

# 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 Submission ..... 03/12/2020 10:26 (SGT)  
Date of Accident ..... 28/11/2020 12:45 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE TWDS MCE AFTER ALEXANDRA EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT8375T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN WOEI KUAN  
NRIC No ..... SXXXX782G  
Email Address ..... WOEIKUAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82182083  
Alternative Phone No ..... +65-82182083

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... X1  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V10096/VPC/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN WOEI KUAN  
NRIC No ..... SXXXX782G  
Date Of Birth ..... 10/01/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/08/2011
Driving experience .....	9 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82182083
Alt. Phone Number .....	+65-82182083
Email Address .....	WOEIKUAN@GMAIL.COM
Address .....	BLK 337A TAH CHING RD #20-45
Address complement .....	-
Postcode .....	611337
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	OU FENGYI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201130/7003

#### 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 .....	SLR3714S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN WOEI KUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLT8375T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	OU FENGYI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLT8375T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

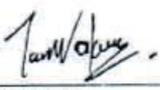
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**8. Consent under the Personal Data Protection Act (PDPA)**

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.

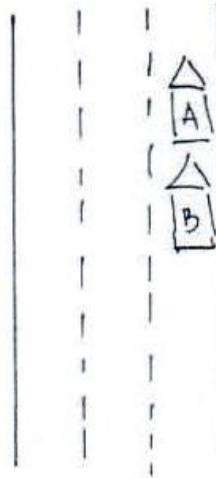
  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

  
 \_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

SKETCH PLAN

AYE TOWARDS  
MCE AFTER  
ALEXANDRA EXIT



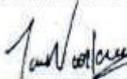
(A) SLT 8375 T  
(B) SLR 3714 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE on lane 1 of 3 lanes.  
 Weather was clear, traffic was moderate. The vehicle in front of me  
 slowed down and stopped. Noticing that, I also slowed down and came to  
 a halt. After a few seconds, I felt an great impact from the rear. I  
 alighted and realised vehicle B could not stop in time and collided onto  
 the rear of my vehicle.

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/20201130/7003

1 of 3

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

Report No. T/20201130/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2020 09:05		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: TAN WOEI KUAN		Address: 337A TAH CHING ROAD #20-45 SINGAPORE 611337	
ID Type / ID No.: NRIC NO / S8482782G		Contact No.:	Mobile: 82182083
Nationality: SINGAPORE CITIZEN		Email: WOEIKUAN@GMAIL.COM	
Sex: Male	Age: 36	Date of Birth: 10/01/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales and marketing manager		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2020 12:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR3714S	Car					0
SLT8375T	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20201130/7003

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

2 of 3

Report No. T/20201130/7003

## CONTINUATION OF REPORT

Passenger			
Name	OU FENGYI	ID No.	S8117752Z
Related Vehicle	SLT8375T (Car)	Contact No.	92708592
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	TAN WOEI KUAN	ID No.	S8482782G
Related Vehicle	SLT8375T (Car)	Contact No.	82182083
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/11/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I WAS TRAVELLING ALONG AYE TOWARDS MCE ON LANE 1 OF 3 LANES. WEATHER WAS CLEAR AND TRAFFIC WAS MODERATE. THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. NOTICING THAT, I FOLLOWED SUIT AND CAME TO A HALT. AFTER A FEW SECONDS, I FELT AN GREAT IMPACT FROM THE REAR. I ALIGHTED AND REALISED THAT THE VEHICLE (SLR3714S) BEHIND ME COULD NOT STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE. BOTH MYSELF AND MY WIFE WENT TO RAFFLES MEDICAL FOR CONSULTATION AS WE FELT PAIN AFTER THE ACCIDENT.



**SINGAPORE  
POLICE FORCE**



T/20201130/7003

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

3 of 3

Report No. T/20201130/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/11/2020 09:05

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168