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 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 15/08/2024 12:51 (SGT) Reported by **Actual Driver** Date of Accident 14/08/2024 07:25 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO ST 52 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBF8473K**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CA M&E ENGINEERING PTE LTD Company Reg No 2XXXXX189G Email Address IRENE@CA-ME.COM.SG Mobile Phone No (Phone) +65-87211190 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982 Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5099161579-06

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	TAN SIEW CHYE SXXXX204G 05/09/1962 Outdoor 16/02/1983 3 Valid 41 YEARS AND 6 MONTHS Male (Phone) +65-90067372 - IRENE@CA-ME.COM.SG 509 ANG MO KIO AVE 8 #08-2750 560509 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Side Swipe Clear Dry
OTHER INI ORIVIATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
REFER TO ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN64Z
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN SIEW CHYE Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBF8473K
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

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.
- 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.
- 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.
- 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:

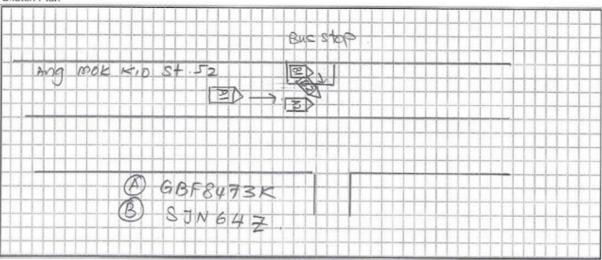
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



1

ribe Circumstance of the Accident								
	Refer	Police	Report	No.	T/20240	1814 /70	99	
51								
_								
	V.							
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								*
					2			

Declaration

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

Policyholder's Signature / Date & Time

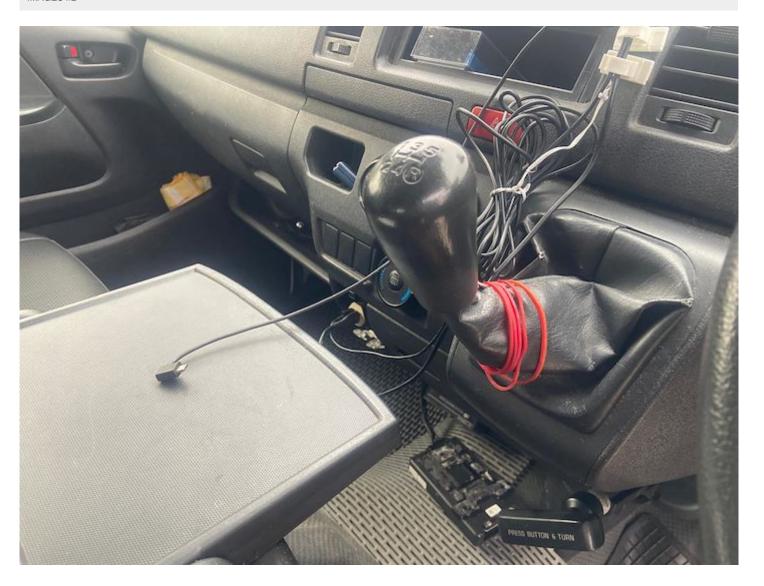
Driver's Signature (if driver is not the policyholder) / Date & Time



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

2



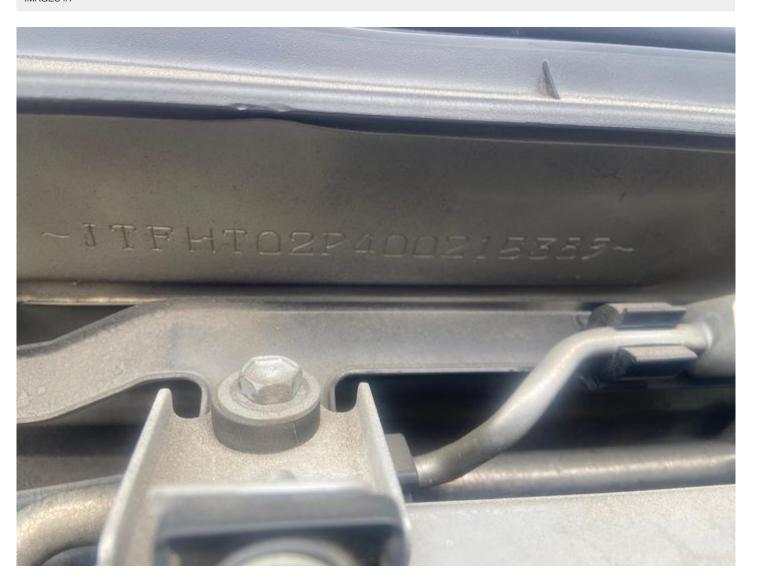




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240814/7099

REPORT	DE A	TRAFFIC	ACCIDENT

Date/Time Report Made: 14/08/2024 19:59		Vide Report No.:	Station Diary No.:			
Informan	t's Particular	8		THE RESERVE OF THE PARTY OF THE		
Name of Informant: TAN SIEW CHYE			Address: 509 ANG MO KIO AVEN	UE 8 #08-2750 SINGAPORE 560509		
ID Type / ID No.: NRIC NO / S1521204G			Contact No.; Home/Office: Mobile: 90067372			
Nationalit SINGAPO	ty: ORE CITIZE	N	Email: SIEWCHYE62@GMAIL.0	сом		
Sex: Age: Date of Birth: Male 61 05/09/1962			Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:				

General Information	of the Accident		30			
Type of Accident:	Injury Others	Drink Dri No	Drink Drive: Date/Ti No 14/08/2		Type of Location:	
Location: ANG MO KIO STR	EET 52	i de				
Weather:		Road Surface:				
Traffic Flow:		Traffic Control:		Traff	Traffic Volume:	
Type of Collision:					one conveyed by ulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
GBF8473K	Motor van				Seriously Damaged	0	
SJN64Z	Motor car				Seriously Damaged	0	

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



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



2 of 3 Report No. T/20240814/7099

CONTINUATION OF REPORT

Driver		Bet and	ebylon (1984)	13000	7-17-15	
Name	TAN SIEW CHYE		ID No).	S1521204G	
Related Vehicle	GBF8473K (Motor van)			Conta	act No.	90067372
Hospital/Clinic	NIL			Class Drivin Licen Expin	ng	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			narge	NIL	
No. of Days grant	ed Medical Leave (MC)	03	Degree of	ree of Injury Serio		us

Brief Details.

On the stated date and time, I was driving my vehicle GBF8473K along Ang Mo Kio Street 52 with my seatbelt on.

There was a big lorry travelling in front of me.

SJN64Z was stationary along the said road at the bus stop.

The big lorry moved to right side of the lane to drive past the said stationary vehicle.

I followed suit.

After the big lorry had driven past the stationary SJN64Z, SJN64Z suddenly swerved out into my vehicle's path without signalling.

I immediately jammed on my brakes and swerved to my right to avoid the collision but could not do so.

The vehicle had collided onto my vehicle front left portion, causing my vehicle to rock sideways violently. The impact was huge which caused my left knee to knock against the dashboard, my chest also knocking against the steering wheel and i felt pain on my left wrist too as i was holding onto the gear stick.

Upon alighting, i realised vehicle SJN64Z had crashed into my vehicle front left portion, leaving it badly damaged. Vehicle SJN64Z was attempting to make a illegal U turn into the HDB carpark on the opposite road.

I took some photos and left shortly.

Later in the afternoon, i started feeling pain on my neck, shoulders and lower back. The pain on my left wrist and chest also got worse. I decided to seek medical treatment at Intermedical Teck Ghee near my place while travelling back home.

I was given 3 days MC for injuries caused by the accident.

I will be seeking follow up treatment if the pain persists.



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



3 of 3 Report No. T/20240814/7099

CONTINUATION OF REPORT

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: 14/08/2024 19:59
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	