



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	07/12/2020 16:34 (SGT)
Date of Accident	04/12/2020 16:40 (SGT)
Exact Location of Accident	Near BKE, Singapore
Additional Location Information	BKE Towards Woodlands (8KM)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH630X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Jason Tan Boon Leng
NRIC No	SXXXX879B
Email Address	jasontanbl76@gmail.com
Mobile Phone No	(Phone) +65-96687879
Alternative Phone No	+65-96687879

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	MS011680
Cover Note Number	-

DRIVER

Name of Driver	Jason Tan Boon Leng
NRIC No	SXXXX879B
Date Of Birth	12/09/1976
Occupation	Indoor



Date Of Driving Pass	28/04/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96687879
Alt. Phone Number	+65-96687879
Email Address	jasontanbl76@gmail.com
Address	BLK 47 Edgefield Plains #04-15
Address complement	-
Postcode	828713
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Do refer to the sketch plan.

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	SGc1228E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

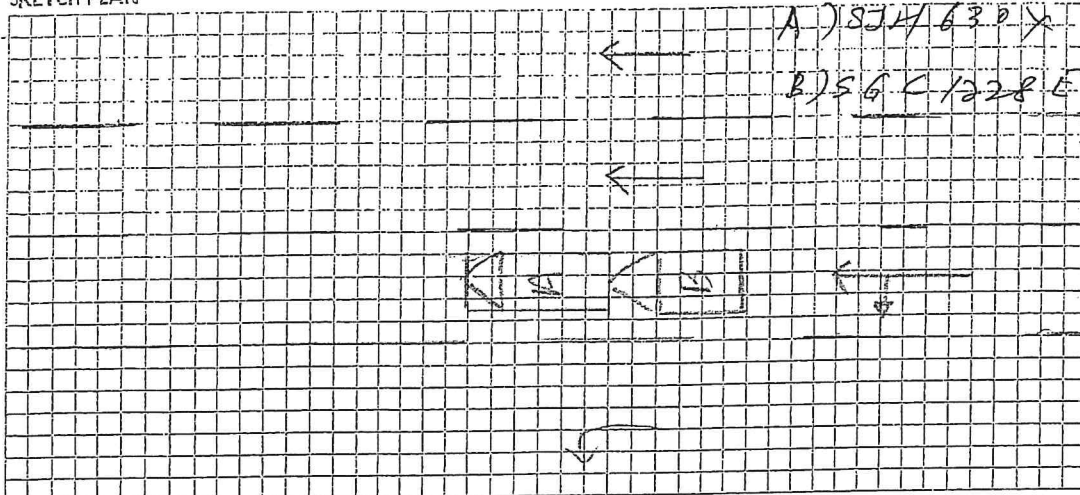
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Jason Tan Boon Leng
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJH630X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT
7/20201205/2033

DECLARATION

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


Policyholder's Signature
Date & Time: 05/12/20


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


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





SINGAPORE POLICE FORCE



T/20201205/2033

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20201205/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 11:27	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: JASON TAN BOON LENG			Address: 47 EDGEFIELD PLAINS #04-15 SINGAPORE 828713		
ID Type / ID No.: NRIC NO / S7627879B			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2020 16:40	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	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
SGC1228E	Car	LEXUS		Black	Slightly Damaged	0
SJH630X	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	White	Slightly Damaged	0
SLX1057L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20201205/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH630X	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS011680	07/11/2019	29/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JASON TAN BOON LENG		ID No.	S7627879B
Related Vehicle	SJH630X (Car)		Contact No.	96687879
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	05/12/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Quek Chee Hoon		ID No.	S0039250B
Related Vehicle	NIL		Contact No.	96605060
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 4/12/2020 at about 1640hrs, I was driving my car (SJH630X) along BKE towards woodlands at the 8km mark. I was driving straight when I saw a car (SLX1057L), which was in front of me, and it suddenly braked. I immediately stepped on my brake and managed to avoid hitting onto the car. However, another car (SGC1228E) which was behind me, hit onto the rear of my car.

The other driver (SGC1228E) and I moved our vehicle to the side and we exchanged particulars. I checked my car and discovered that my rear bumper had some dents and scratches, the reverse sensor also came off. I was alone in the vehicle and the other driver was also alone.

After I reached home, I felt pain in my back. On 5/12/2020 at about 0900hrs, I went to seek treatment at ProHealth Medical Group @ Punggol Spectra Pte Ltd and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20201205/2033

3 of 4

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20 Bishan Street 23 SINGAPORE 579757

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Report No. T/20201205/2033

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201205/2033

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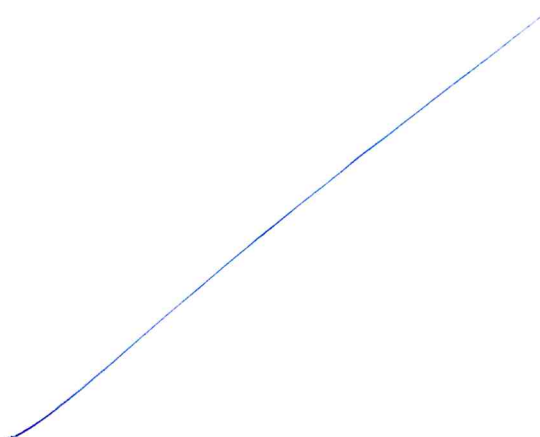
Report No. T/20201205/2033

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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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 KAN YI LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2020 11:27

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

SN 061

Authentication Stamp

NP168

