

## 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 .....	05/08/2024 12:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/08/2024 15:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE (SLE) AFTER ORCHARD ENTRANCE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN8042L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Tan Qian Zhi
NRIC No .....	S8927902Z
Email Address .....	BADLITTLECAL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91509539
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
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 .....	1000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	RV02005800243

#### DRIVER

Name of Driver .....	Tan Qian Zhi
NRIC No .....	S8927902Z
Date Of Birth .....	14/08/1989
Occupation .....	Indoor
Driving Pass Date .....	29/12/2010
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91509539
Alt. Phone Number .....	-
Email Address .....	BADLITTLECAL@GMAIL.COM
Address .....	APT BLK 540 WOODLANDS DRIVE 16 #08-85
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 .....	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 .....	6
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) .....	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? .....	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

PLEASE SEE POLICE REPORT

#### 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 .....	SMP6206X
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNL9152G
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SH6226J
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 4

Vehicle Registration Number .....	SME850J
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	SMS1265S
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 .....	Tan Qian Zhi
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNN8042L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**IMPORTANT NOTICE**

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  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.
    - (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.

Witnessed by Reporting Center Personnel  
(Name as in NRIC/D card)

### Sketch Plan

Handwritten work on a grid background. On the left, there is a vertical list of names: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. To the right of this list is a table with 10 rows and 4 columns. The first column contains the letters A through J. The second column contains the letters K through V. The third column contains the letters W through Z. The fourth column contains the letters A through J. The table is as follows:

A	K	W	A
B	L	X	B
C	M	Y	C
D	N	Z	D
E	O	A	E
F	P	B	F
G	Q	C	G
H	R	D	H
I	S	E	I
J	T	F	J

Below the table, there is a list of names: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. To the right of this list is a table with 10 rows and 4 columns. The first column contains the letters A through J. The second column contains the letters K through V. The third column contains the letters W through Z. The fourth column contains the letters A through J. The table is as follows:


A	K	W	A
B	L	X	B
C	M	Y	C
D	N	Z	D
E	O	A	E
F	P	B	F
G	Q	C	G
H	R	D	H
I	S	E	I
J	T	F	J

Describe Circumstance of the Accident

POLICE REPORT.

Declaration

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

 5th August 2024  
12pm

Policyholder's Signature / Date & Time

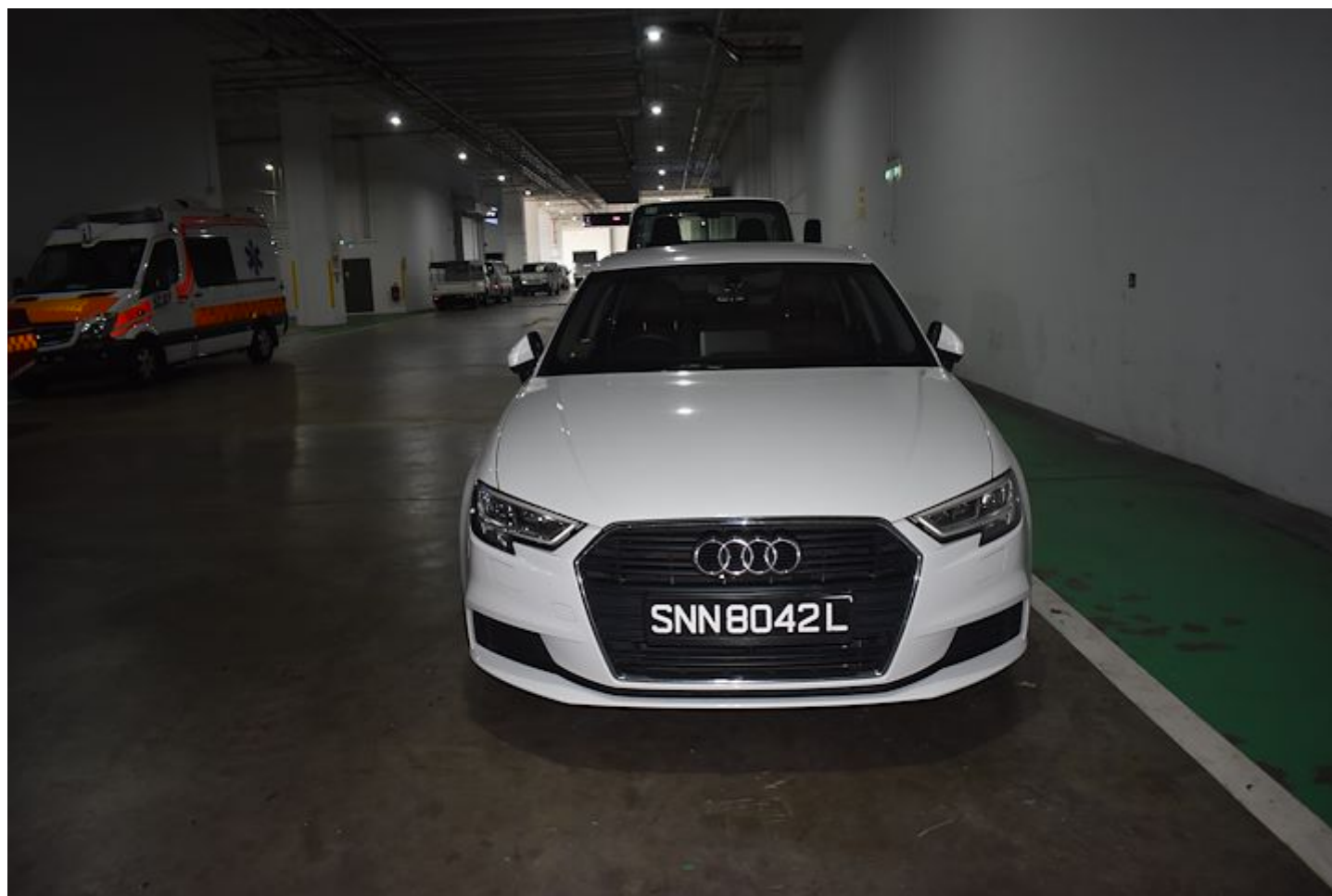
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**

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



T/20240803/7076

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Report No. T/20240803/7076

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

NP168

Signature Of Informant:

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

Date/Time:  
03/08/2024 20:18

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20240803/7076

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

1 of 3

Report No. T/20240803/7076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2024 20:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN QIAN ZHI			Address: 540 WOODLANDS DRIVE 16 #08-85 SINGAPORE 730540		
ID Type / ID No.: NRIC NO / S8927902Z			Contact No.: Home/Office:                      Mobile: 91509539		
Nationality: SINGAPORE CITIZEN			Email: BADLITTLECAL@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 14/08/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Human resource consultant (excluding executive search consultant)			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: 03/08/2024 15:40	Type of Location: Straight Road
Location:  CAMBRIDGE ROAD				
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
SNN8042L	Motor car	AUDI	A3 SPORTBACK 1.0 TFSI S TRONIC (LED)	White		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNN8042L	NTUC Income Insurance Co-Operative Limited	RV02005800243	28/03/2024	27/03/2025



**SINGAPORE  
POLICE FORCE**



T/20240803/7076

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

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Report No. T/20240803/7076

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN QIAN ZHI	ID No.	S8927902Z
Related Vehicle	SNN8042L (Motor car)	Contact No.	91509539
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2024	Date Discharge	03/08/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

**Brief Details.**

On the stated date and time I was travelling straight in lane on the right most one travelling towards CTE (SLE) before Moulmein exit

When the vehicle in front of me brake, I followed suit. Out of nowhere I felt a huge impact from the rear of my vehicle. The impact was so huge that it caused my vehicle to surge forward and hit onto the vehicle in front of me (SMS1265S). When I alighted my vehicle I realised SMP6205X had collided onto the rear of my vehicle.

After the accident I started experiencing pain and decided to seek professional medical attention at Unihealth and was given 3 days mc