

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	23/03/2020 14:46
Date Of Accident	22/03/2020 19:00
Exact Location Of Accident	JUNCTION OF BUNGKOK DR & PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1570X
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN CHUAN ERIC
NRIC No	SXXXXX026D
Email Address	MICTKS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97309586
Alternative Phone No	OFFICE-97309586

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVPCSB0316961903
Cover Note Number	

Driver

Name of Driver	TAN KIAN SHING MICHAEL
NRIC No	SXXXXX152C
Date Of Birth	08/02/1974
Occupation	INDOOR
Date Of Driving Pass	15/04/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309586
Fax Number	
Contact Number	
EEmail Address	MICTKS@GMAIL.COM

Address	BLK 269D COMPASSVALE LINK #05-79
Postcode	544269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
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)	5
Passenger 1	NAME: : HO LING-ZHI RENEE GENDER: : FEMALE
Passenger 2	NAME: : TAN TECK HAN TRISTEN GENDER: : MALE
Passenger 3	NAME: : TAN HIAN KAI JOVAN GENDER: : MALE
Passenger 4	NAME: : JANET CALANNO UMAGA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20200322/2091
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL8977S
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category MOTORCYCLE

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 UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL8977S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HO LING-ZHI RENEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE1570X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



SINGAPORE POLICE FORCE



T/20200322/2091

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

Report No. T/20200322/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2020 22:02		Vide Report No.: F/20200322/0230		Station Diary No.: 177	
Informant's Particulars					
Name of Informant: TAN KIAN SHING, MICHAEL			Address: APT BLK 269D COMPASSVALE LINK #05-79 SINGAPORE 544269		
ID Type / ID No.: NRIC NO / S7404152C			Contact No.: Home/Office: Mobile: 97309586		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 08/02/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2020 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK DRIVE PUNGGOL ROAD Buangkok Drive X Punggol Road				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8977S	Motorcycle	HONDA	CBF190X MANUAL	Black		0
SLE1570X	Car	HYUNDAI	TL TUCSON 2.0 GLS AT 2WD SR (EPB)	Blue		4



**SINGAPORE
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T/20200322/2091

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545025
Tel No: 1800-343 8999

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Report No. T/20200322/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIAN SHING, MICHAEL	ID No.	S7404152C
Related Vehicle	SLE1570X (Car)	Contact No.	97309586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HO LING ZHI RENEE	ID No.	S7814382G
Related Vehicle	SLE1570X (Car)	Contact No.	96202177
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 22/03/2020 at about 1900hrs, while I was driving on Buangkok Drive after exiting from KPE. Upon coming to the Junction of Buangkok Drive and Punggol Road, I wanted to turn right towards Punggol Road. I was on the second turning lane, waiting to turn. I saw a oncoming truck as such I stopped and waited for it to clear. I paid more attention to the truck as the head light was not on. I saw that the rest of the vehicles were at a far distance. Right after the truck passed, I saw a clear traffic as such I turned. While almost finishing my turning, I was hit by a motorcycle on the right rear side. I stopped and came out of my vehicle and checked on the rider. The rider was conscious and able to speak. The rider was not bleeding and he seem fine. Police came and assisted, told me to move my vehicle to prevent congestions. The officers spoke to me and the rider, as such I could not speak to him.

Two ambulance came, they conveyed the rider and my wife to Sengkang General Hospital. I wish to state that I did not sustained any pain or injury. My family and helper who was with me in the car also did not sustain any injury. My wife did complain of pain on her left side of the neck and shoulder.



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545025
Tel No: 1800-343 8999

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Report No. T/20200322/2091

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/
Staff Sgt JOSHUA KWEK YONG CHEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2020 22:02

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED MUHAMMAD BIN SYED
FARID ALBAR
Contact No.: 65476090

Classification Of Case:

Authentication Stamp
NP168