

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	20/08/2018 13:33
Date Of Accident	18/08/2018 13:30
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8181M
Insured/Policyholder	
Name Of Registered Owner	TAN TAI JIA (CHEN TAIJIA)
NRIC No	S8124249F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98206310
Alternative Phone No	OFFICE-98206310

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.5 TURBO VTIS SR
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V15150/VPC2/R00
Cover Note Number	-

Driver

Name of Driver	TAN TAI JIA (CHEN TAIJIA)
NRIC No	S8124249F
Date Of Birth	12/08/1981
Occupation	INDOOR
Date Of Driving Pass	28/03/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98206310
Fax Number	
Contact Number	OFFICE-98206310
Email Address	NOEMAIL

Address	BLK 208B COMPASSVALE LANE #10-84
Postcode	542208
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS9696A
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 SLA6389S
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 3

Vehicle Registration Number SHD4504X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 4

Vehicle Registration Number SLM7706R
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)

Accident Sketch Plan

SKETCH PLAN

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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, ...)


Reporting Centre Personnel's Name:

Accident Sketch Plan

SKETCH PLAN

Sketch Plan diagram showing a road layout with a central lane labeled "TPE Towards SLE" and a right-hand lane. A large arrow points right. Below the road, a sequence of five boxes contains the letters M, O, A, P, and S. To the right of the diagram, a list of vehicle details is provided:

- A = SLJ 2181M
- B = GGS 9696A
- C = SLA 6389S
- D = SHD 4504X
- E = QLM 7706R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the description area:

- AS
- Dr
- Police
- report

DECLARATION

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

Date & Time:

[Signature]

(If driver is not the policyholder)

Date & Time:

[Signature]

Signature of the policyholder or the person who is the driver at the time of the accident

Name:

NRIC/FIN No.:

[Signature]

	SHC6411Y	Silver Kia Taxi		
103P	①	SLJ8181M	Black Civic	Tan Tai Jia (58124249F)
101P	②	SGS9696A	Black BMW 523i	Tan Teck Sai (51711503J)
101P	③	SLA6389S	Black Mercedes CLA190	Priscilla Tan (57601710G)
102P	④	SHD4504X	Blue Comfort Taxi	Chong Boon Kiat (57104795D)
104P	⑤	SLM7706R	Black Mazda3 PHV	Lee Chee Koon (579154600A)

98206310

96838885

90686332

Boon Kiat 93886101

91129595

(579154600A)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180819/2008

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180819/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2018 01:25	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: TAN TAI JIA		Address: APT BLK 208B COMPASSVALE LANE #10-84 SINGAPORE 542208	
ID Type / ID No.: NRIC NO / S8124249F		Contact No.: Home/Office: Mobile: 98206310	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 12/08/1981	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: PUBLIC SERVANT		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY Tampines Expressway towards Seletar Expresswy				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180819/2008

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20180819/2008

CONTINUATION OF REPORT

Name	LEE CHEE KOON	ID No.	S7915460A
Related Vehicle	NIL	Contact No.	91129595
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	CHONG BOON KIAT	ID No.	S7104795D
Related Vehicle	NIL	Contact No.	93886101
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
Vehicle Owner			
Name	TAN TAI JIA	ID No.	S8124249F
Related Vehicle	NIL	Contact No.	98206310
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN TECK SAI	ID No.	S1711503J
Related Vehicle	NIL	Contact No.	96838885
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

POLICE REPORT



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T/20180819/2008

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20180819/2008

CONTINUATION OF REPORT

Driver			
Name	PRISCILLA TAN	ID No.	S7601710G
Related Vehicle	NIL	Contact No.	90686332
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 18/08/2018 at about 1331hrs, I was driving my vehicle (Plate no.: SLJ8181M) on lane 1 along TPE heading towards SLE. The weather and visibility of the road was clear. My wife, daughter and mother-in-law were in the vehicle as well. There was a taxi in front of me (Silver, Kia, plate no.: SHC6411Y) came to a stop. I also followed suit and came to a complete stop. At the next moment, we heard a couple of car collisions that had also occurred. I felt an impact on the rear of my vehicle which caused my vehicle to inch forward. My vehicle did not collide into the taxi, he left after he made a quick check of his vehicle and drove off. Afterwards, I got off my vehicle to make a check and realized a vehicle (Black, BMW, plate no.: SGS9696A) collided into the rear of my vehicle that caused a chain collision of vehicles along the road. We took photos and exchanged our particulars.

There was another car accident that occurred before my car accident. I believe that few seconds earlier, the taxi (Plate no.: SHC6411Y) came to a stop because of that accident. The vehicles that were involved in the accident were a Silver, Toyota Avanza, Plate no.: JJG1656 and a black, BMW, Plate no.: SLW3967C.

The AETOS and SCDF attended to our incident. I understood that someone was sent to the hospital by the ambulance. The traffic police, Mr Azrin took my particulars and the SD memory card of my in-car camera and was issued an acknowledgement form. He advised me to make a traffic accident report within 24hours. I am lodging this report for my insurance claims as well. That is all.

Vehicles involved in the accident as follow in the following sequence:

- 1) SLJ8181M
- 2) SGS9696A
- 3) SLA6389S
- 4) SHD4504X
- 5) SLM7706R

POLICE REPORT



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T/20180819/2008

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20180819/2008

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:
F /
Sgt 2 LEE LI TING, JOLYNE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2018 01:25

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

