

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	09/10/2024 16:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 09:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	THOMSON FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8871R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN QIAN YING CANDY
NRIC No	S8421936C
Email Address	EUROSUCCESS0202@GMAIL.COM
Mobile Phone No	(Phone) +65-97220722
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030703948-01

DRIVER

Name of Driver	TAN QIAN YING CANDY
NRIC No	S8421936C
Date Of Birth	18/07/1984
Occupation	Outdoor
Driving Pass Date	03/07/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97220722
Alt. Phone Number	-
Email Address	EUROSUCCESS0202@GMAIL.COM
Address	BLK 519A TAMPINES CENTRAL 8 #14-05
Address complement	-
Postcode	521519
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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: T/20241009/7075.

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	SMY770A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEREMIAH TAN
Contact Number	(Phone) +65-83393567
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN QIAN YING CANDY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA8871R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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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)

(g) 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:

(iv) administering my claims (including the mailing of correspondence, statements, invoices, receipts 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

(b) All Insurers, 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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan

A: SMABBAR
B: SMY770A

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20241009/7075

Declaration

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

GP

GP

Date & Time

Date & Time



**SINGAPORE
POLICE FORCE**



T/20241009/7075

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

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Report No. T/20241009/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2024 15:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: TAN QIAN YING, CANDY			Address: 519A TAMPINES CENTRAL 8 #14-05 SINGAPORE 521519	
ID Type / ID No.: NRIC NO / S8421936C			Contact No.: Home/Office: Mobile: 97220722	
Nationality: SINGAPORE CITIZEN			Email: EUROSUCCESS0202@GMAIL.COM	
Sex: Female	Age: 40	Date of Birth: 18/07/1984	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Other commercial and marketing sales executives			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2024 09:00	Type of Location:
Location: WHITLEY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA8871R	Motor car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver		0
SMY770A	Motor car	BMW	318I	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMA8871R	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2030703948	22/06/2024	21/06/2025



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20241009/7075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN QIAN YING, CANDY	ID No.	S8421936C
Related Vehicle	SMA8871R (Motor car)	Contact No.	97220722
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	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	Slight
Driver			
Name	JEREMIAH TAN	ID No.	NIL
Related Vehicle	SMY770A (Motor car)	Contact No.	83393567
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

Brief Details.

ON THE ABOVE DATE AND TIME I WAS DRIVING MY VEHICLE A (SMA8871R) ALONG PIE THOMSON FLYER. AS THE ROAD WAS SLIGHTLY CONGESTED, I WAS SLOWING DOWN WHEN SUDDENLY I FELT AN HUGE IMPACT ON MY REAR. I THOUGHT IT WAS MY BRAKE WAS FAULTY, AFTER DRIVING FOR AWHILE, VEHICLE B (SMY770A) CAME TO STOP ME AND TOLD ME HE HAD COLLIDED ONTO MY REAR EARLER ON. WE THEN STOP BY THE SIDE TO EXCHANGE PARTICULAR. AFTER THE ACCIDENT, I WAS HAVING ACHES AND STRAINS ON MY NECK AND BACK.

**SINGAPORE
POLICE FORCE**

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



T/20241009/7075

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Report No. T/20241009/7075

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
09/10/2024 15:38

Classification Of Case: