SA1E212A0004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 10/02/2021 16:08 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (10/02/2021 16:08 (SGT))

# **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 witholding 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.

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   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 10/02/2021 16:08 (SGT) Date of Accident 09/02/2021 10:10 (SGT) Exact Location of Accident Lentor Ave, Singapore Additional Location Information ALONG LENTOR AVENUE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJP3490X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner GT CAR LEASING LIMITED LIABILITY PARTNERSHIP Company Reg No TXXXXX913A **Email Address** andytth78@gmail.com Mobile Phone No (Phone) +65-81977199 Alternative Phone No (Home) +65-81977199

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119684824 Cover Note Number

DRIVER

Name of Driver TAN TUAN HENG NRIC No SXXXX550Z Date Of Birth 10/11/1978 Occupation Indoor

Date Of Driving Pass 22/07/2013 Driving experience 7 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-81977199 Alt. Phone Number Email Address andytth78@gmail.com Address **BLK 794 YISHUN RING ROAD** Address complement #09-3464 Postcode 760794 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 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 SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLP2248M

Private car

Accident report SA1E212A0	004

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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)	2
PASSENGER 1	
Name	PASSENGER
Gender	Female

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  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)	SLJ8836H Private car 2
PASSENGER 1	
Name Gender	PASSENGER Female

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBN162T
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Motorcycle
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 Address	TAN TUAN HENG
	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SJP3490X
Were seat belts worn?	Yes

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 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
- 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)
  - (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
- (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.

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Policyholder's Signature Date & Time:

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(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

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CH PLAN VEMPLE A: SJP3490X vehille B: CUPZZBUM Venille C: SLJ 88364 RI ar RI d motorcycle: FBN 1627 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Report Refer to DECLARATION I/We declare the foregoing particulars are true in ever Policyholder's Signature Driver Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

Scanned with CamScanner























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## T/20210210/7018

1 of 3 Report No. T/20210210/7018

#### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 0/02/2021 14:01		Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: AN HENG		Address: 794 YISHUN RING ROAD #09-3464 SINGAPORE 76		
ID Type / ID No.: NRIC NO / S7832550Z		Contact No.: Home/Office: Mobile: 81977199			
Nationality: SINGAPORE CITIZEN		Email: andytth78@gmail.com	8		
Sex: Male	Age: 42	Date of Birth: 10/11/1978	: Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: SELF EMPLOYED		Driving Licence Inform Class:	ation: Date of Expiry:		
				0.1000	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2021 22:10	Type of Location: Straight Road	
Location: LENTOR AVE	ENUE				
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		d To Rear		Anyone conveyed by ambulance: No	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBN162T	Motorcycle				No Damage	0
SJP3490X	Car	MITSUBISHI	LANCER	Blue	Seriously Damaged	0
SLJ8836H	Car	RENAULT			Seriously Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210210/7018

#### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLP2248M	Car	BMW			Seriously Damaged	1

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No		16		
No. of Pedestriar	ns Injured: NIL		Use of Peo	destrian Cros	sing: NA
Driver					
Name	TAN TUAN HENG			ID No.	S7832550Z
Related Vehicle	SJP3490X (Car)			Contact No.	81977199
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/02/2021 Date		Date	10/0	2/2021
No. of Days gran	ted Medical Leave	05	Degree of	Serie	ous

#### Brief Details.

ON 09/02/2021 AT ABOUT 22:10HR, I WAS DRIVING MY VEHICLE - SJP3490X, ALONG LENTOR AVENUE HEADING TOWARDS YISHUN. I WAS TRAVELLING ALONG LANE 2 WHEN A MOTORCYCLE - FBN162T, MADE A U-TURN FROM THE OPPOSITE SIDE AND CAME INTO LANE 2. I IMMEDIATELY APPLY MY BRAKES IN ORDER NOT TO HIT ONTO HIM. ABOUT 2-3 SECONDS LATER, I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

1ST VEHICLE - SJP3490X 2ND VEHICLE - SLP2248M 3RD VEHICLE - SLJ8836H

SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT INTEMEDICAL KOVAN AND WAS GIVEN 5DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210210/7018

#### 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: 10/02/2021 14:01
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

NP168

