

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 10/02/2021 16:31 (SGT)
Date of Accident 09/02/2021 22:15 (SGT)
Exact Location of Accident Lentor Rd, Singapore
Additional Location Information ALONG LENTOR ROAD TOWARDS YISHUN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP2248M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH YEOK KEAT
NRIC No S1649300G
Email Address Sales@tdragoncards.com
Mobile Phone No (Phone) +65-93898881
Alternative Phone No (Office) +65-93898881

VEHICLE PARTICULARS

Manufacturer BMW
Model 318i
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 EQ
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ20-003171
Cover Note Number 29/05/2020 TO 28/05/2021

DRIVER

Name of Driver TEY KIM GUAN
NRIC No S2511366G
Date Of Birth 29/06/1959
Occupation Indoor

Date Of Driving Pass	25/08/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97906757
Alt. Phone Number	-
Email Address	Sales@tdragoncards.com
Address	BLK 339B SEMBAWANG CLOSE #07-09
Address complement	-
Postcode	752339
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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	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	KOH YEOK KEAT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
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?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8836H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SHAWN TAN
Contact Number	(Phone) +65-94309614
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP3490X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN TUAN HENG
Contact Number	(Phone) +65-81977199
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	KOH YEOK KEAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK AREA
Injured person in which vehicle?	SLP2248M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

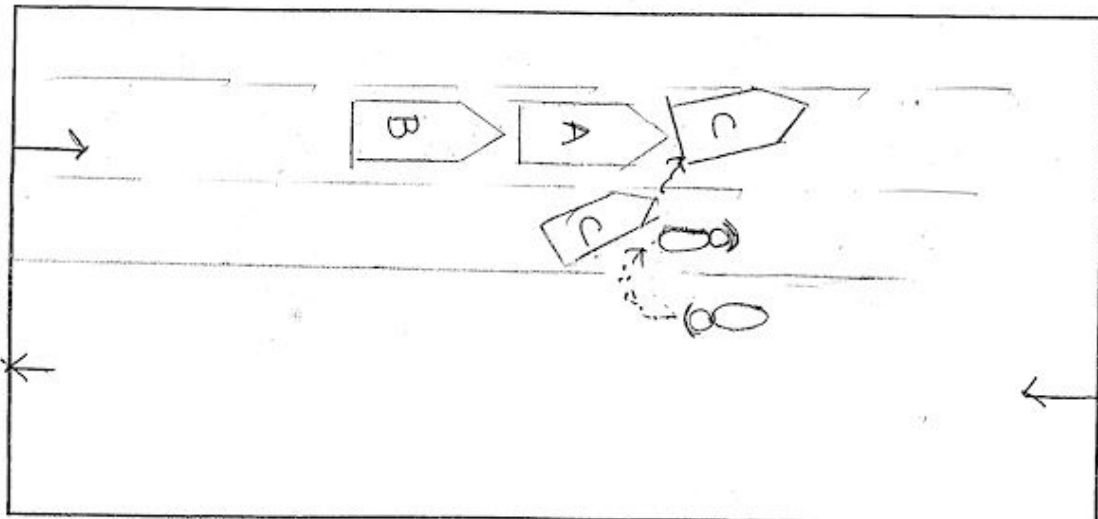
SKETCH PLAN

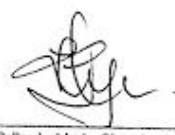
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Vehicle: SLP 2248M
10/02/2021

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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.

Sketch Plan




Policyholder's Signature / Date & Time
10/2/21

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel


10/02/2021
ANIAM MOTOR COMPANY

Date of accident: 9/2/21 Time: 10.15 PM Location: Along Lenter Road towards Yishun
 My Vehicle A: SLP 22H8M Vehicle B: SLJ 8836H Vehicle C: SJP 3490X

SKETCH PLAN

Describe Circumstances of the Accident.

As I was driving along Lenter Rd towards Yishun
 the vehicle C on my right cut into my lane and jam
 brake. I jam my brake to avoid hitting the vehicle
 in front of me but a vehicle from behind bang into
 the rear of my vehicle and push my car forward towards
 vehicle C.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

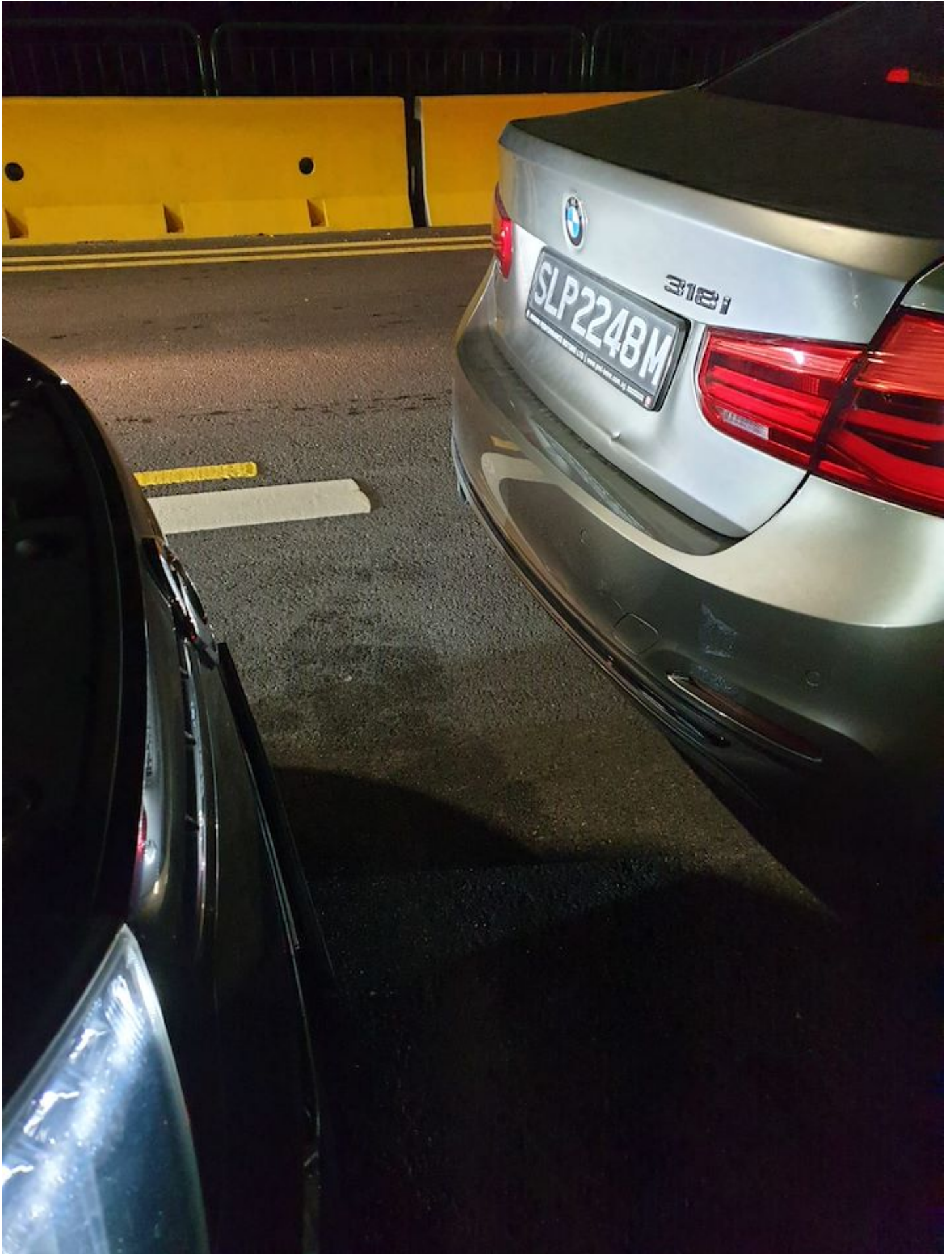
Driver's Signature (if driver is not the policyholder) / Date & Time

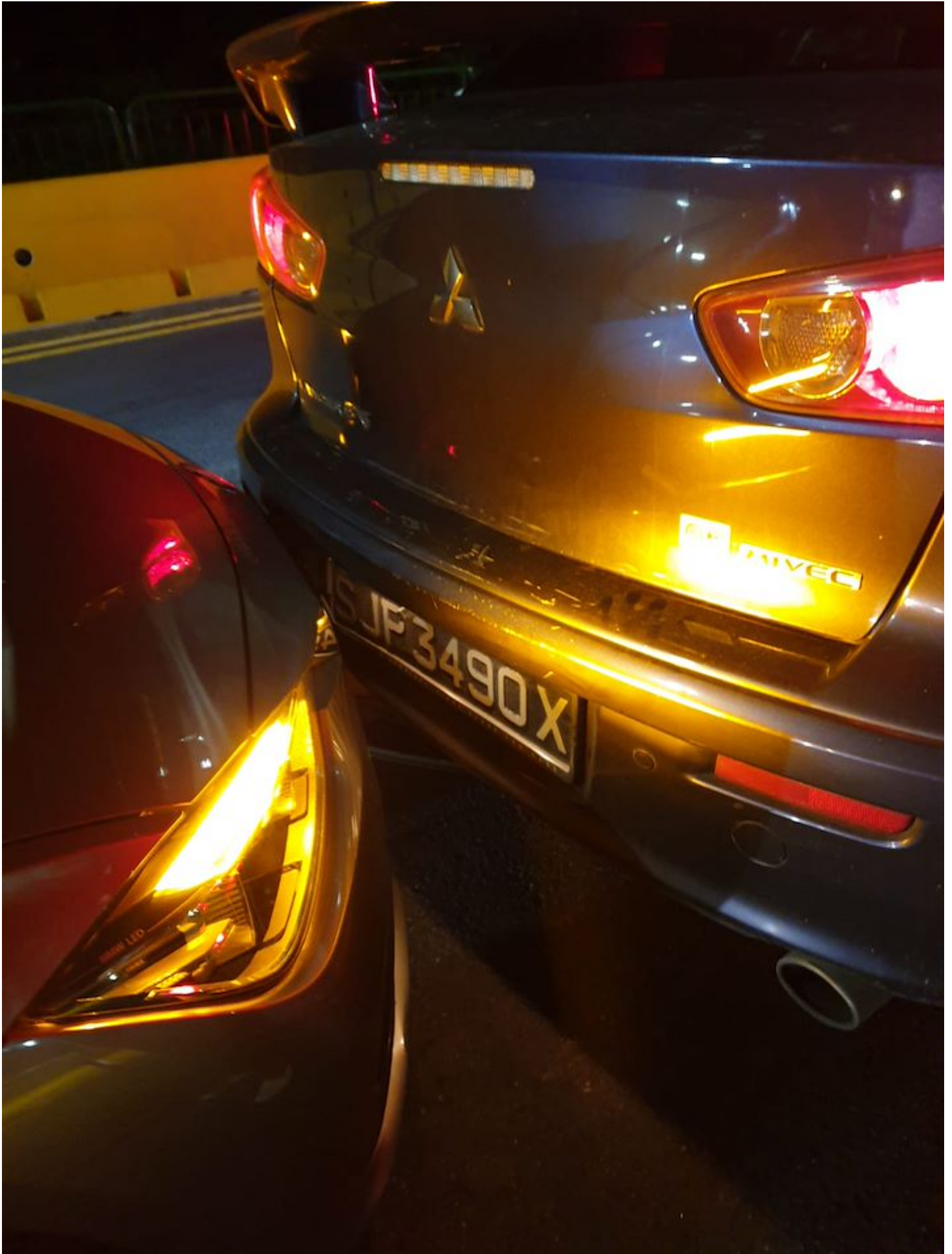


Witnessed by Reporting Centre Personnel

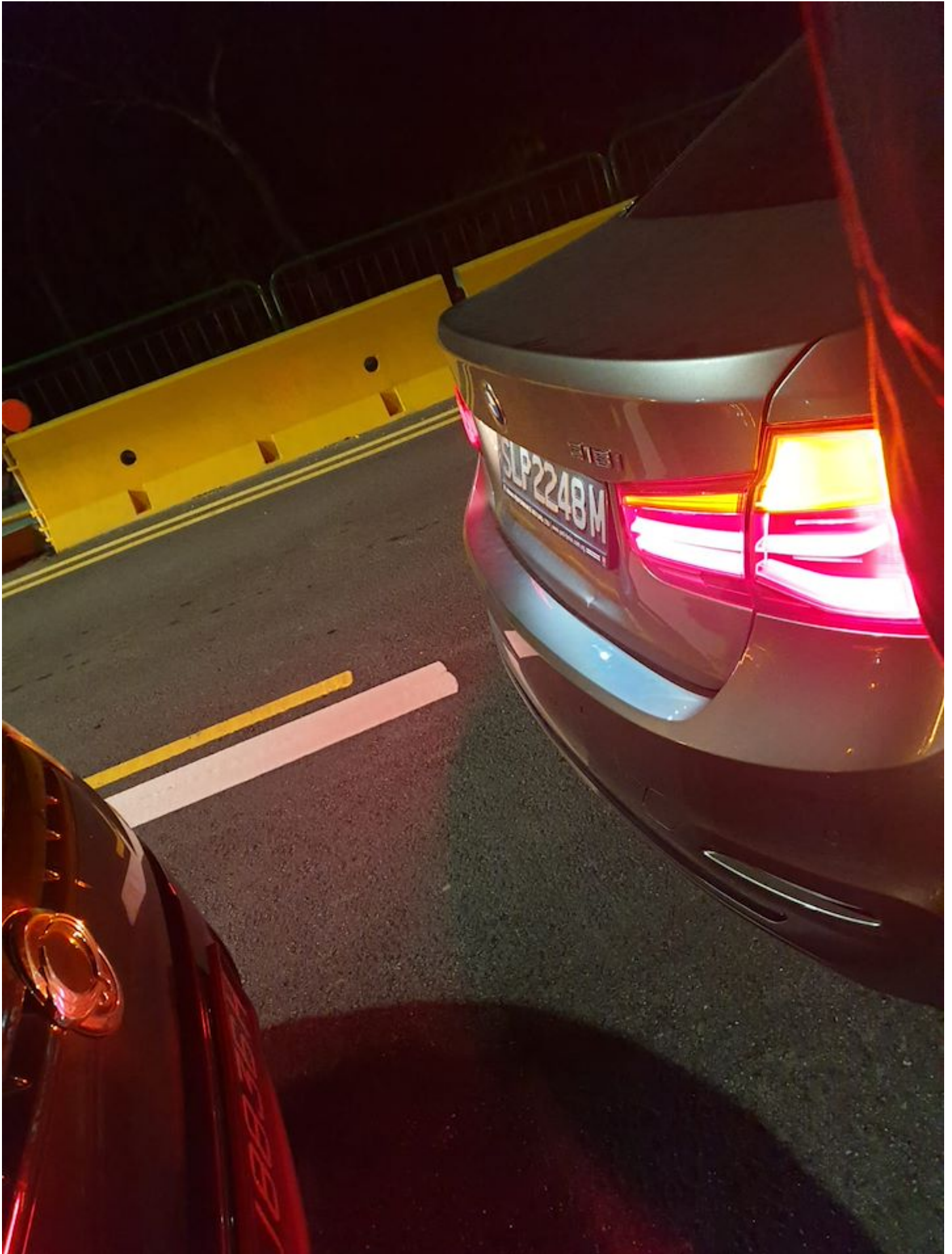
10/02/2021
 AH LIM MOTOR COMPANY

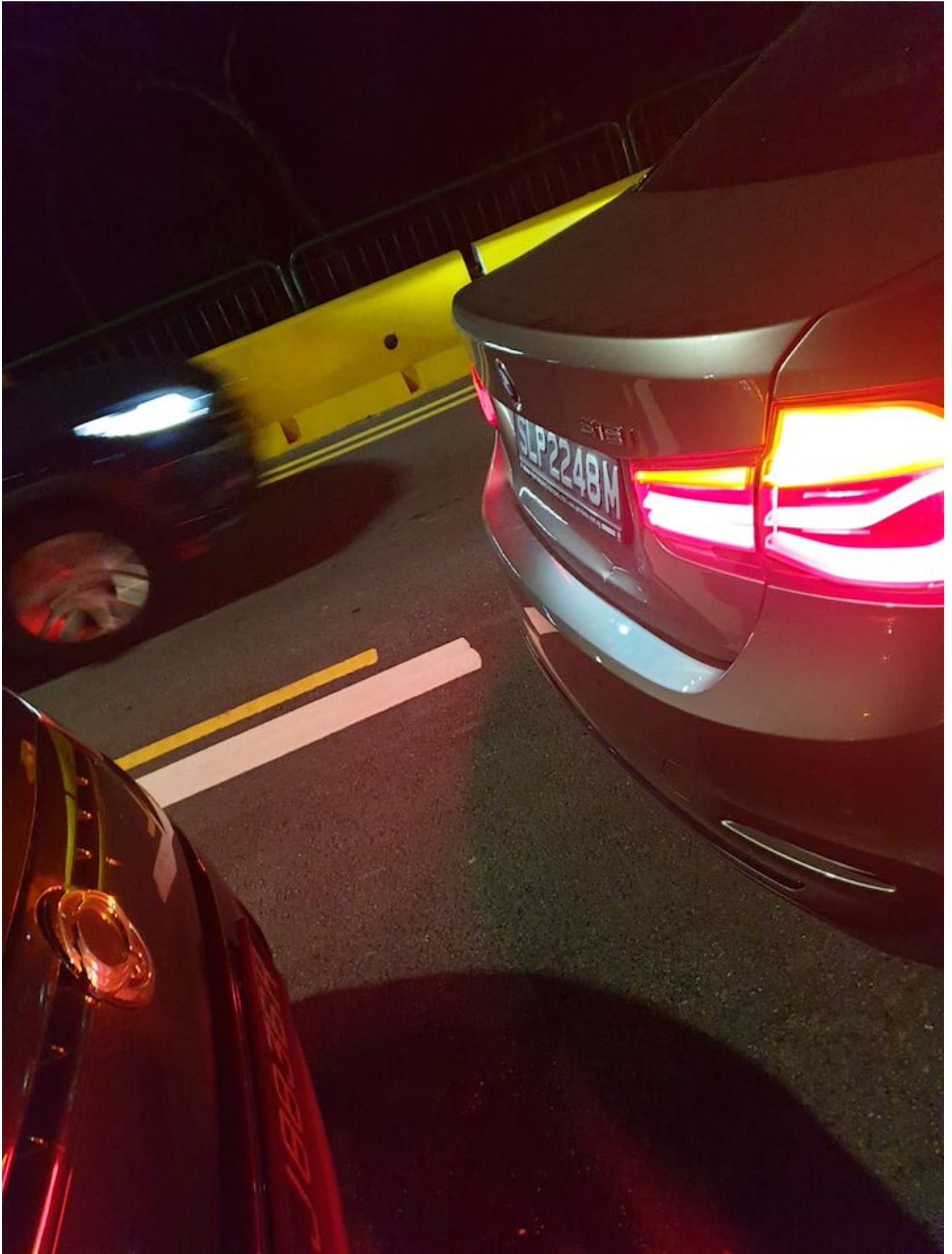






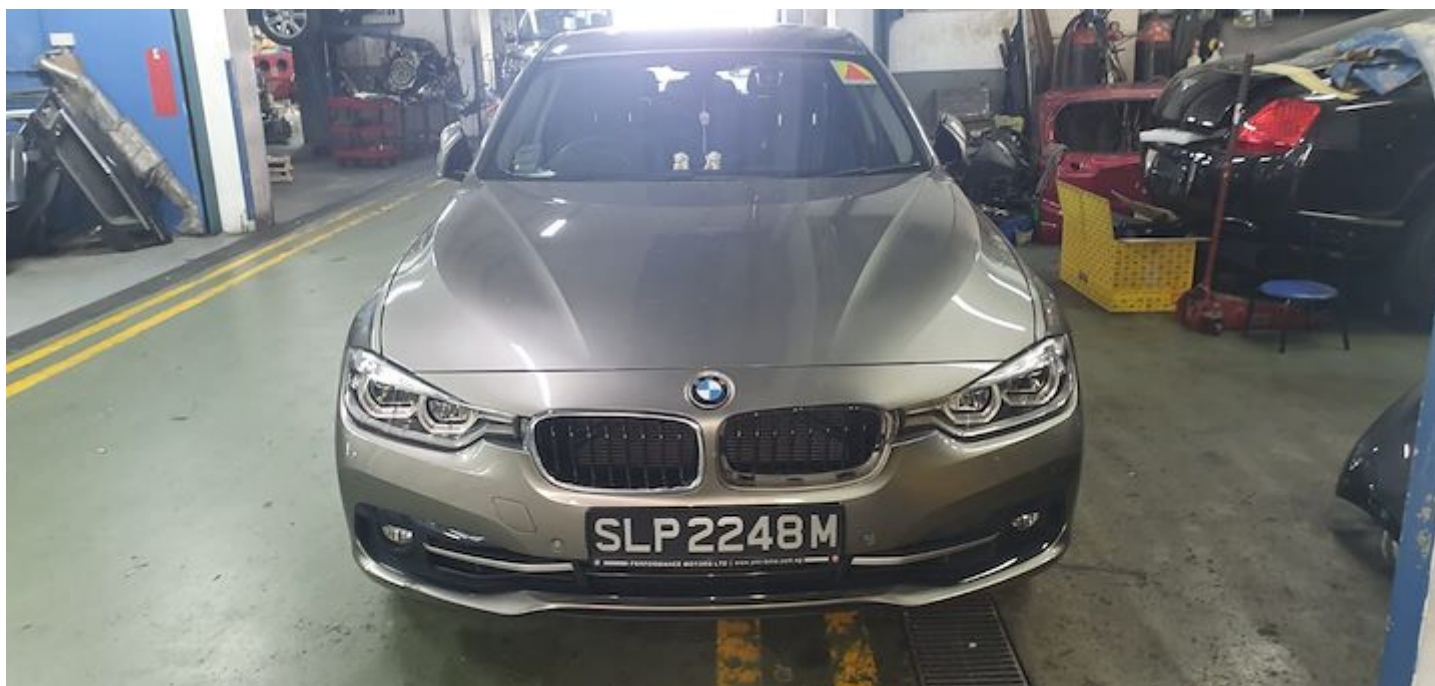


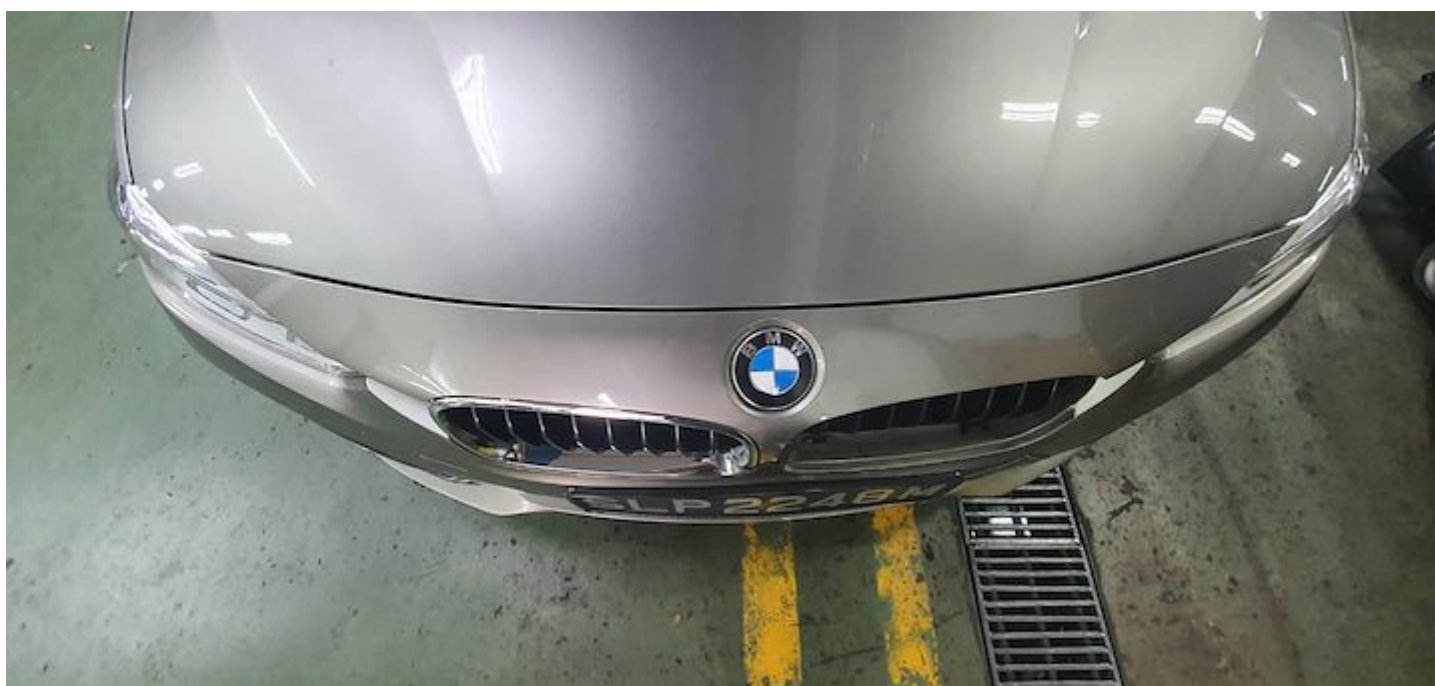








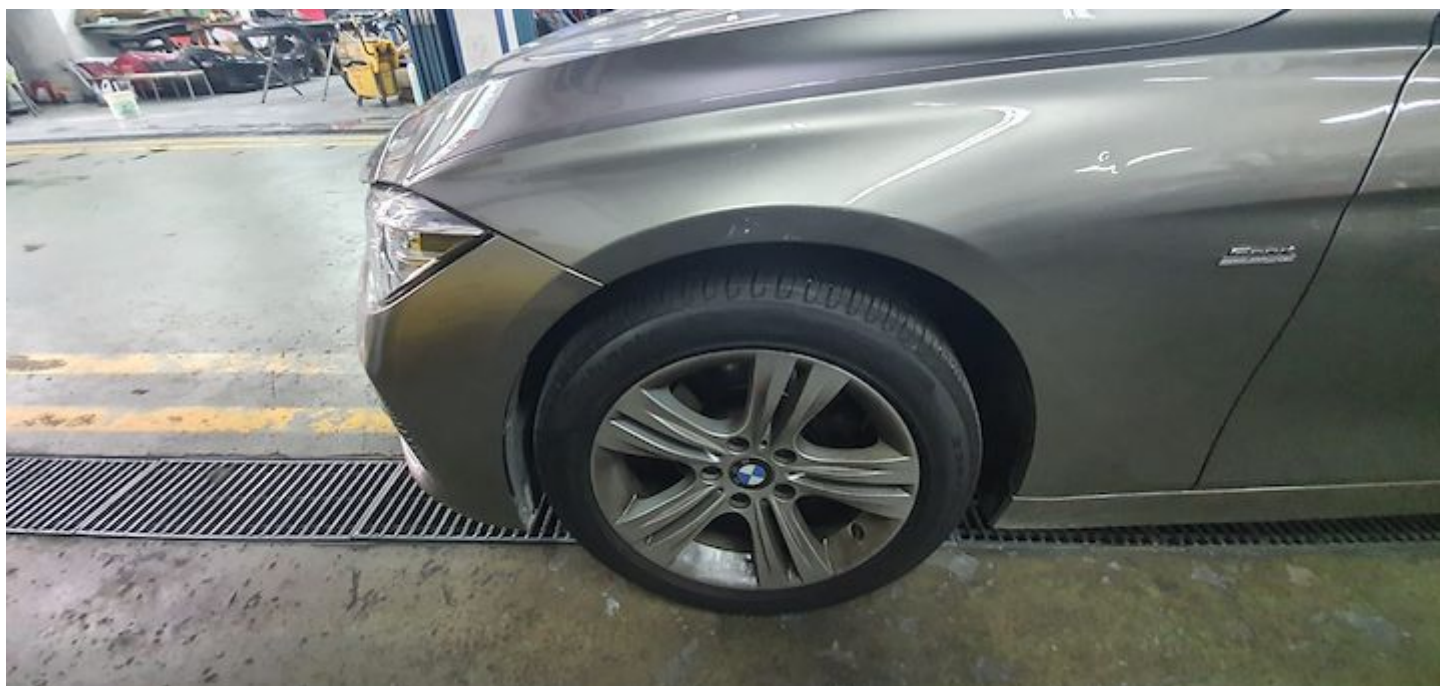





















**SINGAPORE
POLICE FORCE**


T/20210210/2090

1 of 4

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20210210/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 15:45	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: TEY KIM GUAN			Address: APT BLK 339B SEMBAWANG CLOSE #07-09 SINGAPORE 752339		
ID Type / ID No.: NRIC NO / S2511366G			Contact No.: Home/Office: Mobile: 97906757		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 29/06/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2021 22:00	Type of Location: Straight Road
Location: LENTOR AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJP3490X	Car					0
SLJ8836H	Car					1
SLP2248M	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210210/2090

2 of 4

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20210210/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TUAN HENG	ID No.	NIL
Related Vehicle	SJP3490X (Car)	Contact No.	81977199
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	SHAWN TAN	ID No.	NIL
Related Vehicle	SLJ8836H (Car)	Contact No.	94309614
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	TEY KIM GUAN	ID No.	S2511366G
Related Vehicle	SLP2248M (Car)	Contact No.	97906757
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20210210/2090

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 4

Report No. T/20210210/2090

CONTINUATION OF REPORT

Passenger			
Name	KOH YEOK KEAT	ID No.	S1649300G
Related Vehicle	SLP2248M (Car)	Contact No.	93898881
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 09/02/2021 at around 2200hrs, I was driving SLP2248M along Lentor Avenue towards Yishun. Along the way, there was one motorcycle which had made a U-turn into the most right lane as such the vehicle SJP3490X which was driving in front of me made a sudden stop. I managed to stop in time to avoid colliding into SJP3490X, however another vehicle SLJ8836H couldn't stop in time and collided into my rear causing my vehicle to surge forward and collide into SJP3490X. As no one was injured at the point of time, we traded particulars and continue with our journey. Due to the collision, my friend felt soreness and slight pain on her neck and back area and subsequently went to G. S. CLINIC & SURGERY PTE LTD on 10/02/2021 for a check and was given 3 days of MC from 10/02/2021 to 12/02/2021.

Due to the accident, my vehicle's rear bumper was dented and one of the from bumper plate had fallen off.

I am lodging this report as instructed by my insurance company.



SINGAPORE POLICE FORCE



T/20210210/2090

4 of 4

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Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20210210/2090

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:

F /

Sgt 2 CHUA ZHENG XING, JOHNNY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2021 15:45

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

