

## 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	09/01/2019 12:34
Date Of Accident	09/01/2019 11:30
Exact Location Of Accident	JUNCTION OF JALAN BUROH AND PENJURU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EK90Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BROTHERS INSURANCE AGENCIES PTE LTD
Co Reg No	197500491N
Email Address	EDWIN.TAN@TPSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-93388201
Alternative Phone No	OFFICE-62201822

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO CUSTOMER OFFICE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 29092842 MCX
Cover Note Number	

### Driver

Name of Driver	EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)
NRIC No	S8201531J
Date Of Birth	01/01/1982
Occupation	INDOOR
Date Of Driving Pass	25/04/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93388201
Fax Number	
Contact Number	OFFICE-62201822
Email Address	EDWIN.TAN@TPSGROUP.COM.SG

Address	BLK 338 HOUGANG AVENUE 7 #01-405
Postcode	530338
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190110/7014

#### 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	XB2610M
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOGNAVALL S/O ARIAPPAN
NRIC/Passport Number	S6931748J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	EK90Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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. 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.



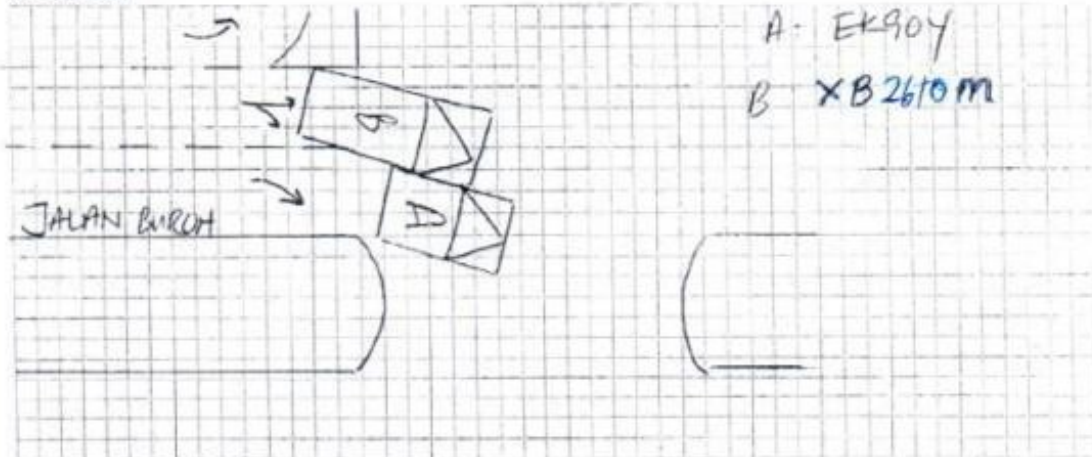
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING RIGHT INTO PENJURU ROAD FROM JALAN BURUH WHEN I FELT A HARD IMPACT ON MY LEFT. THE VEHICLE JERKED & I NEARLY LOST CONTROL OF IT.



## 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.:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190110/7014

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

1 of 4

Report No. T/20190110/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2019 14:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: EDWIN TAN YEW HOCK			Address: APT BLK 338 HOUGANG AVENUE 7 #01-405 SINGAPORE 530338		
ID Type / ID No.: NRIC NO / S8201531J			Contact No.: Home/Office: Mobile: 93388201		
Nationality: SINGAPORE CITIZEN			Email: edwinyh.tan@gmail.com		
Sex: Male	Age: 37	Date of Birth: 01/01/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARKETING AND SALES REPRESENTATIVE (ICT)			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: 09/01/2019 11:30	Type of Location: X-Junction
Location:  JALAN BUROH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EK90Y	Car					0
XB2610M	Container Truck	MITSUBISHI	Unsure	Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190110/7014

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

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Report No. T/20190110/7014

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EK90Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.			
XB2610M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	Not provided		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	EDWIN TAN YEW HOCK		ID No.	S8201531J
Related Vehicle	EK90Y (Car)		Contact No.	93388201
Hospital/Clinic	SINGHEALTH POLYCLINICS - OUTRAM		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2019		Date Discharge	09/01/2019
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	Moganavalli S/O Ariappan		ID No.	S6931748J
Related Vehicle	XB2610M (Container Truck)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

I intended to make a right turn from Jalan Buroh onto Penjuru Road. The traffic light was in my favour. Suddenly, I felt a strong impact to the left side of my car and nearly lost control of my vehicle to the point that instead of turning right I went straight and cleared the junction.

When I exited the vehicle, I realised that the rear left passenger door was badly damaged. I walked back towards the junction and found a stationary container truck XB2610M which was on the lane to my left with some damages. The driver moved his vehicle from the junction to avoid congesting the flow of traffic. We exchanged particulars & went our separate ways because I felt ok.

However, later during the day, after I'd filed the accident report at IDAC, I experienced discomfort in my lower back and right shoulder and went to Outram Polyclinic to seek consultation from a doctor. I was requested to do some stretching and movement actions and was prescribed painkillers and given 2 days medical leave. I was also advised that I might experience more pain in the following days. Today, my

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190110/7014

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20190110/7014

### CONTINUATION OF REPORT

neck began to hurt.

The uploaded report shows that the truck's registration number is keyed in incorrectly but shown to be correct on the sketch. I'm working with IDAC to amend that now.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190110/7014

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

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Report No. T/20190110/7014

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

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

Date/Time:  
10/01/2019 14:36

Classification Of Case:



Reg No 52928775K

ORIGINAL

## MEDICAL CERTIFICATE

GEM201914944

Name EDWIN TAN YEW HOCK (EDWIN CHEN, YOUFU)		NRIC No. S8201531J
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>09-Jan-2019</u> to <u>10-Jan-2019</u> inclusive.		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>N.A.</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis N.A.	Surgical Operation (if applicable) N.A.	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
<b>NOT VALID WITHOUT CLINIC STAMP</b> <b>POLYCLINICS - OUTPATIENT</b> <b>100 Hospital Avenue</b> <b>Level 2, HPB Building</b> <b>Singapore 168937</b> <b>For enquiries please call 66426969</b>	Ward No. _____	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  <b>NG CHUNG WAI, 07573F</b>
	Date <u>09-Jan-2019</u>	

# MEDICAL BILL



**Polyclinics**  
**SingHealth**

Bedok | Bukit Merah | Marine Parade | Outram | Pasir Ris | Punggol | Sengkang | Tampines

Tel: (65) 6643 6969  
Fax: (65) 6536 4003  
SingHealth Polyclinics - Outram  
Health Promotion Board Building  
3 Second Hospital Avenue, Level 2  
Singapore 168937  
polyclinic.singhealth.com.sg  
UEN No 52928775K

## TAX INVOICE

GST REG NO: M90368910N

POUKSG / FB / 09.01.2019 1733 hrs / Page 1 of 1

EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)	Tax Invoice Number : OU13020369D0019
338 HOUGANG AVENUE 7	Bill Ref Number : OU13020369D-0019-01
#01-405	Tax Invoice Date : 09.01.2019 1733 hrs
SINGAPORE 530338	Patient NRIC/HRN : S8201531J
Patient : EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)	Visit Date : 09.01.2019 1543 hrs
	Visit / Bill Location : PCLOU/PCLOU/MED
	Payment Class : ADULT

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)	
			Full Amount	Payable Amount
POP5	<u>CONSULTATION</u> CONSULTATION	1	48.13	13.20
	Subtotal		48.13	13.20
IPR4NA1	<u>MEDICATION/DEVICES</u> PARACETAMOL 450MG, ORPHENADRINE 35MG TAB - (S1)	50	5.00	1.25
	Subtotal		5.00	1.25
TOTAL CHARGES			53.13	
LESS: GOVERNMENT SUBSIDY			-38.68	
AMOUNT PAYABLE BEFORE TAX				14.45
ADD: 7% GST				1.01
AMOUNT PAYABLE AFTER TAX				15.46
LESS: GST ABSORBED BY THE GOVERNMENT				-1.01
NET AMOUNT PAYABLE				14.45
EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)				14.45
PAYMENT				
EDWIN TAN YEW HOCK ( 09.01.2019 VISA/MASTER			14.45	14.45
AMOUNT DUE				
EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)				0.00
ST: P. S8201531J				
*** You are served by KAMALAH D/O SUBRAMANIAM GOPAL ***				

\*\*For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.\*\*Please pay by cash, NETS, or cheque upon receipt of invoice. Cheque should be made payable to SingHealth Polyclinics. Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital  
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore  
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8201531J




Name,  
EDWIN TAN YEW HOCK  
(EDWIN CHEN YOUFU)  
陈有福

Race  
CHINESE

Date of birth  
01-01-1982

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8201531J  
Name  
EDWIN TAN YEW HOCK  
(EDWIN CHEN YOUFU)

Birth Date: 01 Jan 1982  
Issue Date: 25 Apr 2003



NRIC No. S8201531J



Date of issue  
13-06-2012

Address  
APT BLK 338 HOUGANG AVENUE 7  
#01-405  
SINGAPORE 530338

8848813

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

Valid till 25 Apr 2003



TP 439A

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



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500205 / GST Reg. No.: M400017795

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAV19003807 Vehicle Registration No: EK904  
Name (as shown in NRIC) : EDWIN TAN YEW HOCK NRIC/FIN/Passport No : S820153LJ  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93388201  
Email Address : \_\_\_\_\_  
Date of Accident : 09/01/2019 Time of Accident : 11:30  
Place of Accident : JUNCTION OF JALAN BURAH AND PANGKUP KORO  
Insurance Company: melb

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- WAS ANYBODY INJURED IN THE ACCIDENT - YE
- WAS THE ACCIDENT REPORTED TO THE POLICE - YES, REPORT ONLINE
- DETAILS OF OTHER VEHICLE PROPERTY 1 - VEHICLE REGISTRATION  
NUMBER : XB2610M

Policyholder / Driver's Signature  
Date: 10/01/2019



Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]  
Date: 10/01/2019