

## 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 .....	30/06/2023 15:17 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/06/2023 17:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR RIS STREET 71
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH6916Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHENG MEI WOON
NRIC No .....	S6817420A
Email Address .....	doreencheng1997@hotmail.com
Mobile Phone No .....	(Phone) +65-93861612
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	COROLLA ALTIS 1.6 CVT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
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 .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5135481903

#### DRIVER

Name of Driver .....	MARCUS ANG QI SHEN
NRIC No .....	S9831253F
Date Of Birth .....	24/09/1998
Occupation .....	Indoor

Date Of Driving Pass .....	25/07/2019
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93383348
Alt. Phone Number .....	-
Email Address .....	marcusangqishen98@gmail.com
Address .....	73 ST. NICHOLAS VIEW
Address complement .....	-
Postcode .....	568026
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

#### 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 .....	SMK7773U
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR YEO
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 .....	SKX9531T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LYNA
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 .....	LYNA
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKX9531T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

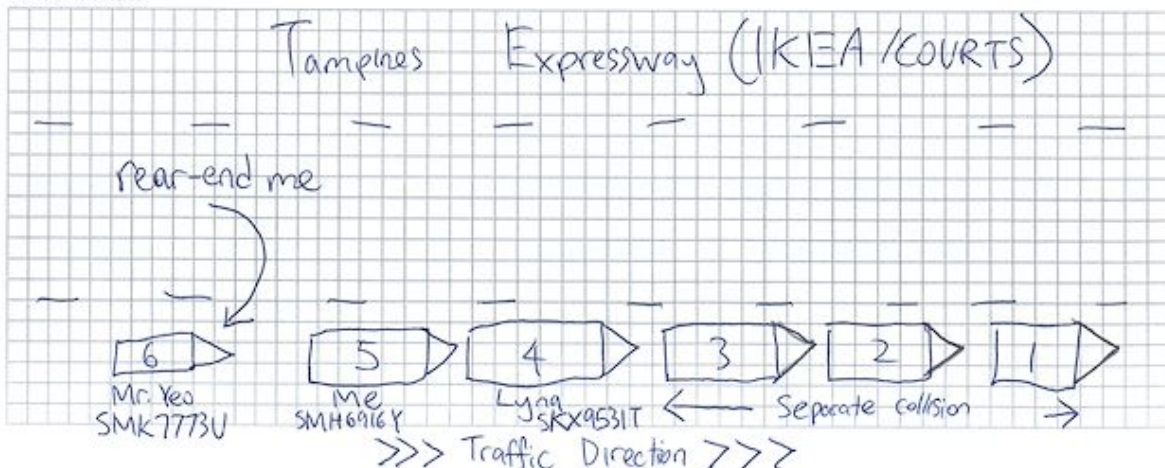
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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' law yers/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 law yers/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

## Sketch Plan



Refer to police report

We declare the foregoing particulars are true in every respect.



09:48  
30/6



Province  
Wb

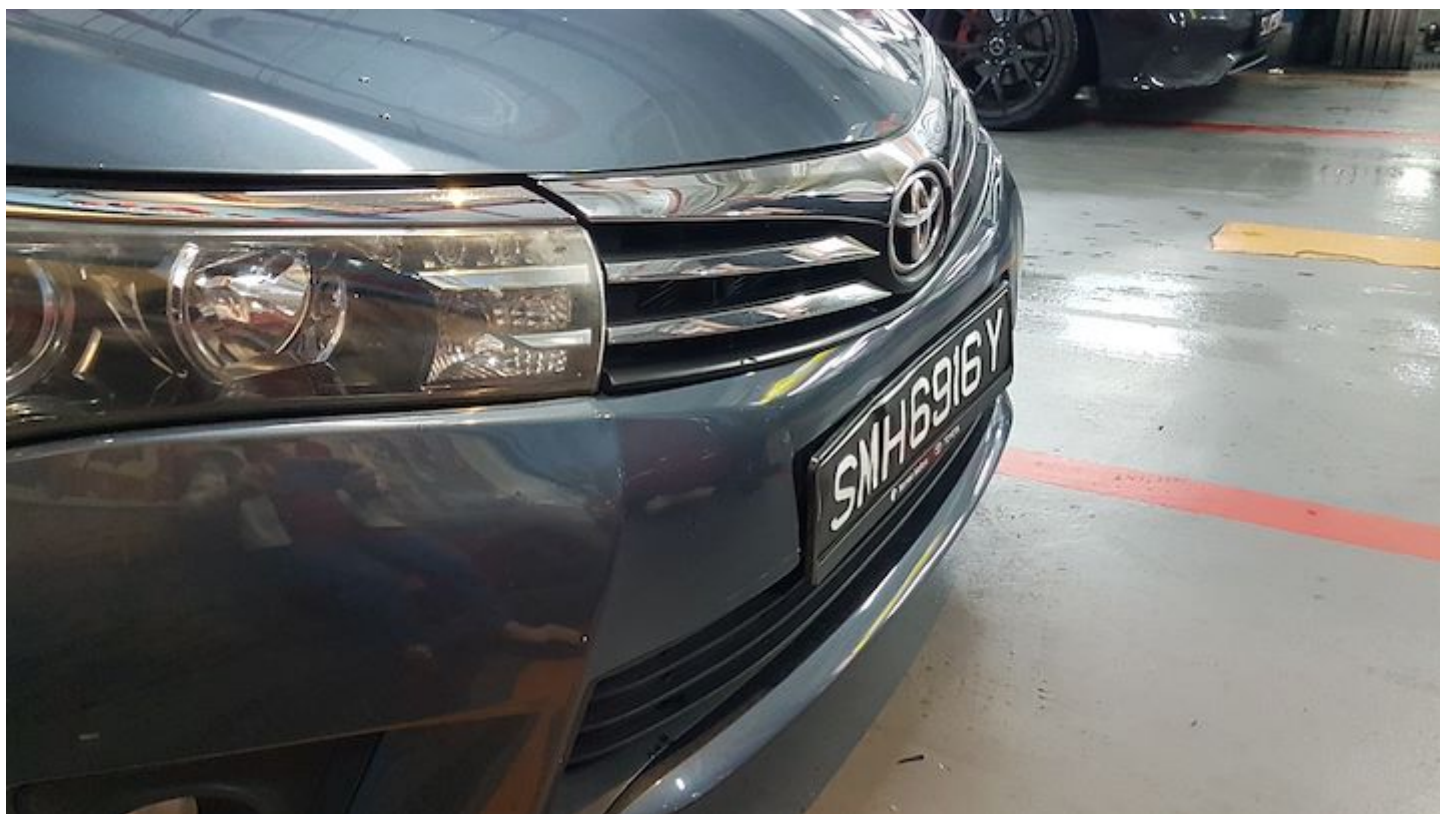










































**SINGAPORE  
POLICE FORCE**



T/20230628/7053

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20230628/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/06/2023 16:37		Vide Report No.: G/20230627/0108		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MARCUS ANG QI SHEN		Address: 73 ST. NICHOLAS VIEW SINGAPORE 568026		
ID Type / ID No.: NRIC NO / S9831253F		Contact No.: Home/Office:                      Mobile: 93383348		
Nationality: SINGAPORE CITIZEN		Email: marcusangqishen98@gmail.com		
Sex: Male	Age: 24	Date of Birth: 24/09/1998	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Unemployed		Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/06/2023 17:25	Type of Location: Expressway
Location:  PASIR RIS STREET 71				
Weather: Sunny		Road Surface: Dry		
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	Conditio	No of
SMH6916Y	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230628/7053

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230628/7053

**CONTINUATION OF REPORT**

Driver			
Name	MARCUS ANG QI SHEN	ID No.	S9831253F
Related Vehicle	SMH6916Y (Car)	Contact No.	93383348
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I have Videos and Pictures more than 2MB.

it happened on the Tampines Expressway, while i was heading home towards Ang Mo Kio, where the collision happened just before IKEA & Courts @ Tampines. 3 Cars collided in the front, 3 Cars collided in the back in 2 separate collisions because car 3 & car 4 did not collide and connect on rear. I was car No. 5, i also managed to jam the brake in time so i didn't hit the car in front of me, but unfortunately car no. 6 behind me couldnt brake in time so i got Rear-ended on heavy impact, as a result causing my car to rear end car. 4 as well (slightly, a small dent in my front number plate + small scratches on Car 4's rear). I have gave the TP/IO the SD card containing my dashcam footage on site, and it is now in the custody of the police. No injuries on my end(so far) other than mild whiplash. I have nothing else to report. Lyna is car 4, Marcus (me) is car 5, Mr Yeo is car 6.

PS. am marking that there is no one injured because the "Degree of Injury" option is nowhere to be found on the website and i am unable to submit the report online because of this. Do note that Car 4 in front of me was conveyed away in an ambulance due to Nausea, whiplash and backache.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230628/7053

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Report No. T/20230628/7053

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NADYA BINTE MOIDEEN  
Contact No.: 65476331

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/06/2023 16:37

Classification Of Case:

NP168