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.
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	29/11/2024 18:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/11/2024 08:00 (SGT)
Exact Location of Accident	2 Airport Rd, Singapore 539939
Additional Location Information	KPE TOWARDS ECP AFTER TAMPINES ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM8010J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN FEI LIN
NRIC No	SXXXX678F
Email Address	angelinetan@flagshipfoods.com.sg
Mobile Phone No	(Phone) +65-93219819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	CROSS HYBRID
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	1999
Vehicle Fuel	Petrol-CNG
First Regisration Date	30/06/2023
Chassis no	ZVG111004538
Effective Date/Time of Ownership	30/06/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP322535

DRIVER

Name of Driver	TAN FEI LIN
NRIC No	SXXXX678F
Date Of Birth	01/01/1966
Occupation	Indoor
Driving Pass Date	21/08/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93219819
Alt. Phone Number	-
Email Address	angelinetan@flagshipfoods.com.sg
Address	134 PUNGGOL WALK
Address complement	#09-21
Postcode	828778
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)	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	ERICA TAY
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 STATEMENT AND POLICE REPORT T/20241202/7046

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	SGN3228J
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Blue
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	ERICA TAY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNM8010J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN FEI LIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNM8010J
Were seat belts worn?	Yes
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.
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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.
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6. The 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.
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

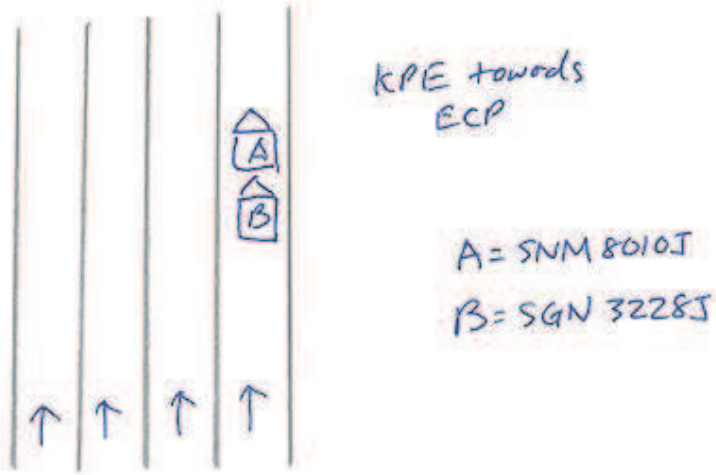
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date: 28 nov 2024

I was driving to work with my daughter, Erica Tay. We were driving on KPE ~~to~~ towards ECP 9km mark, just after tampines Road exit at around 8:00am. ~~The front car~~ There was ~~ahead~~ usual peak hour and so I was cruising around 70 km/hr and was focusing on the road and front car, the car in front of me ~~Toyota Altis SGN 3228J suddenly~~ brake, so I also brake and the next second I realise I was hit at the back by a Toyota Altis SGN 3228J. the impact was great. I feel unwell will consult Doctor later.

Declaration

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


SNM
8010 J

IMAGES #2

IMAGES #3


HYBRID
SYNERGY
DRIVE


HYBRID
SYNERGY
DRIVE

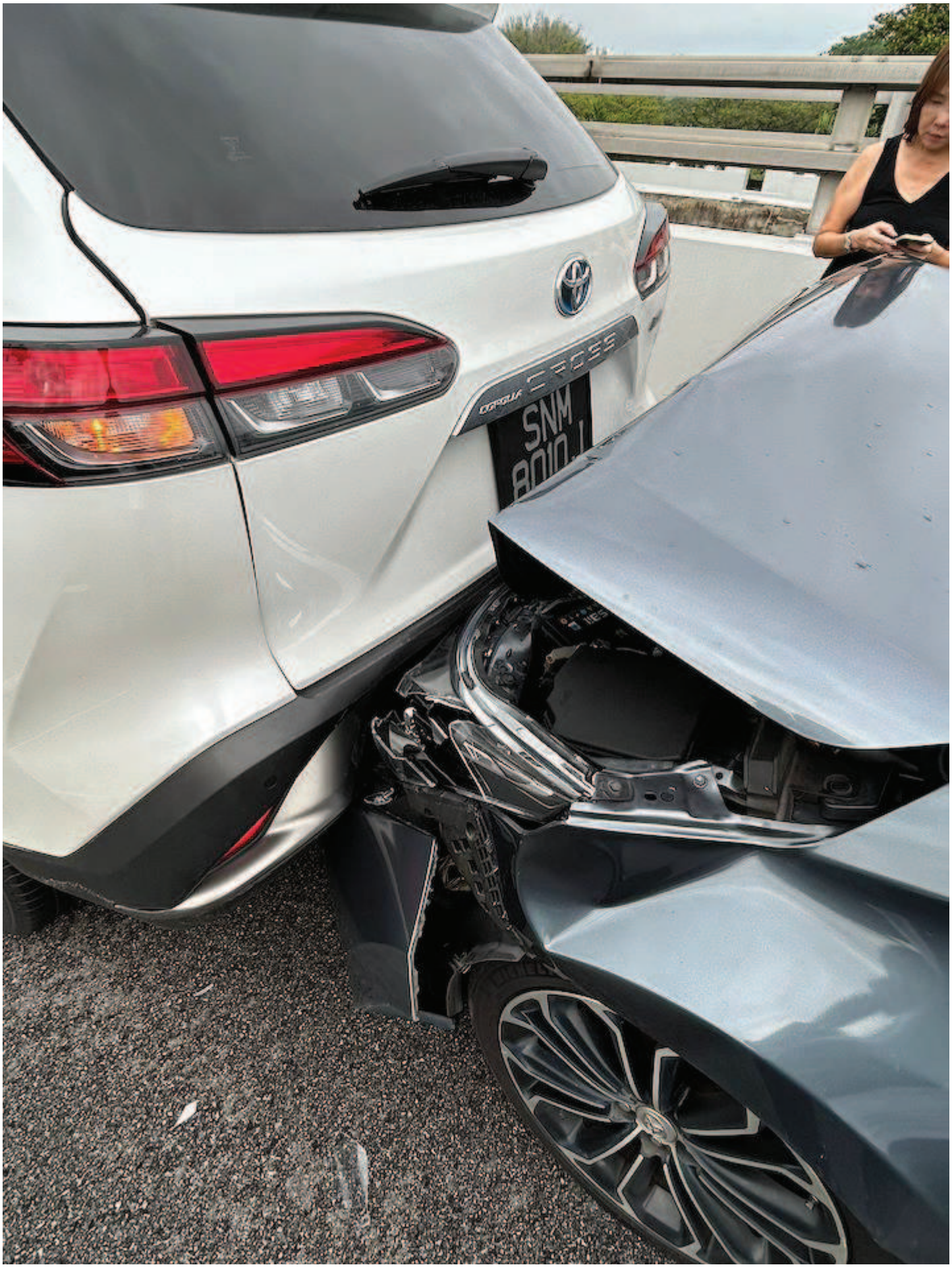
IMAGES #6

IMAGES #7

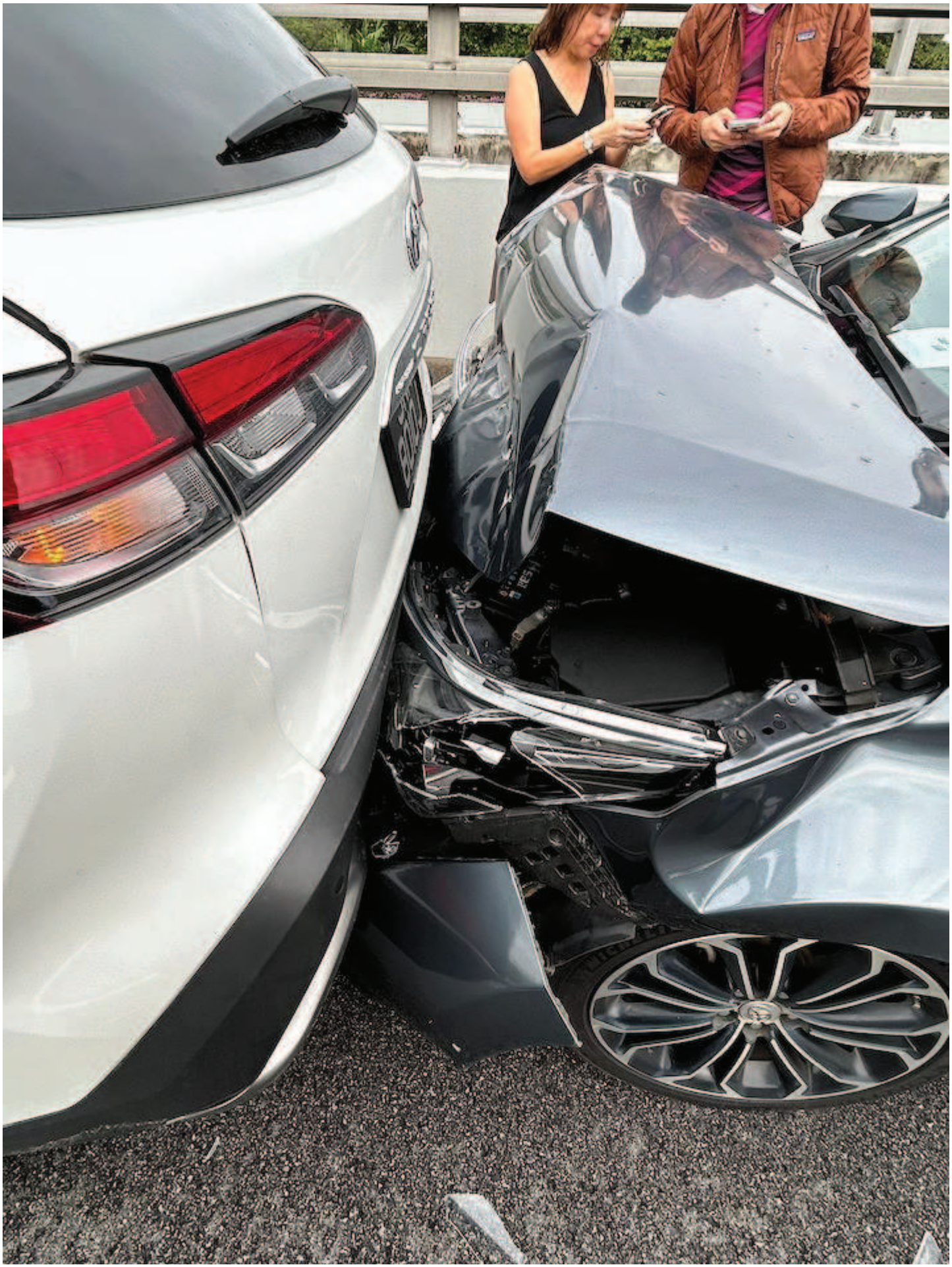
IMAGES #8

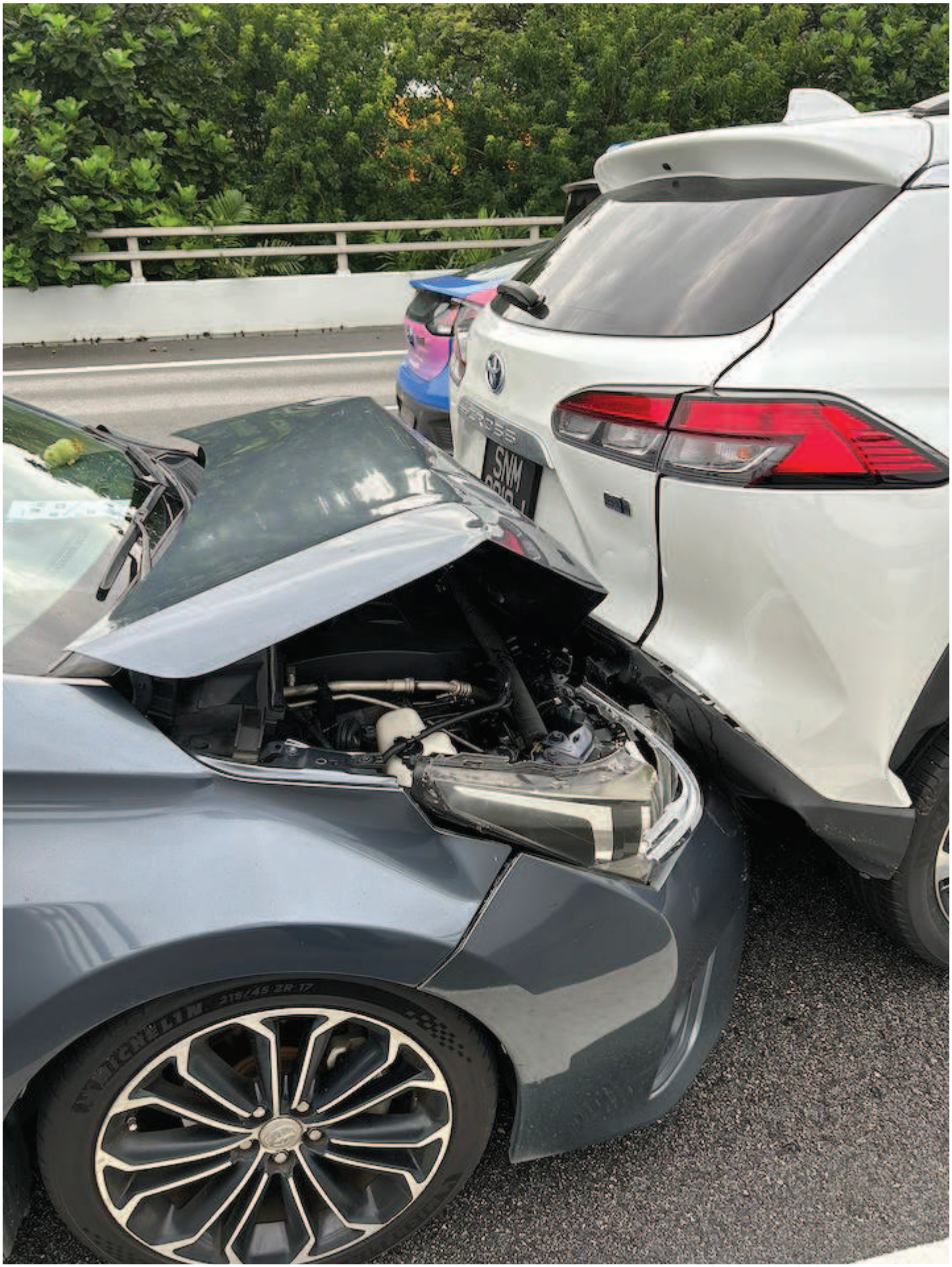
IMAGES #9

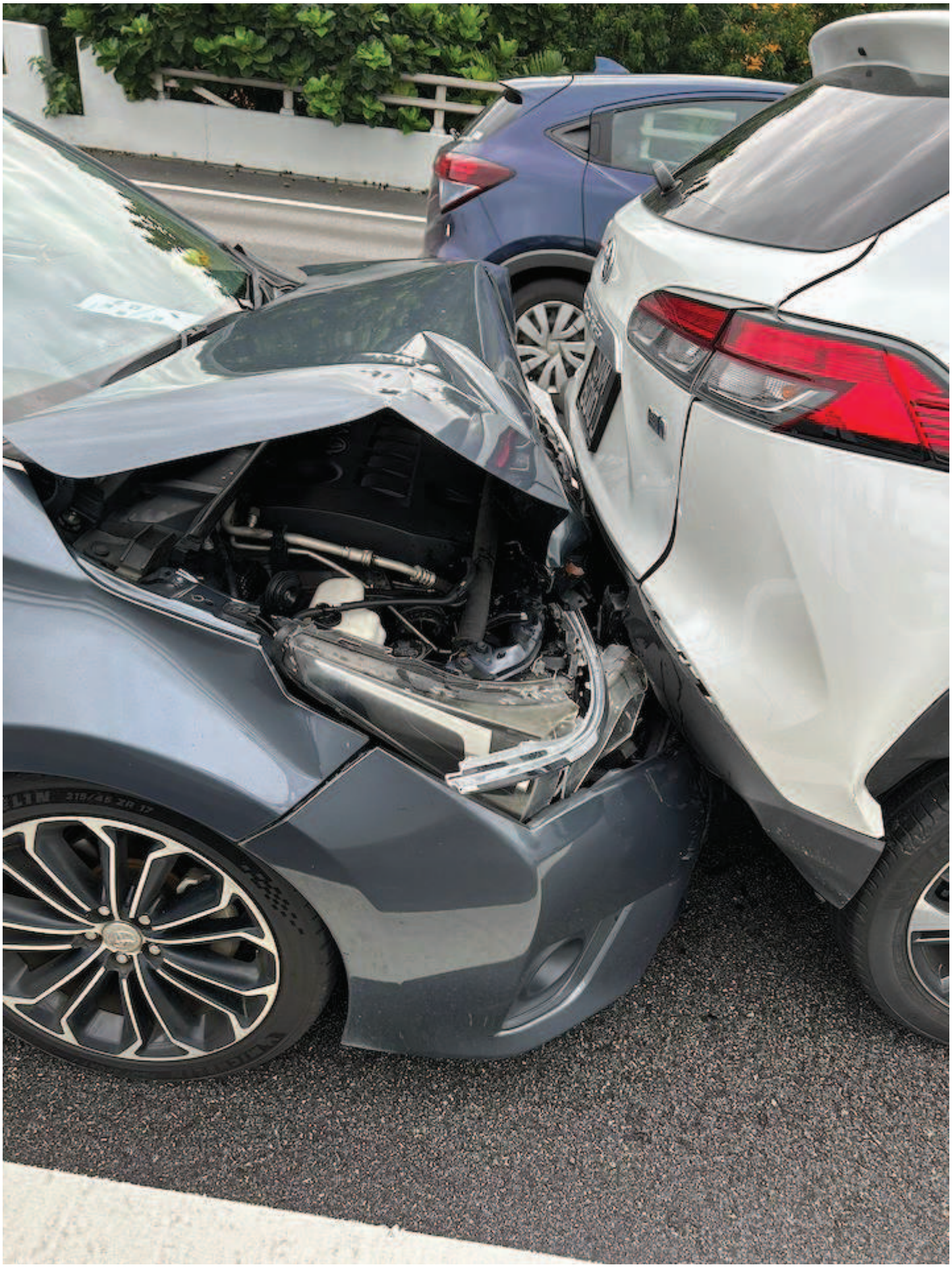

TOYOTA MOTOR CORPORATION JAPAN
MODEL 6AA-ZVG11-KHXEB
ENGINE 2ZR-FXE 1797 mL
FRAME No. ZVG11-1004538
COLOR 089 TRIM LA20 PLANT A31
TRANS. AXLE P810 OPTION 358


COROLLA
CROSS
SNM

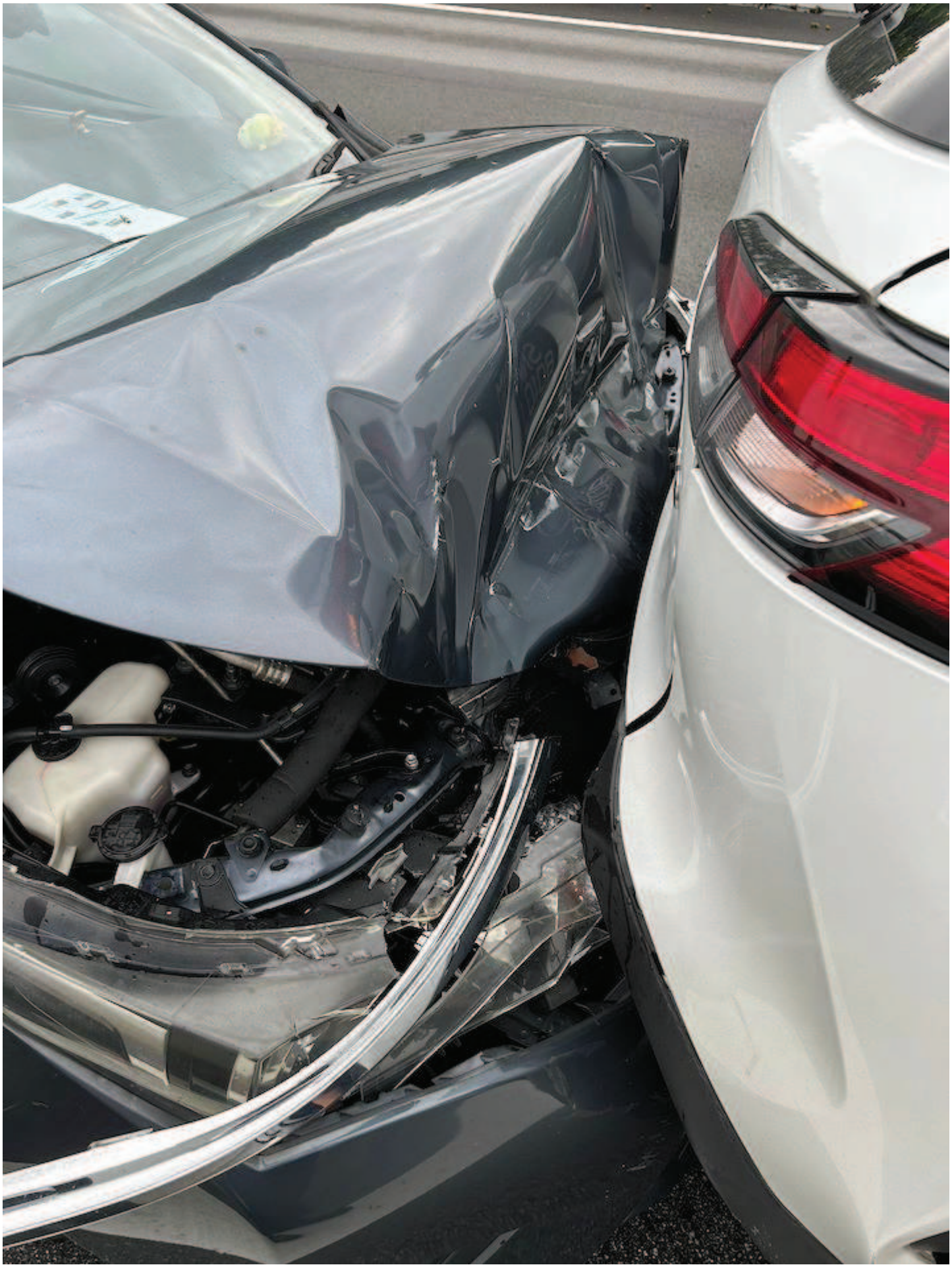
IMAGES #12







IMAGES #15



SINGAPORE POLICE FORCE

T/20241202/7046

Report No. T/20241202/7046

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/12/2024 12:55		

Informant's Particulars

Name of Informant: tan fei lin			Address: 134 PUNGGOL WALK #09-21 ECOPOLITAN SINGAPORE 828778
ID Type / ID No.: NRIC NO / S1705678F			Contact No.: Home/Office: Mobile: 93219819
Nationality: SINGAPORE CITIZEN			Email: ~~angelinetan@flgshipfoods.com.sg~~ angelinetan@flagshipfoods.com.sg
Sex: Female	Age: 58	Date of Birth: 01/01/1966	Type of Informant: Driver
Race: Chinese			Language: English
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 08:00	Type of Location: Straight Road

Location:

KALLANG PAYA LEBAR EXPRESSWAY

Weather: Clear	Road Surface: Dry	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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
SGN3228J	Motor car	TOYOTA	corolla	Blue	Seriously Damaged	1
SNM8010J	Motor car	TOYOTA	cross	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM8010J	HL Assurance	MP322535	30/06/2024	29/06/2025

SINGAPORE POLICE FORCE

T/20241202/7046

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

Report No. T/20241202/7046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RYAN ONG BOON LIANG	ID No.	S9671820I
Related Vehicle	SGN3228J (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
Driver			
Name	TAN FEI LIN	ID No.	S1705678F
Related Vehicle	SNM8010J (Motor car)	Contact No.	93219819
Hospital/Clinic	TOWN HALL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
Passenger			
Name	ERICA TAY	ID No.	S9728111D
Related Vehicle	SNM8010J (Motor car)	Contact No.	86921792
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

i was driving on the way to work with my daughter as passenger, driving along KPE nearing the 9km mark towards KPE tunnel the traffic was heavy and I was driving about 70km/hr. the car in front of me brake and so i brake when the car behind me hit into my rear. the front car was not hit by me as I brake in time and the driver drove away after checking to make sure that I did not hit his car. My car rear was badly damaged by the impact. My daughter and I were shaken and both of us had backache and whiplash the next day. We went to consulted GP and were given 3 and 4 days MC.

SINGAPORE POLICE FORCE

T/20241202/7046

Report No. T/20241202/7046

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

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: 02/12/2024 12:55
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1
NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: ST1P24BT0001 Vehicle Registration No: SNM8010J

Name (as shown in NRIC): Tan Fei Lin NRIC/FIN/Passport No: SXXXX678F

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 134 Punggol Walk #09-21 Singapore (828778

Contact (Tel): — Mobile No.: 93219819

Email Address: angelinetan@flagshipfoods.com.sg

Date of Accident: 28/11/24 Time of Accident: 8-00am

Place of Accident: KPE towards ECP After Tampines Road

Insurance Company: HL Assurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I like attach the Police Reporting T/20241202/7046

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: None
NRIC/FIN No.:
Date: