

## 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	24/06/2020 16:55
Date Of Accident	24/06/2020 14:35
Exact Location Of Accident	SIMS WAY TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7013J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN YONG HUA COLIN
NRIC No	S8232722C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90282338
Alternative Phone No	OFFICE-90282338

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0002627-01
Cover Note Number	

### Driver

Name of Driver	TAN YONG HUA COLIN
NRIC No	S8232722C
Date Of Birth	26/09/1982
Occupation	INDOOR
Date Of Driving Pass	17/04/2006
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90282338
Fax Number	
Contact Number	OFFICE-90282338
Email Address	NOEMAIL

Address	BLK 672D EDGEFIELD PLAINS #16-585
Postcode	824672
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	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
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

I WAS TRAVELLING ALONG SIMS WAY TOWARDS GUILLEMARD ROAD ON LANE 4. VEHICLE B ON MY RIGHT (LANE 3) CUT INTO MY LANE AND HIT ONTO MY VEHICLE RH PORTION. NOBODY WAS INJURED AT THIS TIME.

#### 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	FBH6416D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	TAN YONG HUA COLIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLC7013J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN


#### IMPORTANT NOTICE


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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:

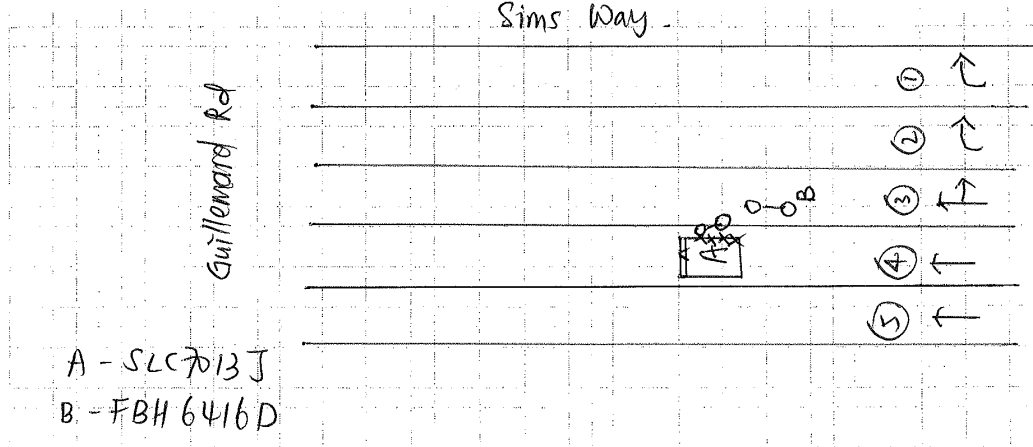
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan #2 Pg. 1

## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sims Way towards Guillemard Rd on lane 4. Vehicle B on my right (lane 3) cut into my lane and hit onto my vehicle RH portion. Nobody was injured at this time.

## 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.:
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**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man with glasses.

Licence Number: **S8232722C**  
Name: **TAN YONG HUA, COLIN**  
Birth Date: **26 Sep 1982**  
Issue Date: **17 Apr 2006**

Barcode: 001412110H

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8232722C**

Portrait photo of a man with glasses.

Name: **TAN YONG HUA, COLIN**  
**陈 荣 华**  
Race: **CHINESE**  
Date of birth: **26-09-1982** Sex: **M**  
Country of birth: **SINGAPORE**

Coat of arms of Singapore.

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: SLC 7013J  
Date of Accident: 24/06/20

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Apr 2006

NP 428A

Licence No: S8232722C

4913028

Barcode

NRIC No: **S8232722C**

Portrait photo of a man with glasses.

Date of issue: **12-12-2012**

APT-BLK 672D EDGEFIELD PLAINS #16-585  
SINGAPORE 824672  
NRIC No: **S8232722C** Date: **21/05/2015**




INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711  
 Office (65) 63476100 Email insure@iil.com.sg  
 Fax (65) 62244174 Website www.iil.com.sg

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO.: D19MPC0002627_01</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	:	SLC7013J
Chassis No	:	RU11116464
2. Name of Policyholder	:	TAN YONG HUA COLIN
3. Effective date of Insurance	:	24 May 2020
4. Expiry date of Insurance	:	23 May 2021
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover</b>		
a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Insured & Named Drivers Excess Sect I : SGD 600.00 Unnamed Drivers Excess Sect I : SGD 1,100.00 Windscreen Excess : SGD 100.00		
Hire Purchase Company : United Overseas Bank Limited		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker : A000038/M Plus Consultancy		For India International Insurance Pte Ltd
Date of Issue : 06/05/2020 15:39:09		
MX1-Private Car (Insured Driving)		
		 _____ Authorised Signatory

**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20200706/2026

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

1 of 4

Report No. T/20200706/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/07/2020 11:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: TAN YONG HUA, COLIN			Address: APT BLK 672D EDGEFIELD PLAINS #16-585 WATERWAY BANKS SINGAPORE 824672	
ID Type / ID No.: NRIC NO / S8232722C			Contact No.: Home/Office: Mobile: 90282338	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 26/09/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2020 14:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIMS WAY GUILLEMARD ROAD ALONG SIMS WAY TRAVELLING TOWARDS GUILLEMARD ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6416D	Motorcycle	HONDA	CBR600RR			1
SLC7013J	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20200706/2026

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

2 of 4

Report No. T/20200706/2026

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC7013J	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002627_ 01	24/05/2020	23/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	WONG LIANG DA LUCAS		ID No.	S9837890A
Related Vehicle	FBH6416D (Motorcycle)		Contact No.	91760270
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 YONG HUA, COLIN		ID No.	S8232722C
Related Vehicle	SLC7013J (Car)		Contact No.	90282338
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 STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG LANE 4 OF SIMS WAY TOWARDS GUILLEMARD ROAD (SLC7013J). IT WAS A RAINY AND THE ROAD SURFACE WAS WET. A MOTORCYCLIST TOGETHER WITH HIS PILLION (FBH 6416B) WHICH TRAVELLING AT LANE 3 INTENDED TO SWITCH TO MY LANE DUE TO THE VEHICLE IN FRONT OF HIM SLOW DOWN. OUT OF THE SUDDEN, THE MOTORCYCLIST HIT MY DRIVER SIDE'S DOOR AND FELL DOWN. I APPROACHED THEM IMMEDIATELY AND ASK THEM WHETHER THEY NEED AN AMBULANCE BUT THEY REFUSED MY REQUEST AND MENTIONED THAT THEY HAD AN UPCOMING APPOINTMENT. AFTER 2 HOURS OF THE INCIDENT HAPPENED, THE RIDER WENT TO THE HOSPITAL INSTEAD. THEREFORE, I CAME TO TPHQ AND LODGE A TRAFFIC ACCIDENT REPORT. THAT'S ALL.

**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20200706/2026

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

3 of 4

Report No. T/20200706/2026

CONTINUATION OF REPORT

POLICE REPORT Pg. 1



SINGAPORE  
POLICE FORCE



T/20200706/2026

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

4 of 4




Report No. T/20200706/2026

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: TP / ONG PENG HUA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2020 11:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	Signature: 

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**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 : MSME 20054183 Vehicle Registration No : SLC 7013J  
Name(as shown in NRIC): Tan Yohp Hua Colin  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S 823722C  
Address : BLK 670D Edgefield Plains #16-585 S'84672  
Contact (Tel) : \_\_\_\_\_ (H/P) : 9028 2338  
(Email) : \_\_\_\_\_  
Date of Accident : 20/6/2020 Time of Accident : 1435 hrs  
Place of Accident : Sims Way twds Guillemard Rd  
Insurance Company : INDIA

**(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:

Kindly add in police report T/20200706/2026  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Vehicle Owner / Driver

Date: 6/8/2020

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm