

## 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	06/07/2020 10:52
Date Of Accident	04/07/2020 17:50
Exact Location Of Accident	AMK AVE 3 JUNC WITH AMK AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4305Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)
NRIC No	SXXXX100Z
Email Address	ALLANTANTK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90013863
Alternative Phone No	OFFICE-90013863

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110726732-01
Cover Note Number	

### Driver

Name of Driver	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)
NRIC No	SXXXX100Z
Date Of Birth	03/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013863
Fax Number	
Contact Number	OFFICE-90013863
Email Address	ALLANTANTK@GMAIL.COM

Address	BLK 325 UBI AVE 1 #04-711
Postcode	400325
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 CASSIA LINK , <b>POSTCODE:</b> 397618 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200706/2027

#### 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	SLS2847T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW LEONG TECK
NRIC/Passport Number	SXXXX578Z

Contact Number 96871521  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMM4305Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GRAB PASSENGER  
Approximate Age  
Injuries Sustain MOUTH, LIP N TEETH  
Injured person in which vehicle? SMM4305Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

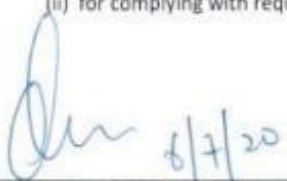
#### IMPORTANT NOTICE

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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.

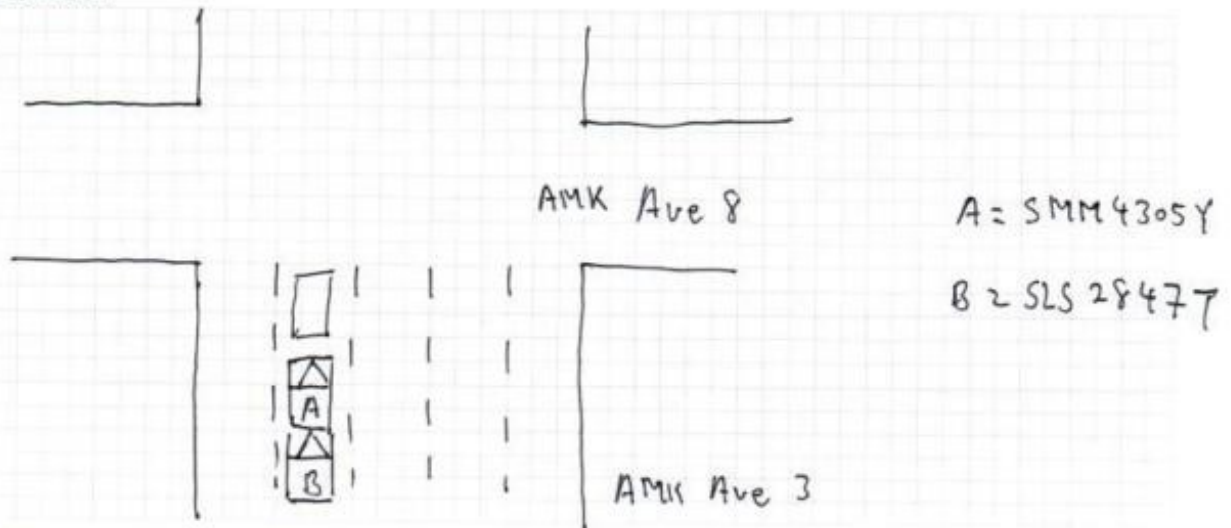
  
Policyholder's Signature  
Date & Time: 8/7/20

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

On 04 July 2020

I was driving with 2X passenger under grab private-hire car services from 7 pass ris link, Seastrend condominium to destination Ang mo kio Ave 3 block 322.

While clearing the trip my vehicle (SMM4305Y) come to completed stop at second lane from left just after yellow box of traffic cross junction of Ang mo kio Ave 3 in way of Ave 8 for about 1 minute while waiting for traffic light change to green.

I did not hear any tire screaming sound prior to received the great impact from back of my vehicle with a loud bang-bang.

It took me about 3 to 5 second to get out of shock and having sharp pain on my right shoulder and neck. I look at my watch ((1750hrs) as shown) and I start to ask my passenger if they are alright and check with them if they are injured.

The female passenger mentioned her mouth/lips and teeth in pain. Thereafter I get down from my vehicle to check on the back of my vehicle and the driver of complete (SLS 28477) signal come with his hand and tell

## DECLARATION

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

Policyholder's Signature

Date & Time: 6/7/2020

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

After pull over to roadside, I am only able to off my vehicle engine, after 5 minute of trying. During exchange of particular of driver. Driver (SLS2847T) Mr Leow leong tek is unable to provide his driving license when asked. As mentioned by him, he did not bring it along today.

as discuss with both passenger I will report this accident to Grab and their destination is about 200-300m away. and requested them to report to grab from their end to follow up for anything if required. and they debus from my vehicle. Some time I have given my contact number to them

### DECLARATION

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

Policyholder's Signature

Date & Time: 6/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200706/2027

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No: T/20200706/2027

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM4305Y	NTUC Income Insurance Co-Operative Limited	5110726732-01	27/06/2020	26/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Leow Leong Teck	ID No.	S0241578Z
Related Vehicle	SLS2847T (Car)	Contact No.	96871521
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 THONG KUANG ALLAN	ID No.	S8200100Z
Related Vehicle	SMM4305Y (Car)	Contact No.	90013863
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 04/07/2020 around 1750hrs I was driving along Ang Mo Kio ave 3 with 2 grab passenger. I came to a completed stop at the second lane from the left just after the yellow box of the traffic cross junction of Ang Mo Kio ave 3 in way of ave 8 for about 1 minute while waiting for traffic light to change to green. I felt and heard a loud impact sound coming from the rear of my car. I alighted the vehicle to check my the rear and I saw it was damaged by (SLS2847T) behind my vehicle.

Both me the other drier (Leow Leong Teck) exchanged our numbers and particulars and waited for tow truck to arrive. I went to the A&E at Mount Alvernia hospital and got a 5 days MC for sharp pain on my right shoulder and neck. I went idac to report this accident. I am lodging this report for insurance claim

**P**

POLICE REPORT



SINGAPORE  
POLICE FORCE



1/20200706/2527

Police Station Of Origin:  
Geylang N.P.C.  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. 1/20200706/2527

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 1 Bryan Low Yan Hui

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/07/2020 11:46

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T20200706/2027

1 of 3

Report No: T20200706/2027

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 11:46	Vide Report No.:	Station Diary No.: 33
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### Informant's Particulars

Name of Informant: TAN THONG KUANG ALLAN		Address: APT BLK 325 UBI AVENUE 1 #04-711 SINGAPORE 400325	
ID Type / ID No.: NRIC NO / S8200100Z		Contact No.: Home/Office: Mobile: 90013863	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 03/01/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Port/Shipping operations supervisor		Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2020 17:50	Type of Location:
Location: ANG MO KIO AVENUE 3 ANG MO KIO AVENUE 8 Cross Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SLS2847T	Car			Black	Seriously Damaged	0
SMM4305Y	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Green	Seriously Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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