

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	22/07/2024 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2024 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5023P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BEE CHUAN
NRIC No	S7429669F
Email Address	kerwintanjunxiong@gmail.com
Mobile Phone No	(Phone) +65-96989193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0002387_04

DRIVER

Name of Driver	TAN JUN XIONG KERWIN
NRIC No	S9729650B
Date Of Birth	24/08/1997
Occupation	Indoor

Driving Pass Date	04/08/2017
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94377507
Alt. Phone Number	-
Email Address	kerwintanjunxiong@gmail.com
Address	BLK 270 BANGKIT ROAD
Address complement	#10-20
Postcode	670270
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	LEE KAH YIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH CUSTOMER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ8575Y
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOW
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	SMM3956A
Vehicle Manufacturer	Opel
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOW
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	SLZ4397A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOW
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	UNKNOW
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO SKETCH PLAN AND POLICE REPORT
Injured person in which vehicle?	-
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? Yes

Policyholder's Signature _____
Date & Time: 2/2/2009 2:00 PM
GYNAC SketchPlanForm 43

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/2/07 2:58

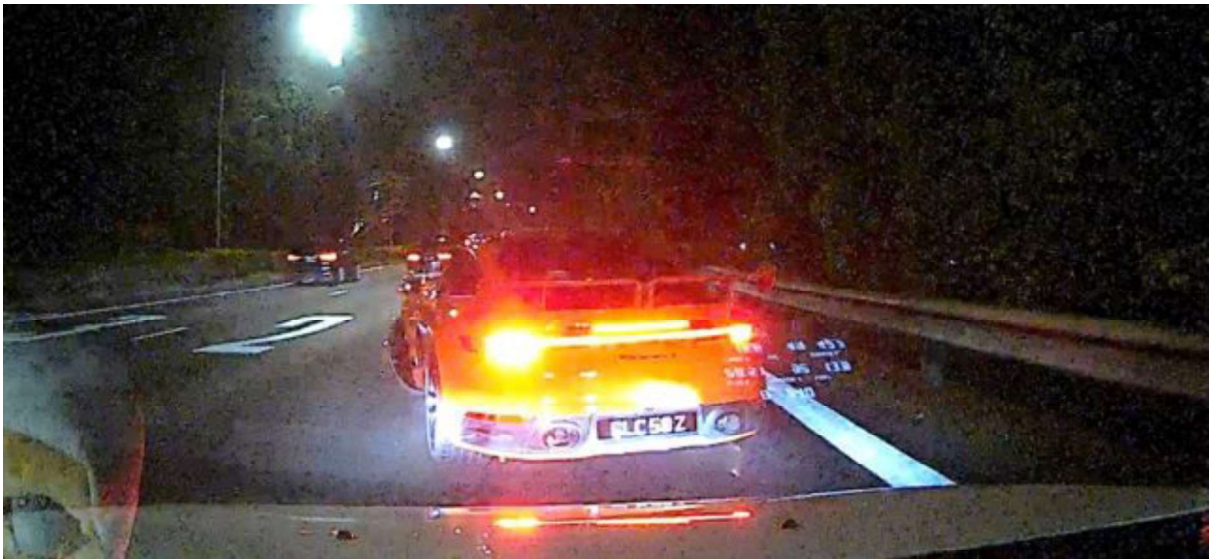
DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: 2/21/2014
2:00 PM
GWRAC Sketch/Plan Form 3A

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/2/07 2:58

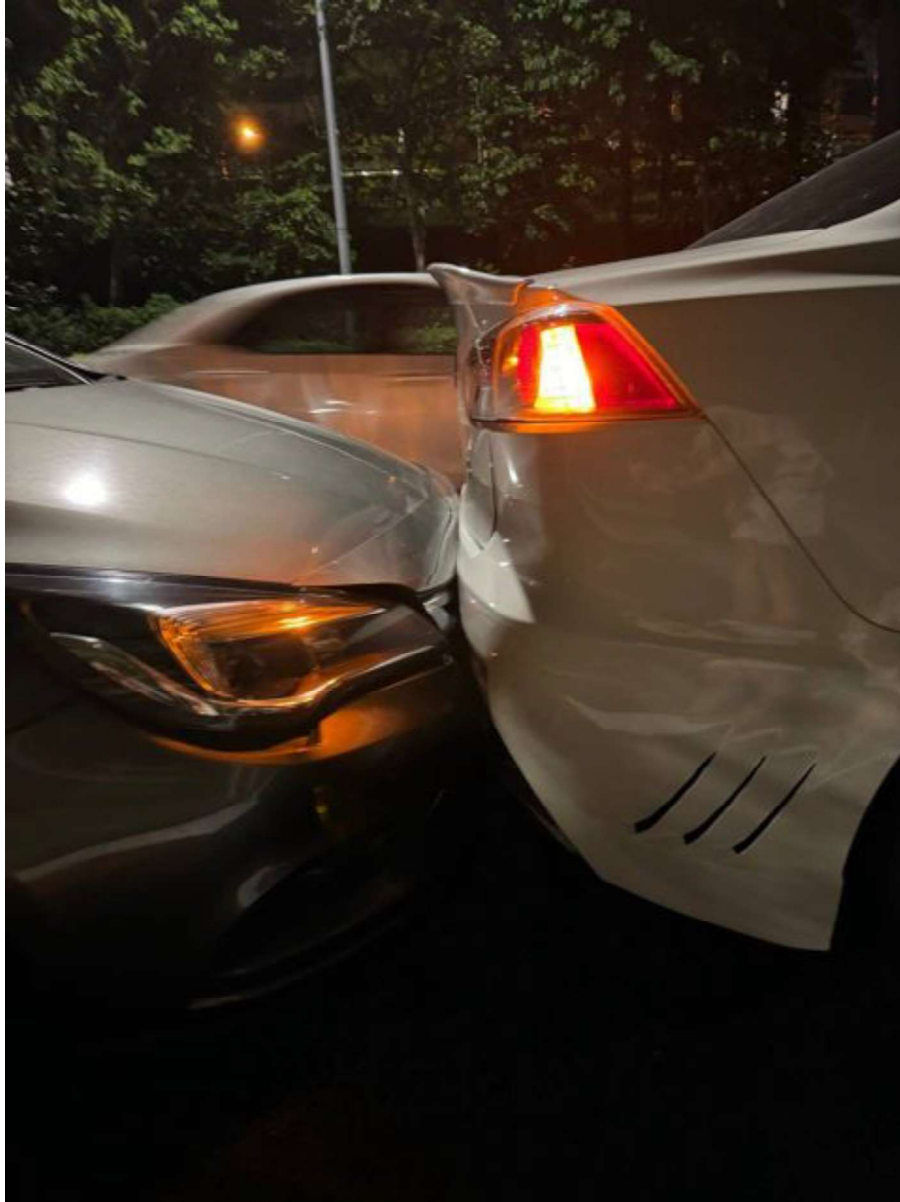
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Page 5 of 39

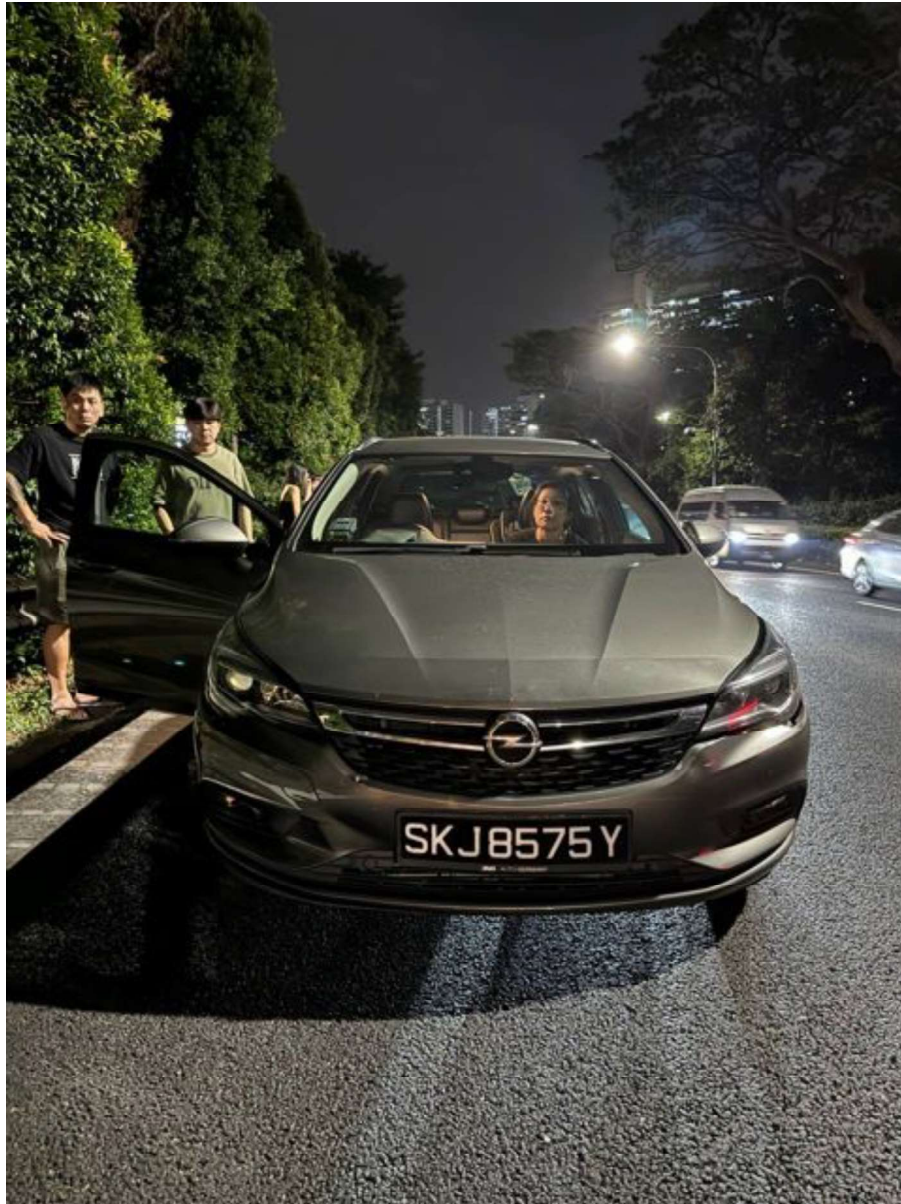




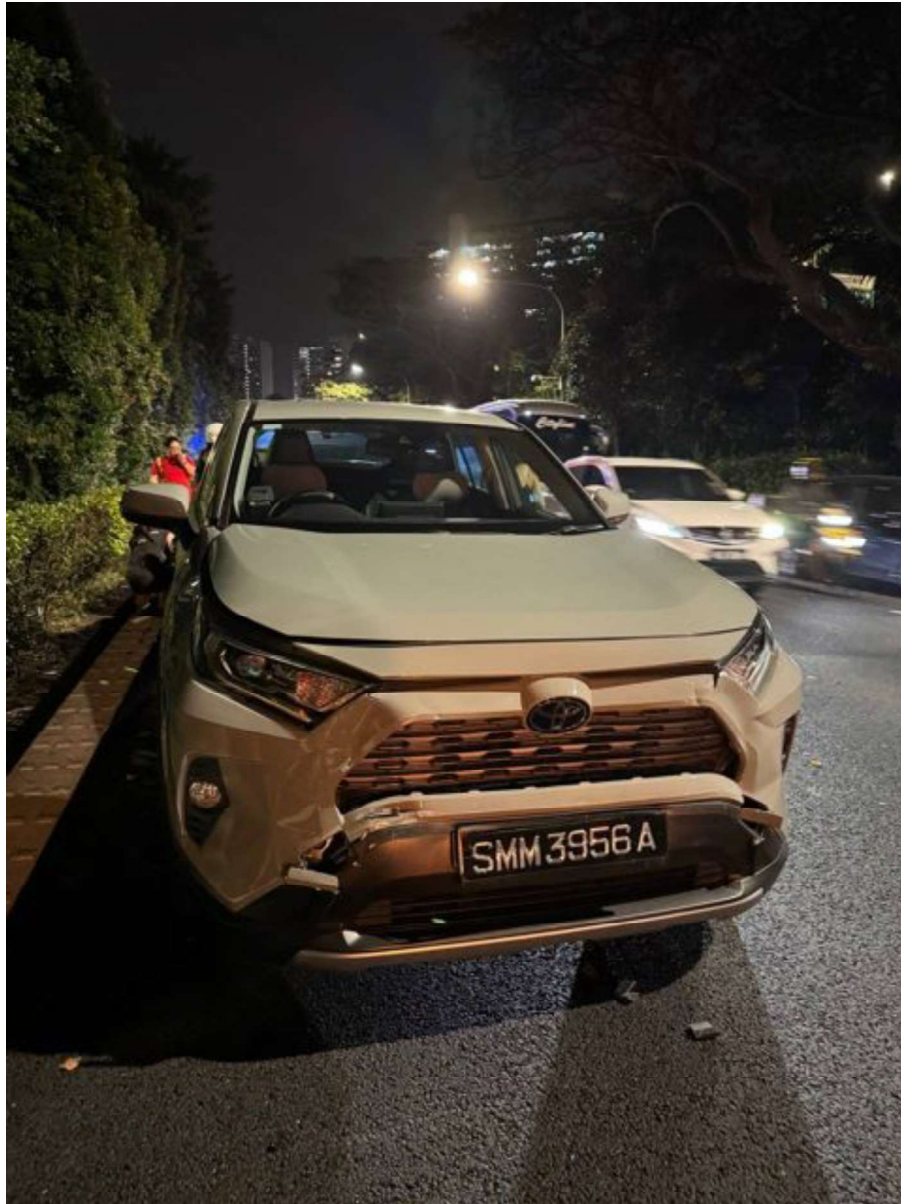






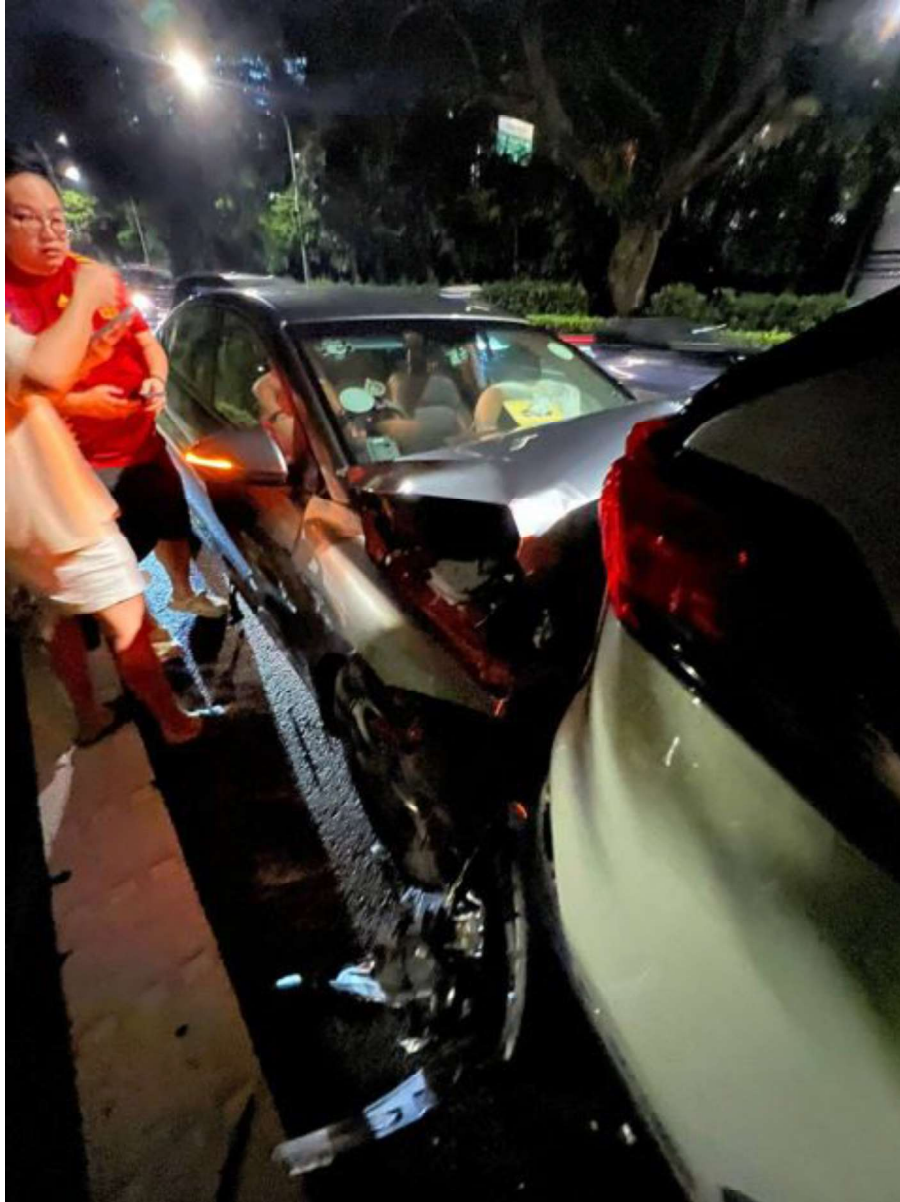



















































**SINGAPORE
POLICE FORCE**


E20240721/2071

1 of 1

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No: T20240721/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2024 21:17		Vide Report No.: D/20240720/0139		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: TAN JUN XIONG KERWIN			Address: 270 BANGKIT ROAD #10-20 SINGAPORE 670270		
ID Type / ID No.: NRIC NO / S9729650B			Contact No.: Home/Office: Mobile: 94377507		
Nationality: SINGAPORE CITIZEN			Email: kerwintanjunxiong@gmail.com		
Sex: Male	Age: 26	Date of Birth: 24/08/1997	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Business Analyst			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/07/2024 21:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		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	Conditio	No of Passenger
SKJ8575Y	Motor car					0
SLR5023P	Motor car				Slightly Damaged	1
SLZ4397A	Motor car					0
SM1A3956A	Motor car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8029999



T/20240721/2071

2 of 4

Report No. T/20240721/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	NIL
Name	LEWIS LAM	Contact No.	NIL
Related Vehicle	SKJ8575Y (Motor car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver		ID No.	S9729650B
Name	TAN JUN XIONG KERWIN	Contact No.	94377507
Related Vehicle	SLR5023P (Motor car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver		ID No.	NIL
Name	ZHENG HAOWEN	Contact No.	NIL
Related Vehicle	SLZ4397A (Motor car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20240721/2071

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 4

Report No. T/20240721/2071

CONTINUATION OF REPORT

Driver			
Name	PATRICK TAN	ID No.	NIL
Related Vehicle	SMM3956A (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/07/2024 at about 2150hrs, I was driving my vehicle (SLR5023P) along lane 1 at AYE near exit 3.

I noticed that the vehicle in front of me (SLC59Z) suddenly stopped, I then followed so and braked.

I then felt an impact coming from the rear of my vehicle, and saw that the vehicle behind me (SKJ8575Y) had hit onto the rear of my vehicle.

There was 4 cars involved in the incident including my car, (SLR5023P, SKJ8575Y, SMM3956A, SLZ4397A).

Somebody called for police and ambulance. There was somebody that was injured and was conveyed to hospital.

Due the incident, my vehicle had damages, scratches and dents on the rear of my vehicle, dislodges and cracks on the rear bumper area.

Police and ambulance was at scene. Traffic police at scene. No foreign vehicle and government property involved. I was not injured.

I wish to state that I had a passenger on my car the point of time.

Case card was issued to me. Reference D/20240720/0139 under TP IO Yap Eng Siang.

I then came to make a report regarding this incident.



SINGAPORE
POLICE FORCE



T/2024/1721/2011

Police Station Of Origin:
Bukit Panjang N.P.C
1 Seleg Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

4 of 4

Report No. T/2024/0711/2011

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SCSGT(1) LIM JIAN TING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

NP168

Signature Of Informant:

Date/Time:
21/07/2024 21:17

Classification Of Case: