

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	06/11/2020 17:19
Date Of Accident	05/11/2020 17:20
Exact Location Of Accident	PAYA LEBAR RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8713G
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001902000
Cover Note Number	

Driver

Name of Driver	TANG WEE MING
NRIC No	SXXXX631I
Date Of Birth	08/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83899970
Fax Number	
Contact Number	OFFICE-83899970
EEmail Address	NOEMAIL

Address	BLK 166B PUNGGOL CENTRAL #14-135
Postcode	822166
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	3
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201106/2043.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2457X
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Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEN KAI LONG PHILIP
NRIC/Passport Number	SXXXX025G
Contact Number	88491506
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK4451E
Vehicle Make/Model/Colour	HONDA ODYSSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANG SUET CHUAN
NRIC/Passport Number	SXXXX812H
Contact Number	97800567
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TANG WEE MING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS8713G
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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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: 06/11/20
1130


Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/11/20
1130


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

Accident Sketch Plan

SKETCH PLAN

SLR 4451F

SKETCH PLAN

→ Paya Lebar Rd

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Q

Raffles

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION


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

1130


Date & Time: 06/11/20

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



1/20201106/2043

1 of 4

Report No: 1/20201106/2043

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 13:31	Video Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: TANG WEE MING		Address: APT BLK 166B PUNGGOL CENTRAL #14-135 SINGAPORE 822166	
ID Type / ID No.: NRIC NO / S70176311		Contact No.: Home/Office: Mobile: 90587697	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 08/05/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2020 17:20	Type of Location: Bend
Location: PAYA LEBAR ROAD			
Weather: Cloudy	Road Surface: Dry	Road Speed Limit: 50 Km/h	
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
SJL2457X	Car	HONDA		Black	Slightly Damaged	0
SLK4451E	Car	HONDA		Grey	Slightly Damaged	0
SLS8713G	Car	HONDA	Shuttle	Silver	Slightly Damaged	3

Police Report



**SINGAPORE
POLICE FORCE**



T/20201106/2043

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No: T/20201106/2043

CONTINUATION OF REPORT


Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEN KAI LONG PHILIP	ID No.	S1510025G
Related Vehicle	SJL2457X (Car)	Contact No.	88491506
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	KANG SUAT CHUAN	ID No.	S0061812H
Related Vehicle	SLK4451E (Car)	Contact No.	97800567
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	TANG WEE MING	ID No.	S7017631I
Related Vehicle	SLS8713G (Car)	Contact No.	90587697
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/11/2020	Date Discharge	06/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:


I am working as a grab driver.

On 05/11/2020 at about 1720hrs, I was working and driving my silver Honda Shuttle (SLS 8713G) along Paya Lebar Road next to the building "Philip Telstra" postal code s409006. I had three other passengers in my vehicle. I stopped at the slip road towards PIE expressway. I had to stop my vehicle as there was oncoming traffic and it was not safe for me to proceed. All of a sudden, I felt an impact from my vehicle's rear. My eyes blacked out and it took me awhile to regain my visual. I then alighted and made a check on what happened. I realized that the front of a black Honda (SJL 2457X) has hit the left side of my vehicle's

Police Report



**SINGAPORE
POLICE FORCE**



T/20201106/2043

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310207
Tel No: 1800-2549999

Report No: T/20201106/2043

CONTINUATION OF REPORT

rear bumper. The bumper was dented in.
The vehicle owner of the black Honda (SJL 2457X) informed me that another vehicle (SLK4451E) has hit his rear which caused his vehicle to hit mine. We exchanged contact details and particulars. No traffic police was at scene. Nobody was conveyed to the hospital via ambulance.
After the accident, I went to my company's office. I have a dashcam in my vehicle and has handed it to my company.

On 06/11/2020, I suffered shoulder and back pains hence I sought treatment at Horizon Medical At Blk 106 Lorong 1 Toa Payoh #01-312 and was given 3 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/00201106/2043

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207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No: T/00201106/2043

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:
E /
Sgt 2 NG JUN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151



Signature Of Informant:

Date/Time:
06/11/2020 13:31

Classification Of Case:

SN 02

Authentication Stamp
SP/102

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

