

## 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 .....	07/08/2024 17:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	06/08/2024 09:00 (SGT)
Exact Location of Accident .....	Sembawang Rd, Singapore
Additional Location Information .....	TOWARDS UPPER THOMSON
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM1089B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN TAU HUI
NRIC No .....	SXXXX620J
Email Address .....	OVEN369@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-92255997
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Swift
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 .....	1328
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 .....	5096736994-06

#### DRIVER

Name of Driver .....	TAN TAU HUI
NRIC No .....	SXXXX620J
Date Of Birth .....	09/07/1970
Occupation .....	Indoor
Driving Pass Date .....	03/12/2011
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92255997
Alt. Phone Number .....	-
Email Address .....	OVEN369@YAHOO.COM.SG
Address .....	BLK 407 SEMBAWANG DR
Address complement .....	#05-816
Postcode .....	750407
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 .....	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 .....	PASSENGER 1
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 ATTACH

#### 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 ..... SMZ4832Z  
 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 ..... SMK6374U  
 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 ..... SLD1778U  
 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 TAU HUI  
 Gender ..... Male  
 Phone No ..... -

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SJM1089B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	PASSENGER 1
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJM1089B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**


**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:

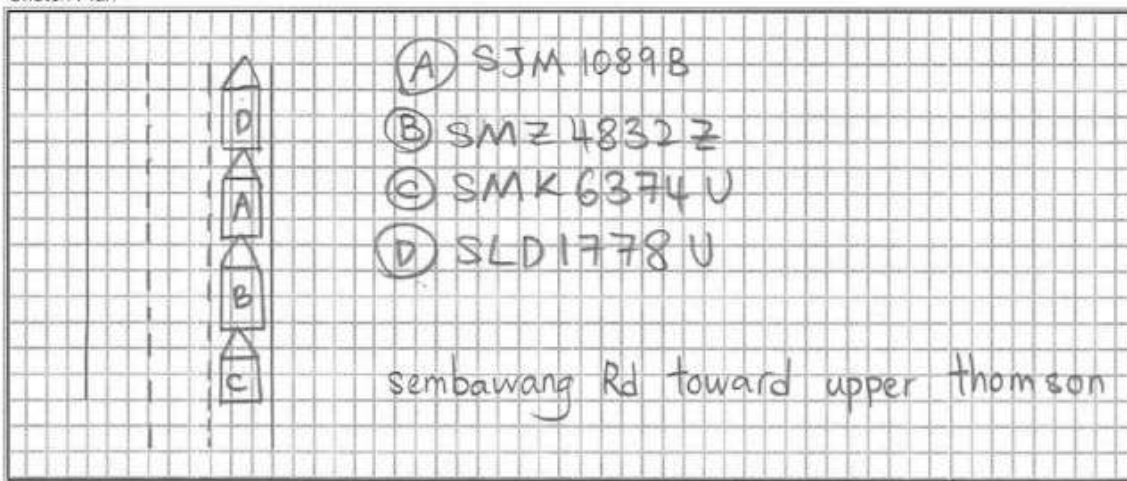
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to police report. T/20240806/7055

### Declaration

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

Policyholder's Signature / Date & Time

Signature (if driver)

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20240806/7055

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

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Report No. T/20240806/7055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2024 15:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN TAU HUI			Address: 407 SEMBAWANG DRIVE #05-816 SINGAPORE 750407		
ID Type / ID No.: NRIC NO / S7022620J			Contact No.: Home/Office: Mobile: 92255997		
Nationality: SINGAPORE CITIZEN			Email: OVEN369@YAHOO.COM.SG		
Sex: Male	Age: 54	Date of Birth: 09/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Supervisor			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2024 09:00	Type of Location:
Location:  SEMBAWANG ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM1089B	Motor car	SUZUKI	SWIFT 1.3 AT	Blue	Seriously Damaged	1
SLD1778U	Motor car				Slightly Damaged	0
SMK6374U	Motor car				Seriously Damaged	0
SMZ4832Z	Motor car				Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20240806/7055

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

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Report No. T/20240806/7055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJM1089B	NTUC Income Insurance Co-Operative Limited	5096736994-06	22/12/2023	21/12/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TAU HUI		ID No. S7022620J
Related Vehicle	SJM1089B (Motor car)		Contact No. 92255997
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)	05	Degree of Injury	Serious

**Brief Details.**

Refer to case card no;  
L/20240806/0052

On the stated date and time, I was driving my vehicle SJM1089B with 1 female passenger on board. We were both wearing our seatbelts.

I was travelling straight along Sembawang road going towards Upper Thomson road. I was travelling on the extreme right lane on a 3 lane road.

As the vehicle in front of me slowed down and came to a stop, I also gradually slowed down my vehicle and came to a stop. Suddenly, a massive impact crashed into the rear of my vehicle, causing my vehicle to surge forward greatly. I tried braking even harder to prevent my vehicle from moving forward further but could not avoid colliding onto the vehicle in front due to the huge impact. Both me and my passenger were caught totally off guard by the huge impact which caused our body to lurch forward, only to be restrained by the seatbelt. I felt pain on my chest area. I turned to check on my passenger. She complained feeling pain on her chest area.

Upon alighting, I realised I was caught in a 4 car chain collision. I was the second vehicle.

I felt 2 huge impact from the rear. Vehicle SMZ4832Z had crashed into my vehicle rear, pushing my vehicle forward to collide onto vehicle SLD1778U. And followed by the last vehicle SMK6374U, colliding onto vehicle SMZ4832Z, pushing both our vehicle forward again.

Order of the chain collision;

- 1) SLD1778U
- 2) SJM1089B
- 3) SMZ4832Z
- 4) SMK6374U

I realised there was another accident in front of us involving a motorcycle and another vehicle.





**SINGAPORE  
POLICE FORCE**



T/20240806/7055

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

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Report No. T/20240806/7055

CONTINUATION OF REPORT

I called the ambulance for my passenger.

Ambulance and traffic police arrived at the scene. My passenger was conveyed to the hospital. I was handed a case card by the officer at scene.

Later in afternoon, I started feeling pain on my neck and lower back area. The pain on my chest also got worse. I decided to seek medical treatment at Norwood medical clinic on my way back home.

I was given 5 days MC for injuries caused by the accident.

I will be seeking follow up treatment if the pain persists.



**SINGAPORE  
POLICE FORCE**

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



T/20240806/7055

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Report No. T/20240806/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI  
Contact No.: 96207105

NP168

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

Date/Time:  
06/08/2024 15:42

Classification Of Case: