

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	05/10/2024 13:40 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6442Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIA HSIEN ANDREW
NRIC No	S7935508I
Email Address	KATEXXX1204@ICLOUD.COM
Mobile Phone No	(Phone) +65-93361811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA COROLLA ALTIS 1.6L CVT
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23A00357300

DRIVER

Name of Driver	BENJAMIN TAN EE WEN
NRIC No	T0376127J
Date Of Birth	25/07/2003
Occupation	Indoor
Driving Pass Date	25/07/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87266012
Alt. Phone Number	-
Email Address	ITZBENZJIZ@GMAIL.COM
Address	BLK 843 TAMPINES STREET 83 04-126 SINGAPORE 520843
Address complement	-
Postcode	520843
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?	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	SMITA LOW
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 GBH8975T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver SULAINI
Contact Number (Phone) +65-93378847
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 SLF6544J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver AMANDA TAN
Contact Number (Phone) +65-90178090
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 SMITA LOW
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKQ6442Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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:

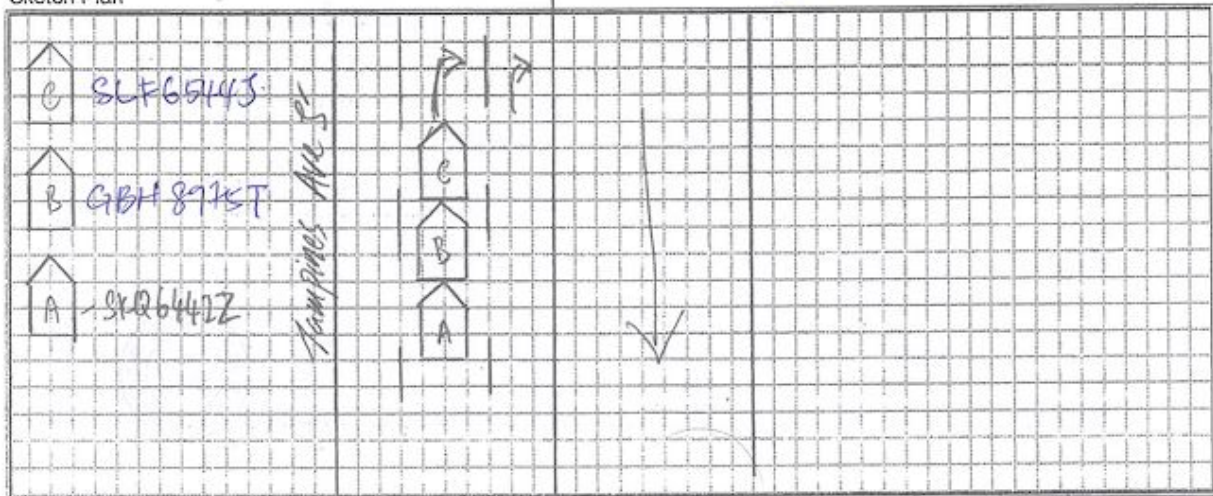
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1

Declaration

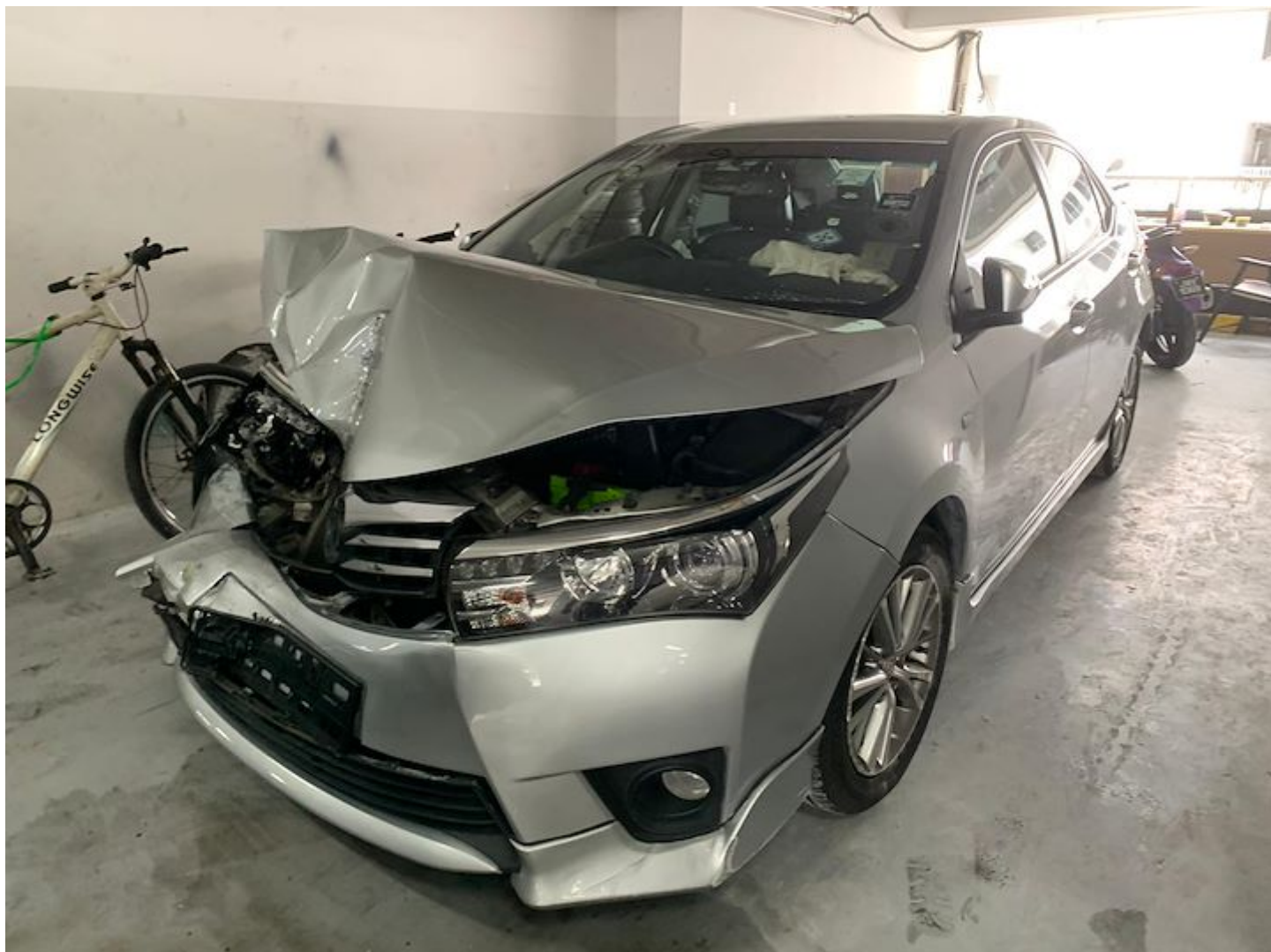
Policyholder's Signature / Date & Time

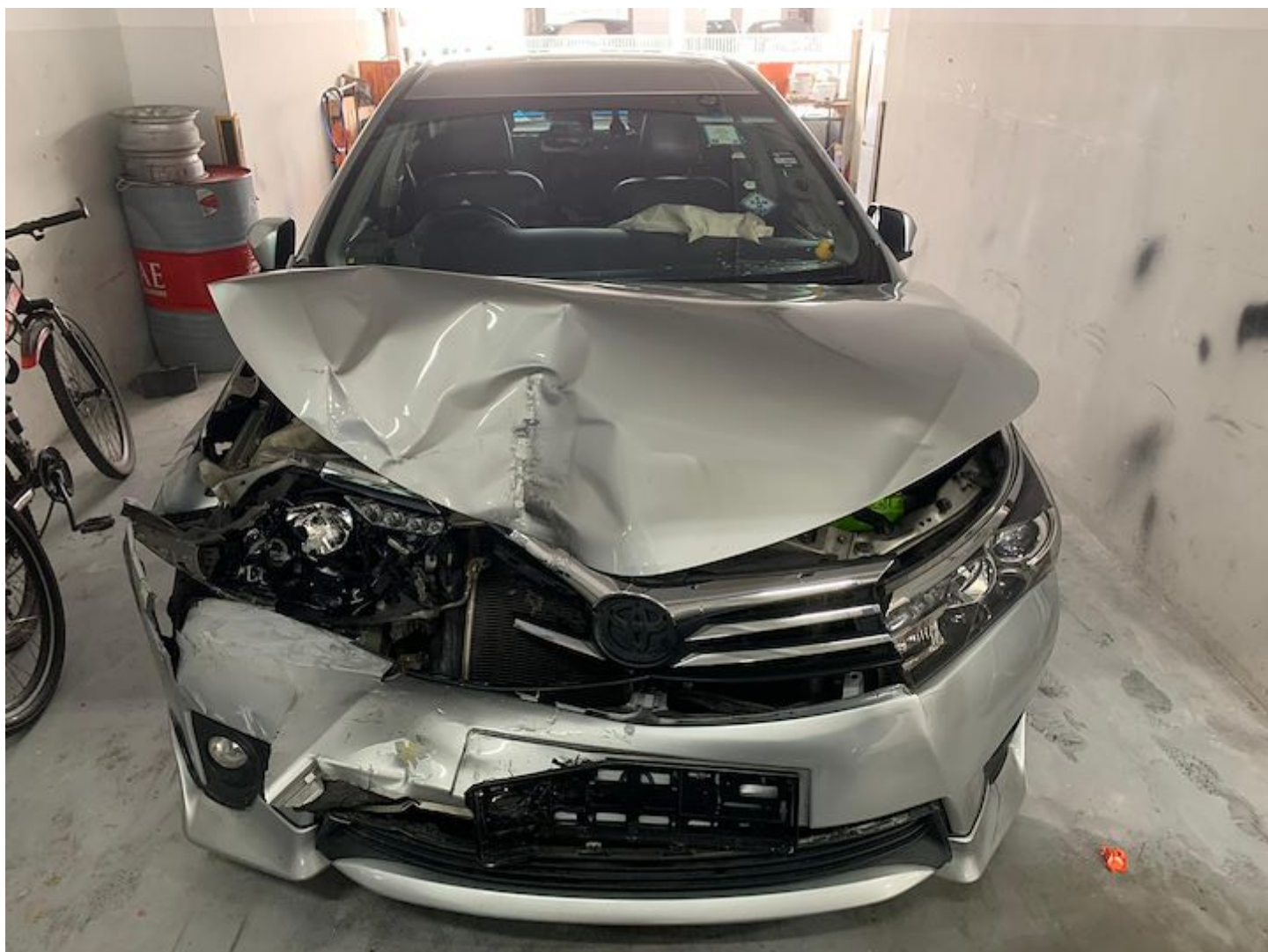
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

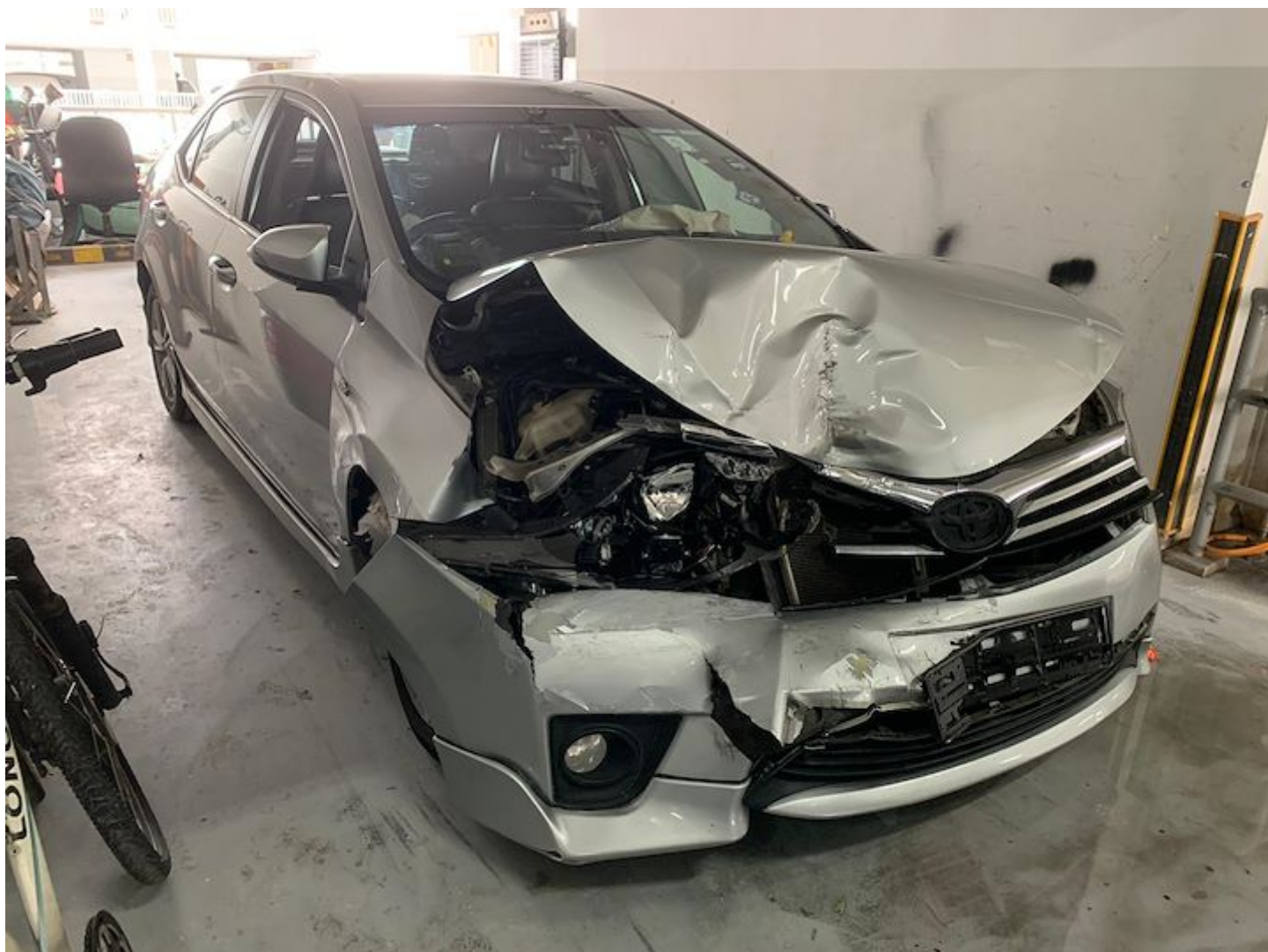






















**SINGAPORE
POLICE FORCE**



T/20241004/7041

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

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Report No. T/20241004/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2024 14:05		Vide Report No.: G/20241003/0179		Station Diary No.:
Informant's Particulars				
Name of Informant: Benjamin Tan Ee Wen		Address: 843/04-126 83 #04-126 Tampines Block 843 SINGAPORE 520843		
ID Type / ID No.: NRIC NO / T0376127J		Contact No.: Home/Office: Mobile: 87266012		
Nationality: SINGAPORE CITIZEN		Email: itzbenjiz@gmail.com		
Sex: Male	Age: 21	Date of Birth: 25/07/2003	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 19:40	Type of Location: X-Junction
Location: TAMPINES STREET 73				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ6442Z	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241004/7041

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

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Report No. T/20241004/7041

CONTINUATION OF REPORT

Driver			
Name	Benjamin Tan Ee Wen		ID No. T0376127J
Related Vehicle	SKQ6442Z (Motor car)		Contact No. 87266012
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)	NIL		Degree of Injury NIL
Passenger			
Name	LOW XIU YAN SMITA		ID No. T0623406I
Related Vehicle	SKQ6442Z (Motor car)		Contact No. 85355754
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)	NIL		Degree of Injury Slight
Driver			
Name	SULAINI		ID No. NIL
Related Vehicle	NIL		Contact No. 93378847
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury Slight
Driver			
Name	AMANDA TAN		ID No. NIL
Related Vehicle	NIL		Contact No. 90178090
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)	NIL		Degree of Injury NIL



**SINGAPORE
POLICE FORCE**



T/20241004/7041

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

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Report No. T/20241004/7041

CONTINUATION OF REPORT

Brief Details.

On 3rd October at approximately 7:40 p.m., I was driving towards Tampines Avenue 10 on my way to Seletar Mall. The vehicle in front of me slowed down, and I could not brake on time. A collision occurred between my vehicle and the vehicle ahead. I waited for the ambulance and TP to arrive.
Attended to by SSS T120142 Zainudin.

**SINGAPORE
POLICE FORCE**

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



T/20241004/7041

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Report No. T/20241004/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD BURHAN BIN SABTU
Contact No.: 65476214

NP168

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

Date/Time:
04/10/2024 14:05

Classification Of Case: