# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/08/2024 10:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/08/2024 06:50 (SGT) Exact Location of Accident 704 Hougang Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Nissan

06/12/2022 09:12 (SGT)

Vehicle Registration Number **SLT3883B** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN HOCK TEE NRIC No SXXXX052I Email Address THOCKTEE@YAHOO.COM.SG Mobile Phone No (Phone) +65-91557986 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model KICKS PREMIUM 1.2L E-POWER 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1198 Vehicle Fuel Petrol-Electric First Regisration Date 06/12/2022 Chassis no MNTFEAP15Z0005638

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P11001301R00

DRIVER

Effective Date/Time of Ownership

Name of Driver NRIC No	TAN HOCK TEE SXXXX052I		
Date Of Birth	03/12/1956		
Occupation	Indoor		
Driving Pass Date	07/06/1977		
Driving License Pass Class	3		
Driving License Validity	Valid		
Driving experience	47 YEARS AND 2 MONTHS		
Gender	Male		
Mobile Number	(Phone) +65-91557986		
Alt. Phone Number	-		
Email Address	THOCKTEE@YAHOO.COM.SG		
Address	BLK 371 HOUGANG STREET 31 14-33 SINGAPORE 530371		
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	Collided into Property		
Weather Conditions	Clear		
Road Surface	Dry		
	Diy .		
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?	No		
Was any injured conveyed to hospital by ambulance?	-		
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?	No		
Was notice of intended Prosecution given?	No		
If yes, against whom?	-		
CIRCUMSTANCES OF ACCIDENT			
PLS REFER TO THE SKETCH PLAN BY DRIVER			
ATTACHMENT(S)			
Are accident photos available for attachment?	Yes		
Was there any video captured by Car Camera?	No		
DETAILS OF OTHER	VEHICLE PROPERTY 1		
Vahiola Pagistration Number	0000010		
Vehicle Registration Number Vehicle Manufacturer	GBG2231B -		

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-
5 ·	

#### SKETCH PLAN

#### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 retevant 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.

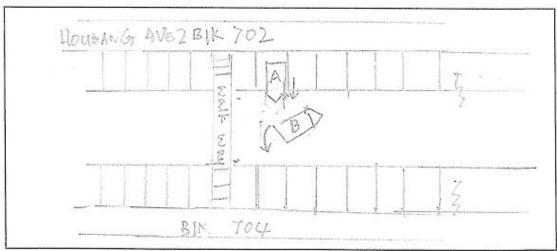
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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

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

Witnessed by Repurposentie Personne (Name as in NRICHE care)

#### Sketch Plan



477	Time: 650gn Location: 7	of the died the
y Vehicle A : SCT3 853B	Vehicle B: CP3Gr 2231B Vehic	le C ; -
Pele to the c	Attached.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		700
1-0-		
2 Claim Op/TP at Ah Lim Moto	Claim OD/TP at other workshop	Reporting Only
emarks: Please forward a copy of r	my efile accident Report to :	
My Workshop :		
, Workshop Email Address :	MILLOS AND TO CAST MONEY IN CONTROL OF THE STATE OF THE S	
Note : Please take note that v	our insurer have a 14 days timeframe for you to sub-	mit own damage claim under your o
policy. Kindly check wit	h your own insurer for more information	The triangle distribution of the triangle of triangle of the triangle of the triangle of triangle of the triangle of trian
Declaration		
We declare the foregoing particulars ar	re true in every respect.	
		6 COTA
		(0° X 0)
		(F) / X2\
du		

vJun2022

### Accident Report

Date and Time of Incident: 2nd August, 0650 AM Location: Block 704, Hougang Ave 2 Car Park, Singapore 530704

# Involved Parties:

#### · My Vehicle:

o License Plate: SLT3883B

o Driver: Tan Hock Tee (NRIC: S4189899) / 21/052エダム

### · Other Vehicle:

License Plate: GBG2231B

Type: Goods Vehicle

o Driver: Aw Choon Ping (NRIC: S7405183I)

Incident Description: On the morning of 2nd August at approximately 0650 AM, I was involved in an accident at the car park of Block 704, Hougang Ave 2. The sequence of events is as follows:

## 1. My Vehicle's Position:

- My car was stationary at the time of the impact. I was about to exit a parking lot head first.
- I noticed the van reversing, so I stopped my vehicle to allow him to pass.
   However, due to the angle of his rushed reversing, he scraped his front left bumper onto my front left bumper.
- Mr. Aw seemed to be in a rush to enter his lot and made the sudden and silent reversing without any signal. Despite this, I managed to give way to his van to prevent a more serious accident.
- In order to avoid a more severe collision, I had no other choice but to stop my vehicle, managing to escape with only scratches on my left bumper. Had I turned or made any further movement, the impact would have been much worse.

# 2. Other Vehicle's Action:

- The other vehicle, a goods van driven by Mr. Aw Choon Ping, was swiftly reversing into a parking lot opposite to mine.
- As Mr. Aw was reversing, his front left bumper collided with my front left bumper. When he collided with my vehicle, the driver's line of sight was already in contact with my vehicle.
- After Mr. Aw's van scraped onto my vehicle, I immediately alighted to check if the other driver was okay and to take photos of the damage.

# Points of Contention:

- Stationary Status: My vehicle was stationary at the point of impact.
- Blind Spot Argument: Mr. Aw claimed that my car was in his blind spot; however, this
  assertion is not accurate given the visible positioning of both vehicles. There was no
  passenger in Mr. Aw's van at the point of the incident, with direct visibility to my car
  given line of sight.
- Unavoidable Circumstances: Due to the swift reversing of the van, I had no choice but to stop my vehicle to avoid a more severe collision.

#### Evidence:

- · Photos of the damage to both vehicles and their positions at the time of the accident.
- · Possible surveillance camera footage from the car park (if available).

Psychological Impact: As a result of this incident, I have suffered severe shock and psychological trauma, which has significantly affected my daily life.

Conclusion: Given the circumstances, it is evident that the collision occurred due to the actions of Mr. Aw while reversing into the parking lot. My vehicle was stationary and not in a blind spot, contrary to Mr. Aw's claims. The unavoidable nature of the situation further supports that I was not at fault for the incident.



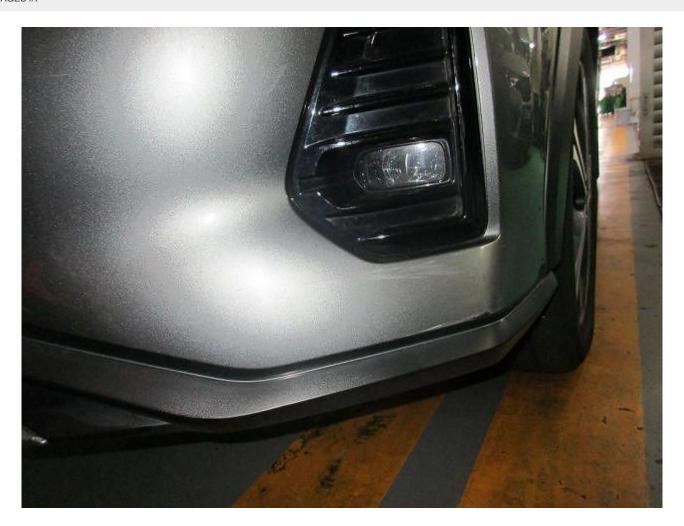








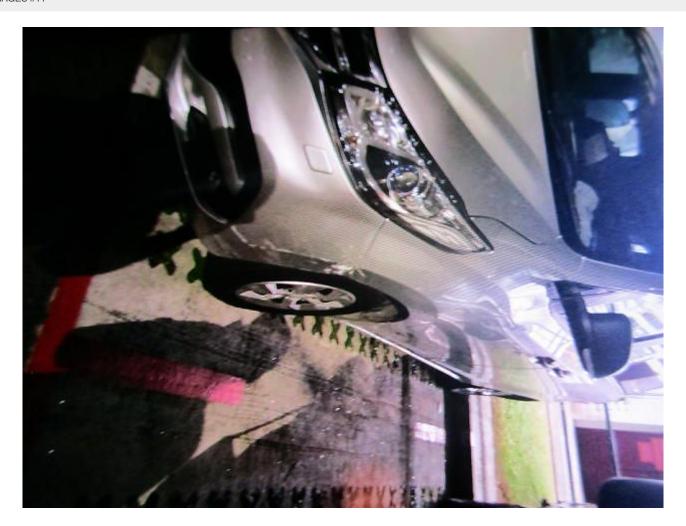












It pays to choose



# Policy Schedule

No. of Claims/Accidente

Comprehensive Car Policy Policy Number: P11001301R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number : P11001301R00 Policy Issued On : 21/11/2023

Policy Start Date : 06/12/2023 (00:00) Policy End Date : 05/12/2024 (23:59)

Cover

Type of Cover : Comprehensive / Named Driver Plan

Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

Policy : S\$ 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)

 Windscreen
 : \$\$ 100.00

 Named Driver below 25 years old
 : \$\$ 500.00

 Named Driver with less than 2 years' valid driving licence
 : \$\$ 500.00

Premiums

 Gross Premium
 : 5\$ 816.18

 Prevailing GST
 : 5\$ 65.30

 Total Premium Payable
 : 5\$ 881.48

Auto Renewal : No

Policyholder

Name : Tan Hock Tee

Address : 371 HOUGANG STREET 31 #14-33 Singapore 530371

Email Address : thocktee@yahoo.com.sg

Mobile Number : 91557986

Main Driver

 Name
 : Tan Hock Tee

 Date of Birth
 : 03/12/1956

 Gender / Marital Status
 : Male / Married

 Occupation
 : Retiree

Certificate of Merit : Yes Licence Held For : More !

Licence Held For : More than 5 years
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number : SLT3883B

 Chassis Number
 : MNTFEAP15Z0005638

 Make & Model
 : Nissan Kicks e-Power 1.2

 Vehicle Colour
 : Grey

 Vehicle Colour
 : Grey

 Year of First Registration
 : 2022

 Sum Insured
 : Market Value

 Off-Peak Car
 : No

 NCD
 : 40%

Vehicle Usage : Private and Commuting

Modifications Declared : None

Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

Driver(s)		Licence	(Last 3 Years)	
	Date of Birth	Held For	At-Fault	Not At-Fault
Tan Mei Fang, Serene	27/01/1987	More than 5 years	0	0
Ng Shengwen Jerome	17/04/1988	More than 5 years	0	0
Tan Wei Jian	08/10/1981	More than 5 years	0	0

Auto & General Insurance (Singapore) Ptc. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg