

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 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 Report	14/11/2018 12:44
Date Of Accident	13/11/2018 18:15
Exact Location Of Accident	ALONG BKE TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6137Z
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN HAN AMAS
NRIC No	S7224008A
Email Address	AMASTAN72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92774008
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10835015
Cover Note Number	

Driver

Name of Driver	TAN CHIN HAN AMAS
NRIC No	S7224008A
Date Of Birth	05/07/1972
Occupation	INDOOR
Date Of Driving Pass	19/09/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92774008
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	AMASTAN72@GMAIL.COM

Address	BLK 210 YISHUN ST 21 #02-21
Postcode	760210
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?	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)	1

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

REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7034H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUNDARAMURTHY THANIKAIVELAN
NRIC/Passport Number	G6823727R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME4189H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HANG TJONG
NRIC/Passport Number	S2006774H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AMAS TAN CHIN HAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLP6137Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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:

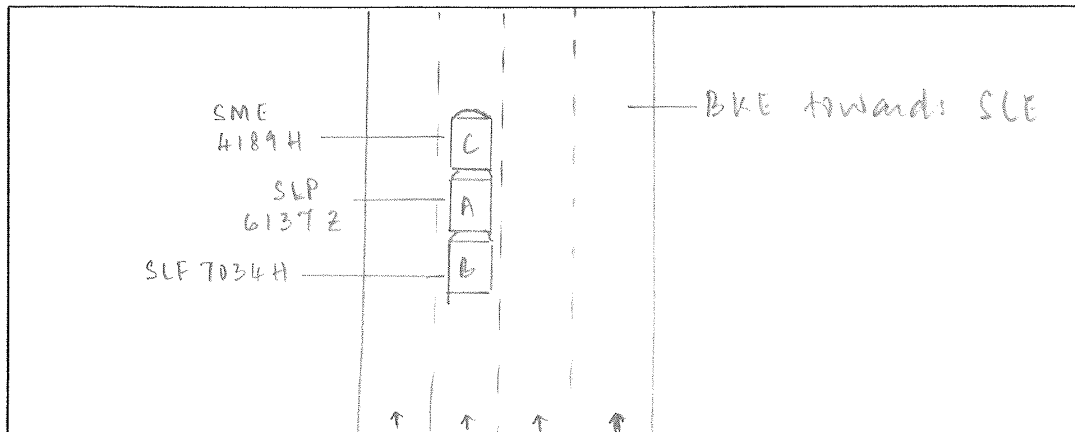


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 13/11/2018 Time: 18:15 Location: along BKE towards SLE
 Veh A: SLP 6137 Z Veh B: SLF 7034 H No of pax: 1 Weather: Clear/dry Rain/Wet
 SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

☒ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : amastan72@gmail.com

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:





**SINGAPORE
POLICE FORCE**



T/20181114/2010

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/20181114/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 02:04		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: AMAS TAN CHIN HAN			Address: APT BLK 210 YISHUN STREET 21 #02-21 SINGAPORE 760210		
ID Type / ID No.: NRIC NO / S7224008A			Contact No.: Home/Office: Mobile: 92774008		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 05/07/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF OFFICER			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: 13/11/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY BKE flyover toward SLE exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SLF7034H	Car				Slightly Damaged	1
SLP6137Z	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Yellow	Slightly Damaged	0
SME4189H	Car				Slightly Damaged	0



**SINGAPORE
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T/20181114/2010

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

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Report No. T/20181114/2010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP6137Z	AVIVA LTD	10835015	28/05/2018	11/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	SUNDARAMURTHY THANIKAIVELAN		ID No.	G6823727R
Related Vehicle	SLF7034H (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 21/07/2018
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	AMAS TAN CHIN HAN		ID No.	S7224008A
Related Vehicle	SLP6137Z (Car)		Contact No.	92774008
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/11/2018		Date Discharge	14/11/2018
No. of Days granted Medical Leave	06		Degree of Injury	Slight
Driver				
Name	TAN HANG TJONG		ID No.	S2006774H
Related Vehicle	SME4189H (Car)		Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20181114/2010

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Report No. T/20181114/2010

CONTINUATION OF REPORT

Brief Details.

On 13th November 2018, I was driving my car (SLP6137Z) along BKE flyover toward SLE. Out of the sudden, the car (SME4189H) in front of me brake suddenly, I managed to stop in time. However the car (SLF7034H) behind couldn't stop in time. Thus, the car hit onto the rear of my car. Due to the impact, my car moved forward and hit onto the car in front of me. Right after the accident, all 3 drivers included myself alight to assess the damage of the vehicles. We exchange particulars and agreed to lodge report via our individual insurance companies. At that point of time, I felt that my chest area is in pain but still bearable however I decided to consult doctor on my own instead of getting Ambulance assistance.

At about 2152hrs, I went to Sengkang General Hospital to consult the doctor. I was given 6 days MC due to the injury that I sustained from the accident.

I would like to state that I did not take any medication at all.



**SINGAPORE
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T/20181114/2010

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4
Report No: T/20181114/2010

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 /
Sr Staff Sgt TEO YUE SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2018 02:04

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Classification Of Case:

Authentication Stamp
NP168

Signature:
[Signature]

Medical Certification Pg. 1




Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

EMD201831962.

Name AMAS TAN CHIN HAN		NRIC No. S7224008A
This is to certify that the above-named is unfit for duty for a period of <u>6</u> days from <u>13-Nov-2018</u> to <u>18-Nov-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Not valid without official hospital stamp	Ward No. SKH Emergency Department	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  GARCIA ANNA MARIE CABRERA , 19086A
	Date 14-Nov-2018	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7224008A**

Name: **AMAS TAN CHIN HAN**
(AMAS CHEN QINGTIAN)

Birth Date: **05 Jul 1972**

Issue Date: **10 Sep 2003**

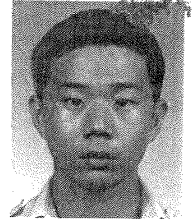
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**SINGAPORE ARMED FORCES
IDENTITY CARD**

Name
AMAS TAN CHIN HAN

NRIC No
S7224008A



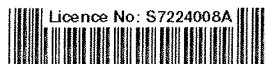
This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
19 Sep 1996

NP 428A



GEMALTOSGPV1006710B1206

00000050069352

NRIC No / Colour
S7224008A/ PINK

Race
CHINESE

Date Of Birth
05/07/1972

Service Status
REGULAR

Address

**Blk 210 YISHUN STREET 21
#02-21 SINGAPORE 760210**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank Status
WARRANT OFFICER

Sex
M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



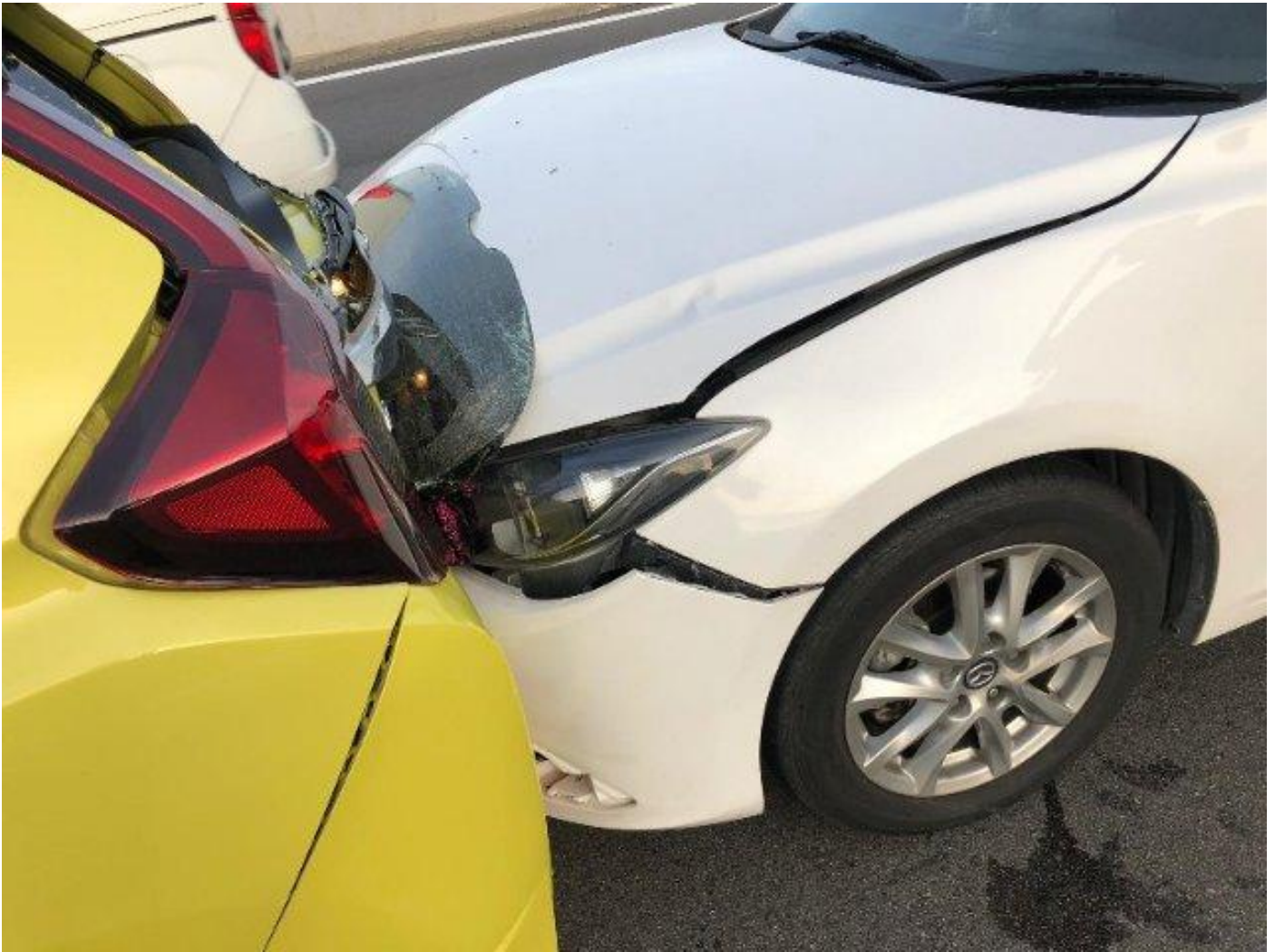
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Accident Photo



Accident Photo



Accident Photo

