

#### 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 16/12/2024 10:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/12/2024 10:35 (SGT) Exact Location of Accident Near 299 Compassvale St, Singapore 540299 Additional Location Information PUNGGOL ROAD BEFORE TPE(PIE) EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

4620200017

Vehicle Registration Number SJZ9678E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN HWEE CHUAN NRIC No. SXXXX451G Email Address TSZELONG@YAHOO.COM.SG Mobile Phone No (Phone) +65-91599916 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Civic 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 1595 Vehicle Fuel Petro First Regisration Date

## INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MPC0001285 02

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver TAN HWEE CHUAN SXXXX451G Date Of Birth 22/06/1959 Occupation Indoor Driving Pass Date 16/12/1978 Driving License Pass Class Driving License Validity Valid Driving experience 46 YEARS Gender Male Mobile Number (Phone) +65-91599916 Alt. Phone Number Email Address TSZELONG@YAHOO.COM.SG Address 747B BEDOK RESERVOIR CRESCENT #14-21 Address complement Postcode 472747 Is the driver the policyholder? 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 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 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) 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 TANG SIOK HEANG 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

ON THE STATED DATE AND TIME, I WAS TRAVELING ALONG PUNGGOL ROAD TOWARDS TPE (PIE) EXIT. AS THE TRAFFIC IS HEAVY, THE FRONT VEHICLE SUDDENLY MAKE AN E BRAKE VEH C ( SHA1819Z) AND STOP AND I FOLLOWED TO STOP, SUDDENLY VEHICLE B (SHD9834K) BANG ONTO MY REAR PORTION CAUSES MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE FRONT VEHICLE

AFTER THE ACCIDENT I WAS FEELING UNWELL AND WAS GIVEN 5 DAYS MC. TOTAL THERE WAS 4 VEHICLE INVOLVED. MY WIFE WAS THE PASSENGER IN MY CAR. TANG SIOK HEANG WAS ALSO INJURED.

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	SHD9834K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHA1819Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
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)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLT8545U
Vehicle Manufacturer	_
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	_
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - -
INJURED 2	
Name of injured person Gender Phone No Address	TANG SIOK HEANG Female
Address Complement	-
Post Code Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SJZ9678E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

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- 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)

Lunderstand, 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 law yers/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' law yers/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 law yers/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

Pungy Pac

VEH A : SJZ 9678E VEH B : SHD 9834 K VEH C : SHD 18192 VEH C : SL785454

Please	roter	la police	report	7/20241215/	7046
					100
DVIW- N					
				are for you to pulpoit or	Own Damage Claim under vo
lote: Please	note that your in	surer may have 1	4 days time tra	me for you to submit an	n Own Damage Claim under yo
our own cor	nprehensive poli	cy. Please check	your policy for i	more information.	
eclaration					
to doolers the	forgoning particula	ars are true in every	respect.		
		as are tide at every	neapout.		G COLATON S
falles	Sp.				GONALD NOON ROS
	ignature / Date &	Driver's Signatur & Time	e (If driver is not	the policyholder) / Date	Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241215/7042

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2024 15:56		de:	Vide Report No.: Station Dian				
Informan	t's Particular	s					
Name of Informant: TAN HWEE CHUAN			Address: 747B BEDOK Reservoir Road #14-21 SINGAPORE 472747				
ID Type / ID No.: NRIC NO / S1393451G		G	Contact No.: Home/Office: Mobile: 91599916				
Nationali SINGAP	ly: ORE CITIZE	N	Email: tszelong@yahoo.com.sg				
Sex: Age: Date of Birth: Male 65 22/06/1959			Type of Informant: Driver				
Race: Chinese Occupation: Automotive engineer			Language: English				
			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2024 10:35	Type of Location Straight Road
Location: PUNGGOL ROAD				
		Road Surface:		
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled	Trai Hea	ffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA1819Z	Taxi					0
SHD9834K	Taxi		77			0
SJZ9678E	Motor car	HONDA	CIVIC 1.6L AUTO	Brown		0
SLT8545U	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date Expiry Date	





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

Insurance Company

Details of Vehicle Insurance

Vehicle No.

2 of 3 Report No. T/20241215/7042

Effective Date | Expiry Date

## CONTINUATION OF REPORT

Insurance No

SJZ9678E	INDIA INTERNATIONAL IN	IDIA INTERNATIONAL INSURANCE PTE D22MPC			35_02	11/01/2024	10/01/2025	
Details of Per	son Involved							
Any Pedestria	an Involved: No							
No. of Pedest	1	Use of Pedestrian Crossing: NA						
Passenger								
Name	TANG SIOK HEANG	TANG SIOK HEANG				NIL		
Related Vehic	le SJZ9678E (Motor car)	SJZ9678E (Motor car)			ct No.	NIL	NIL	
Hospital/Clinic	C NIL	NIL			of g e & Date	Class: NIL Date of Expi	ry: NIL	
Date Treatme	nt NIL	NIL Date Disc			NIL	NIL '		
No. of Days g	ranted Medical Leave (MC)	1.55			of Injury Serious			
Driver								
Name	TAN HWEE CHUAN	TAN HWEE CHUAN				S1393451G		
Related Vehic	le SJZ9678E (Motor car)	SJZ9678E (Motor car)			ct No.	91599916		
Hospital/Clinic	C NIL	NIL			of g e & Date	Class: NIL Date of Expi	ry: NIL	

## Brief Details.

Date Treatment

On the stated date and time, i was traveling along punggol road towards tpe (pie) exit.

NIL

As the traffic is heavy, the front vehicle suddenly make an e brake veh c (SHA1819Z) and stop and i followed to stop, suddenly vehicle B (SHD9834K) bang onto my rear portion causes my vehicle to move forward and hit onto the front vehicle

Date Discharge

Degree of Injury

NIL

Serious

After the accident i was feeling unwell and was given 5 days MC.

Total there was 4 vehicle involved.

My wife was the passenger in my car. Tang Siok Heang was also injured

NIL

No. of Days granted Medical Leave (MC)



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



3 of 3 Report No. T/20241215/7042

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: 15/12/2024 15:56
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	