear of my vehicle.

I wish to inform that the impact of the vehicle colliding was strong and as a result of the collision, all the vehicle airbags in my vehicle were being deployed.  
The Rear of my vehicle also cave inwards asides from the dents and scratches caused by the collision.  
I also wish to inform that my rear windscreen was also shattered as a result of this accident.

No police and ambulance was at scene.

I took down the driver's Fin number and also managed to get his supervisor's handphone number.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230615/2022

3 of 4

Report No. T/20230615/2022

**CONTINUATION OF REPORT**

I am seeking to claim insurance for this traffic accident.

My vehicle insurance is from Budget Direct Insurance, Policy P10360886R02.

I wish to inform that there was in car camera installed in my vehicle however i was not able to retrieve the footage as the camera was damaged during the accident.

I also wish to inform that I then went to see a doctor at Parkway East Hospital and got 5 days MC from 14/6/2023 to 18/6/2023, MC serial number PEH3023023369002

particulars

YQ7146G

Driver

Govindasamy Manivannan

G6759519Q

Supervisor

Mr Lee

93461821

Lam Chuan Construction Pte Ltd





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20230615/2022

4 of 4

Report No. T/20230615/2022

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 TAN PENG YEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

15/06/2023 10:18

Classification Of Case:

NP168