

## 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	25/10/2024 15:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/10/2024 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Junction of South Bouna Vista Rd towards Science Park Dr
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2021A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tang Kheng Yew Dylan
NRIC No	SXXXX393C
Email Address	dtjl05@gmail.com
Mobile Phone No	(Phone) +65-84280998
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	GOLF 1.2 TSI AT 5G12BZ
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	1197
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	MPC24A00001700

#### DRIVER

Name of Driver	Tang Kheng Yew Dylan
NRIC No	SXXXX393C
Date Of Birth	28/11/1997
Occupation	Indoor
Driving Pass Date	25/07/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84280998
Alt. Phone Number	-
Email Address	dtjl05@gmail.com
Address	530C Pasir Ris Drive 1 #02-386 S513530
Address complement	-
Postcode	-
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 - Cross Junction
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)	3
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	Jos Swets
Gender	Male

#### PASSENGER 2

Name	Aidan Swets
Gender	Male

#### 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 attached

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 SNE9097U  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver Koh Sim Swee  
Contact Number (Phone) +65-97497930  
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 Tang Kheng Yew Dylan  
Gender -  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained 3 Days MC  
Injured person in which vehicle? SLP2021A  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

# SKETCH PLAN

## SKETCH PLAN

VEH A: SLP2021A  
VEH B: SNE9097U  
VEH C:

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### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

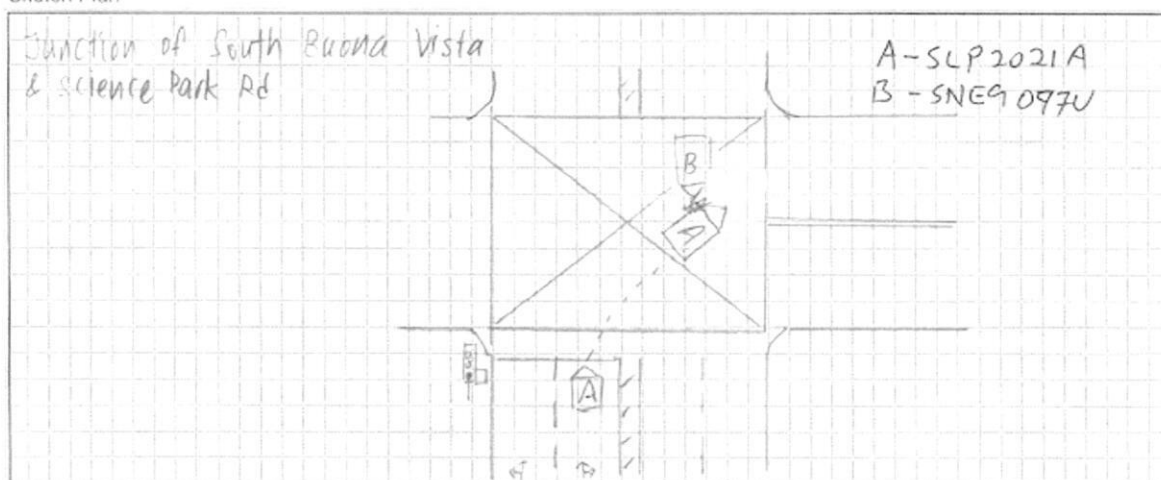
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
25/10/24  
0957hrs

Driver's Signature (if driver is not the policyholder) / Date & Time  
25/10/24  
0957hrs

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

Sketch Plan



## Describe Circumstances of the Accident

Refer to the police report : T/2024.1025/7067

### Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature

X

Driver's Signature 

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20241025/7067

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

Report No. T/20241025/7067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 13:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TANG KHENG YEW, DYLAN			Address: 530C PASIR RIS DRIVE 1 #02-386 SINGAPORE 513530		
ID Type / ID No.: NRIC NO / S9743393C			Contact No.: Home/Office: Mobile: 84280998		
Nationality: SINGAPORE CITIZEN			Email: dtjl05@gmail.com		
Sex: Male	Age: 26	Date of Birth: 28/11/1997	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Logistics/production planner			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2024 19:10	Type of Location: T-Junction
Location:  SCIENCE PARK DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP2021A	Motor car	VOLKSWAGON	GOLF 1.2 TSI AT 5G12BZ	Red	Seriously Damaged	2
SNE9097U	Motor car					1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLP2021A	ECICS LIMITED	MPC24A00001700	14/02/2024	13/02/2025



**SINGAPORE  
POLICE FORCE**



T/20241025/7067

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

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Report No. T/20241025/7067

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG KHENG YEW, DYLAN	ID No.	S9743393C
Related Vehicle	SLP2021A (Motor car)	Contact No.	84280998
Hospital/Clinic	HEALTHPLUS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2024	Date Discharge	25/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Passenger			
Name	AIDAN SWETS	ID No.	NIL
Related Vehicle	SLP2021A (Motor car)	Contact No.	NIL
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	JOS SWETS	ID No.	NIL
Related Vehicle	SLP2021A (Motor car)	Contact No.	NIL
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/20241025/7067

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

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Report No. T/20241025/7067

## CONTINUATION OF REPORT

Driver			
Name	KOH KIM SWEE	ID No.	NIL
Related Vehicle	SNE9097U (Motor car)	Contact No.	97497930
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-mentioned date and time, I was travelling along South Buona Vista Road towards Science Park Dr. I made a protected right turn when there is a green arrow. When I was making the turn, vehicle (SNE 9097U) abruptly dashed out from opposite, and the vehicle hit my car's front left side of my vehicle. I believe that the opposite road is a red light.

I alighted and checked the damages on my car. We both got off our vehicles and exchanged contacts before leaving the scene of the accident.

After the incident, the next day (25/10/2024) I felt discomfort on my neck, shoulder and back pain. Thus, I seek treatment at Healthplus Clinic & Surgery and was granted with 3 days Medical Leave.  
I am lodging this report for Insurance purposes.





SINGAPORE  
POLICE FORCE

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



T/20241025/7067

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Report No. T/20241025/7067

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP168

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

Date/Time:  
25/10/2024 13:53

Classification Of Case: