

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 | 12/11/2020 13:03 |
| Date Of Accident | 12/11/2020 09:10 |
| Exact Location Of Accident | YIO CHU KANG ROAD BEFORE BEGONIA ROAD JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJG5600E |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SUAN LIAN |
| Work Permit No | S1415214H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83689389 |
| Alternative Phone No | OFFICE-83689389 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | MAZDA |
| Model | 5-DOOR WAGON 2.0L SP |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5085239537-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAN SUAN LIAN |
| Work Permit No | S1415214H |
| Date Of Birth | 30/09/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/01/1985 |
| Driving Experience | 35 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83689389 |
| Fax Number | |
| Contact Number | OFFICE-83689389 |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLOCK 319 ANG MO KIO AVENUE 1 #11-1505 SINGAPORE |
| Postcode | 560319 |
| 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 | 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? | 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) | 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 | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | SDB9955C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | REFER TO POLICE REPORT AND ATTACHED |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP3526A
Vehicle Make/Model/Colour
Details Of Properties REFER TO POLICE REPORT AND ATTACHED
Vehicle Category COMMERCIAL VEHICLE
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 NA
Approximate Age
Injuries Sustain REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle? SDB9955C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

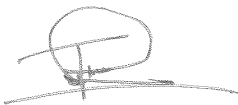
SKETCH PLAN

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:

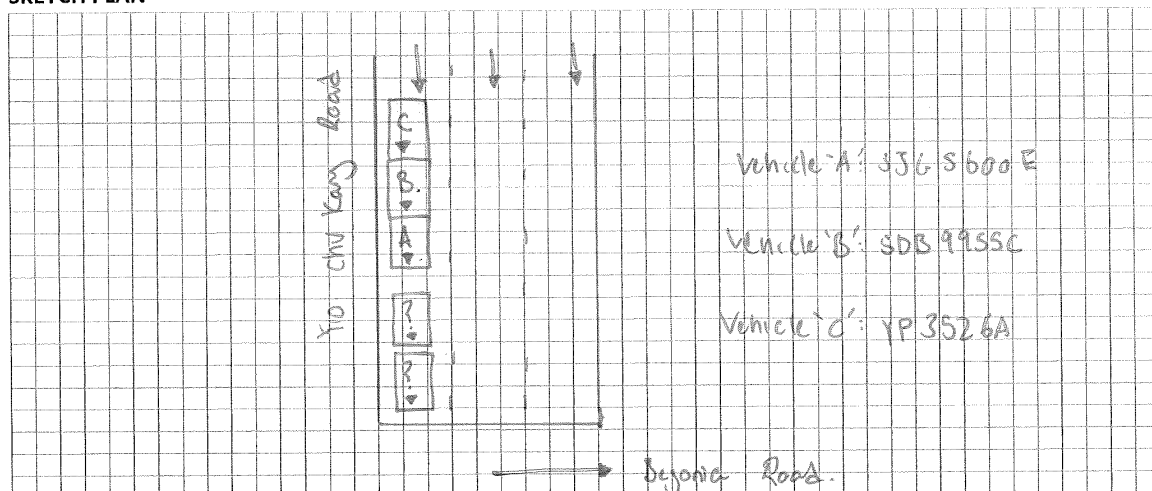


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my
designated lane along Yio Chu Keng Road before Beponia Road. The
vehicle in front of me slowed down to a stop as such i followed
suit. The lights then turned green and the vehicles in front of
me gradually moved as such so did i. As i was moving forward
i suddenly felt a huge impact ~~on~~ hitting me on my rear. I got down
to realised that i was involved in a 3 car chain collision. That is
all.

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.:



**SINGAPORE
POLICE FORCE**



T/20201112/7008

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

1 of 4

Report No. T/20201112/7008

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 12/11/2020 11:26 | | Vide Report No.: F/20201112/0072 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN SUAN LIAN | | | Address: 319 ANG MO KIO AVENUE 1 #11-1505 SINGAPORE 560319 | | |
| ID Type / ID No.: NRIC NO / S1415214H | | | Contact No.: Home/Office: Mobile: 83689389 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: SLTAN@KENTRONICS-SMT.COM | | |
| Sex: Male | Age: 60 | Date of Birth: 30/09/1960 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Operation Manager | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|---------------------------|---|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 12/11/2020 09:10 | Type of Location: Straight Road |
| Location: YIO CHU KANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|----------------------------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SDB9955C | Car | PORSCHE | CAYENNE | White | | 0 |
| SJG5600E | Car | MAZDA | MAZDA5 5-DOOR WAGON 2.0L SP.6EAT | Black | | 0 |

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201112/7008

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

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Report No. T/20201112/7008

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|----------------------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| YP3526A | Lorry | HINO | XZU710R 14FT 7.5T AT | White | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJG5600E | NTUC Income Insurance Co-Operative Limited | 5085239537-03 | 25/11/2019 | 24/11/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | Unknown Driver | | ID No. | NIL |
| Related Vehicle | SDB9955C (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | Slight |
| Driver | | | | |
| Name | TAN SUAN LIAN | | ID No. | S1415214H |
| Related Vehicle | SJG5600E (Car) | | Contact No. | 83689389 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

On the stated date and time, i vehicle A was travelling along my designated lane along Yio Chu Kang Road before Begonia Road Junction. The vehicles in front of me have already come to a stop as such i followed suit. The lights turned green and the vehicles in front of me gradually moved off as such i follow suit. As i gradually moved forward i suddenly felt a huge impact hitting my vehicle on the rear portion of my vehicle. I got down to realised that i was involved in a 3 car chain collision. After the accident, the driver of vehicle B was injured and hence was conveyed to the hospital. That is all.



**SINGAPORE
POLICE FORCE**



T/20201112/7008

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

3 of 4
Report No. T/20201112/7008

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201112/7008

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20201112/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
TAN JUN YAN
Contact No.: 65476311

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:
12/11/2020 11:26

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

