

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 Authorised 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 ability.
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 Report	20/07/2018 14:48
Date Of Accident	20/07/2018 08:50
Exact Location Of Accident	CTE NEAR ANG MO KIO AVENUE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1299X
Insured/Policyholder	
Name Of Registered Owner	TAN SIM CHYE
NRIC No	S1579474G
Email Address	JIANLIANG89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94529833
Alternative Phone No	OTHERS-94529833

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS TREND 1.6 4DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3089271802
Cover Note Number	

Driver

Name of Driver	TAN KIAN LEONG (CHEN JIANLIANG)
NRIC No	S8945364Z
Date Of Birth	15/12/1989
Occupation	INDOOR
Date Of Driving Pass	25/05/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94529833
Fax Number	
Contact Number	OTHERS-94529833
Email Address	JIANLIANG89@HOTMAIL.COM

Address	BLK 120B CANBERRA CRESCENT #11-375
Postcode	752120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAY SIEW WEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180720/2087

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM2333A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA1806M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KIAN LEONG (CHEN JIANLIANG)
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SJP1299X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAY SIEW WEN
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SJP1299X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

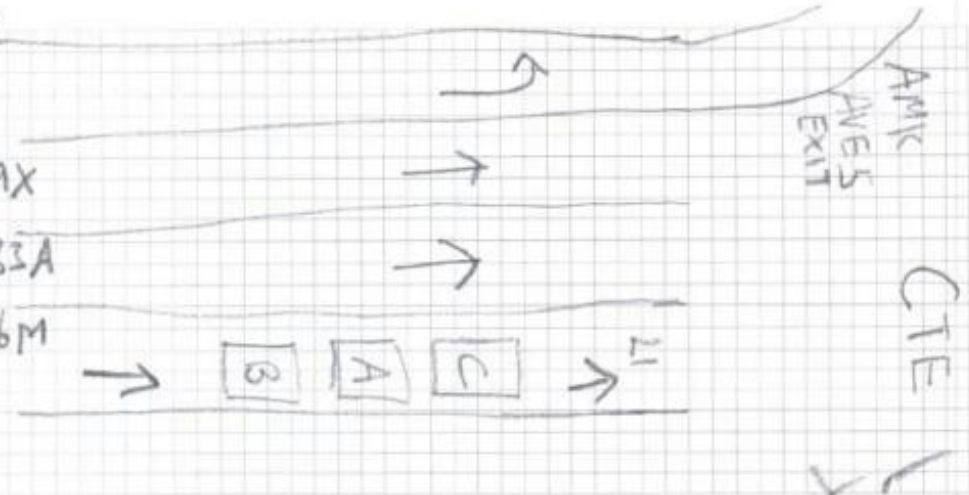
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

A - SJP1299X
 B - SGM2333A
 C - SLA1806M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: "pls Refer to the Police Report T/20180720/2087"

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

Handwritten signature and date: 20/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180720/2087

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180720/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chng Ai ling, Dora	ID No.	S7322853J
Related Vehicle	SGM2333A (Car)	Contact No.	83333288
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN KIAN LEONG	ID No.	S8945364Z
Related Vehicle	SJP1299X (Car)	Contact No.	94529833
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2018	Date Discharge	20/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	Zhang Pu	ID No.	S8574270A
Related Vehicle	SLA1806M (Car)	Contact No.	98560045
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	NIL	Degree of Injury	NIL

Brief Details.

On 20/07/2018, at 0850hrs, I was driving along CTE near Ang Mo Kio Ave 5 exit. I was driving at the most right lane, my vehicle bearing the registration number SJP1299X was stationary at that point of time as the traffic was heavy. Suddenly there was a knock on my rear of my vehicle. As the impact was too huge, my vehicle move forward and hit on the rear of the car in-front of me bearing the registration number of SLA1806M. I then go out of my vehicle and realized that the vehicle bearing the registration number of SGM2333A had hit on to my vehicle. I then call for police assistance. My wife namely Tay Siew Wen, S9039362F was together with me at that point of time. As my wife was pregnant, she felt pain on her tummy, a passer-by assisted to send my wife to the clinic first. I then wait for the arrival of the traffic

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180720/2087

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20180720/2087

CONTINUATION OF REPORT

police. I wish to state that I have front in-car camera installed in my car and this is the first time such an incident happen to me. I also like to further state that my car suffered damage on the rear of the vehicle.

Details of my Wife:

Name: Tay Siew Wen

NRIC: S9039362F

HP: 98221850

Sketch Plan #5



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180720/2087

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20180720/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 13:45		Vide Report No.:	Station Diary No.: 15
Informant's Particulars			
Name of Informant: TAN KIAN LEONG		Address: APT BLK 120B CANBERRA CRESCENT #11-375 SINGAPORE 752120	
ID Type / ID No.: NRIC NO / S8945364Z		Contact No.: Home/Office: Mobile: 94529833	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 15/12/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OPERATION EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2018 08:50	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE near Ang Mo Kio Avenue 5 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SGM2333A	Car	BMW	M3	Blue	Seriously Damaged	0
SJP1299X	Car	FORD	Focus	White	Seriously Damaged	1
SLA1806M	Car	KIA	Forte K3	Grey	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180720/2087

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 4

Report No. T/20180720/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Chng Ai ling, Dora	ID No.	S7322853J
Related Vehicle	SGM2333A (Car)	Contact No.	83333288
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN KIAN LEONG	ID No.	S8945364Z
Related Vehicle	SJP1299X (Car)	Contact No.	94529833
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2018	Date Discharge	20/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	Zhang Pu	ID No.	S8574270A
Related Vehicle	SLA1806M (Car)	Contact No.	98560045
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	NIL	Degree of Injury	NIL

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180720/2087

Police Station Of Origin:
Eunos NPP

3 of 4

629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180720/2087

CONTINUATION OF REPORT

police. I wish to state that I have front in-car camera installed in my car and this is the first time such an incident happen to me. I also like to further state that my car suffered damage on the rear of the vehicle.

Details of my Wife:
Name: Tay Siew Wen
NRIC: S9039362F
HP: 98221850

Police Report



SINGAPORE
POLICE FORCE



T/20180720/2087

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

4 of 4

Report No. T/20180720/2087

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 CHUA CHANG YU

CC

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

CC

Signature Of Informant:

Ad

Date/Time:
20/07/2018 13:45

Classification Of Case: