

# 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 First Submission .....	19/08/2024 13:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/08/2024 11:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PAN ISLAND EXPRESSWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ9490C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	POH HUI HUI
NRIC No .....	S9422590F
Email Address .....	KORRINEPOH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98174296
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	420i
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 .....	2000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5146021413

### DRIVER

Name of Driver .....	TAN BENG HOE JOSHUA
NRIC No .....	S9422291E
Date Of Birth .....	25/06/1994
Occupation .....	Indoor
Driving Pass Date .....	21/05/2024
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96176529
Alt. Phone Number .....	-
Email Address .....	JOSHUATAN536@GMAIL.COM
Address .....	458 SEGAR ROAD #06-151
Address complement .....	-
Postcode .....	670458
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	POH HUI HUI
Gender .....	Female

#### 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

#### 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 ..... SLP8745E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... KHAIRUNNISA BINTE YAHYA  
NRIC No ..... S9509660C  
Contact Number ..... (Phone) +65-96640795  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TAN BENG HOE JOSHUA  
Gender ..... Male  
Phone No ..... (Phone) +65-96176529  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 30  
Injuries Sustained ..... REFER TO POLICE REPORT  
Injured person in which vehicle? ..... SLQ9490C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

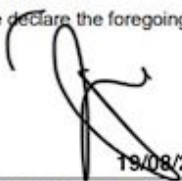
Name of injured person ..... POH HUI HUI  
Gender ..... Female  
Phone No ..... (Phone) +65-98174296  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 30  
Injuries Sustained ..... REFER TO POLICE REPORT  
Injured person in which vehicle? ..... SLQ9490C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

Describe Circumstance of the Accident

**REFER TO POLICE REPORT**

**Declaration**

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



19/08/2024 1330HRS

Policyholder's Signature / Date & Time



19/08/2024 1330HRS

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



**AHMAD SUFIYAN**  
S992991

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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' 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.



19/07/2024 1330HRS

Policyholder's Signature / Date & Time



19/07/2024 1330HRS

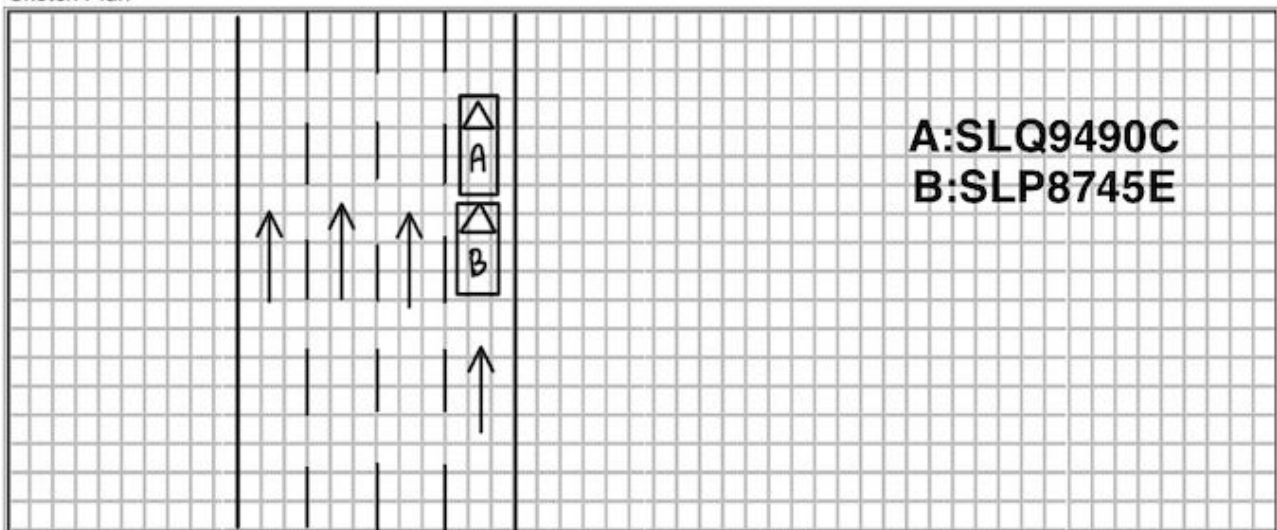
Driver's Signature (if driver is not the policyholder) / Date & Time



AHMAD SUFIYAN  
S992991

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

**Sketch Plan**



**A:SLQ9490C**  
**B:SLP8745E**

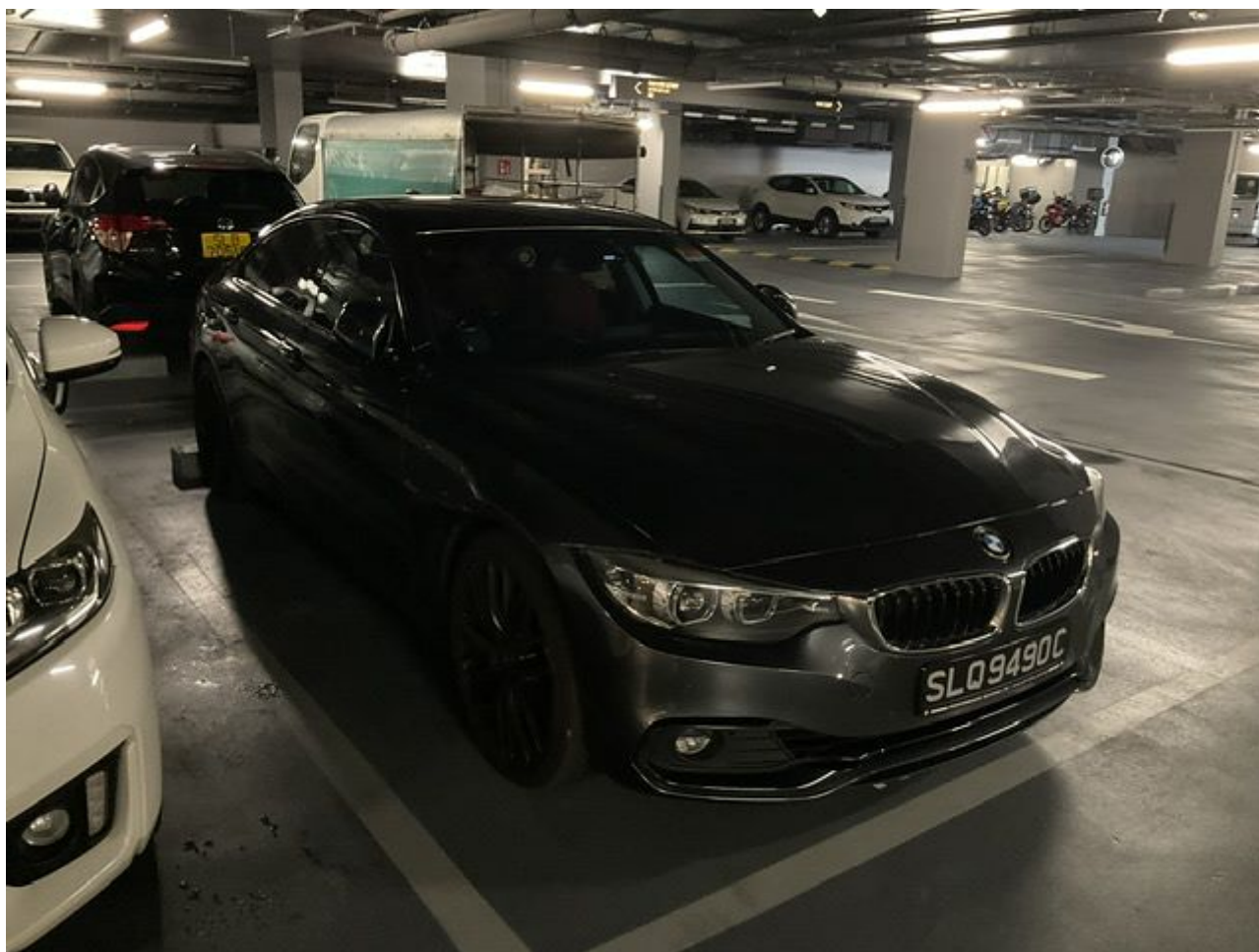
















SINGAPORE POLICE FORCE		T/20240819/7048		1		
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000						
Report No: T/20240819/7048						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 19/08/2024 12:16		Vide Report No.:		Station Diary No.:		
Informant's Particulars						
Name of Informant: TAN BENG HOE, JOSHUA		Address: 458 SEGAR ROAD #06-151 SINGAPORE 670458				
ID Type / ID No. NRIC NO / S9422291E		Contact No. Home/Office:		Mobile: 96176529		
Nationality: SINGAPORE CITIZEN		Email: joshuatan536@GMAIL.COM				
Sex: Male	Age: 30	Date of Birth: 25/06/1994		Type of Informant: Driver		
Race: Chinese		Language: English				
Occupation: Interior designer		Driving Licence Information: Class:		Date of Expiry:		
General Information of the Accident						
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2024 11:40		Type of Location: Straight Road		
Location: PAN ISLAND EXPRESSWAY						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate		
Type of Collision: Moving Vehicle Against - Others		Anyone conveyed by ambulance: No				
Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLP8745E	Motor car	MAZDA	Mazda 3	Blue	Slightly Damaged	1
SLQ9490C	Motor car					1
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL						
Use of Pedestrian Crossing: NA						





**SINGAPORE  
POLICE FORCE**



T/20240819/7048

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

2 of 4  
Report No. T/20240819/7048

CONTINUATION OF REPORT

<b>Passenger</b>				
Name	POH HUI HUI		ID No.	S9422590F
Related Vehicle	SLQ9490C (Motor car)		Contact No.	98174290
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/08/2024		Date Discharge	18/08/2024
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Serious
<b>Driver</b>				
Name	TAN BENG HOE, JOSHUA		ID No.	S9422291E
Related Vehicle	SLQ9490C (Motor car)		Contact No.	96176529
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SLQ9490C along with my wife, Poh Hui Hui, in the front passenger seat. Both of us were belted.

I was driving along the first lane on PIE (Changi) when I noticed that there was an accident happening in front of me before TPY exit.

As such, I proceeded to apply my own brakes and came to a complete stop.

Moments later, I felt a massive impact from the rear and caused my vehicle to jerk forward violently, catching both of us completely off guard.

Fortunately, I had kept ample safety distance from the vehicle in front and did not hit the vehicle in front.

Upon alighting I discovered there was a chain collision in front of me that involved around 5 to 6 vehicle but my vehicle was not involved as I did not hit the vehicle in front of mine.



My accident only involved my vehicle and a GetGo vehicle with car plate no. SLP8745E which rear ended me.



The driver was a female with an elderly female passenger in her as well which she identified to me as her mother. We proceeded to exchange information and document the accident that happened.

The rear portion of my vehicle was badly dented.

Later the same day, my wife and I both experienced aches over our neck, shoulders and lower back areas.



	<b>SINGAPORE POLICE FORCE</b>	
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000		T/20240819/7048 3 of 4 Report No. T/20240819/7048
CONTINUATION OF REPORT		
<p>The next morning , the soreness got worse and we went to seek treatment at OneCare Clinic Bukit Panjang Bus Interchange as our family doctor was closed.</p> <p>We were each given 3 days MC from 19 Aug to 21 Aug 2024 for injuries caused by the accident.</p>		

 <b>SINGAPORE POLICE FORCE</b>		 T/20240819/7048
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000		4 of 4 Report No. T/20240819/7048
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: 19/08/2024 12:16
Officer In Charge Of Case: TP / AEIT / FAHRUL RAZI BIN SUHAIME Contact No.: 65476404		Classification Of Case:
NP168		