SN09212F000D-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 15/02/2021 15:06 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (15/02/2021 15:21 (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.
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	15/02/2021 15:06 (SGT)
Date of Accident	11/02/2021 17:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3327B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAC
Company Reg No	5XXXX500E
Email Address	CHYNNTANG@GMAIL.COM
Mobile Phone No	(Phone) +65-92990208
Alternative Phone No	+65-92990208

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Biante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00062722000
Cover Note Number	-

DRIVER

Name of Driver	TANG AI CHIN
NRIC No	SXXXX831Z
Date Of Birth	19/05/1971
Occupation	Indoor

Date Of Driving Pass	13/08/1999
Driving experience	21 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92990208
Alt. Phone Number	-
Email Address	CHYNNTANG@GMAIL.COM
Address	BLK 205 TOA PAYOH NORTH #11-1195
Address complement	-
Postcode	310205
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	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	CHEN YANG KIANG
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/20210215/7008

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	SGT4381K
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	TANG AI CHIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLR3327B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN YANG KIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLR3327B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 interested parties.
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.

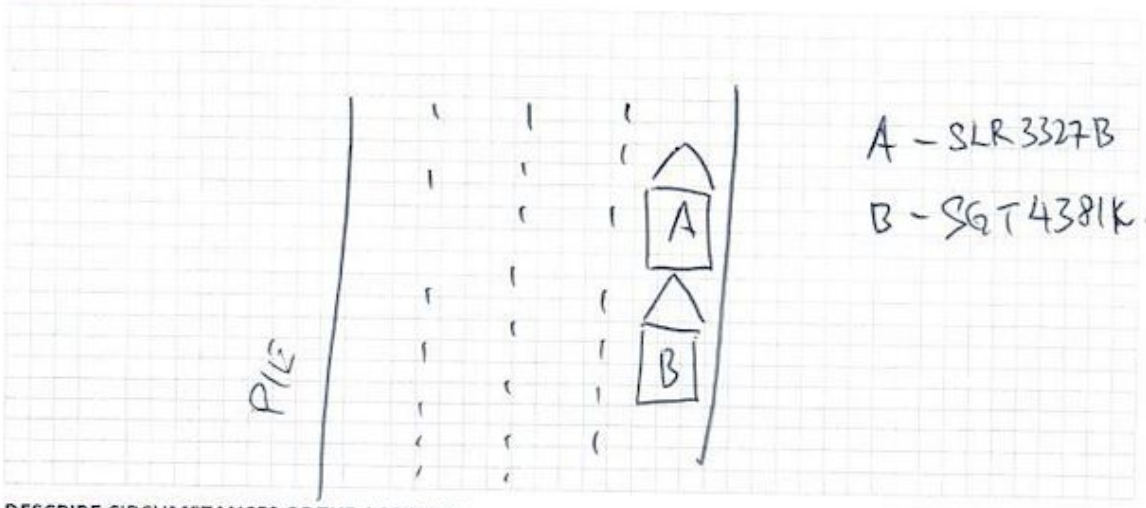
tac 53343500E

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

Refer to police report

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.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

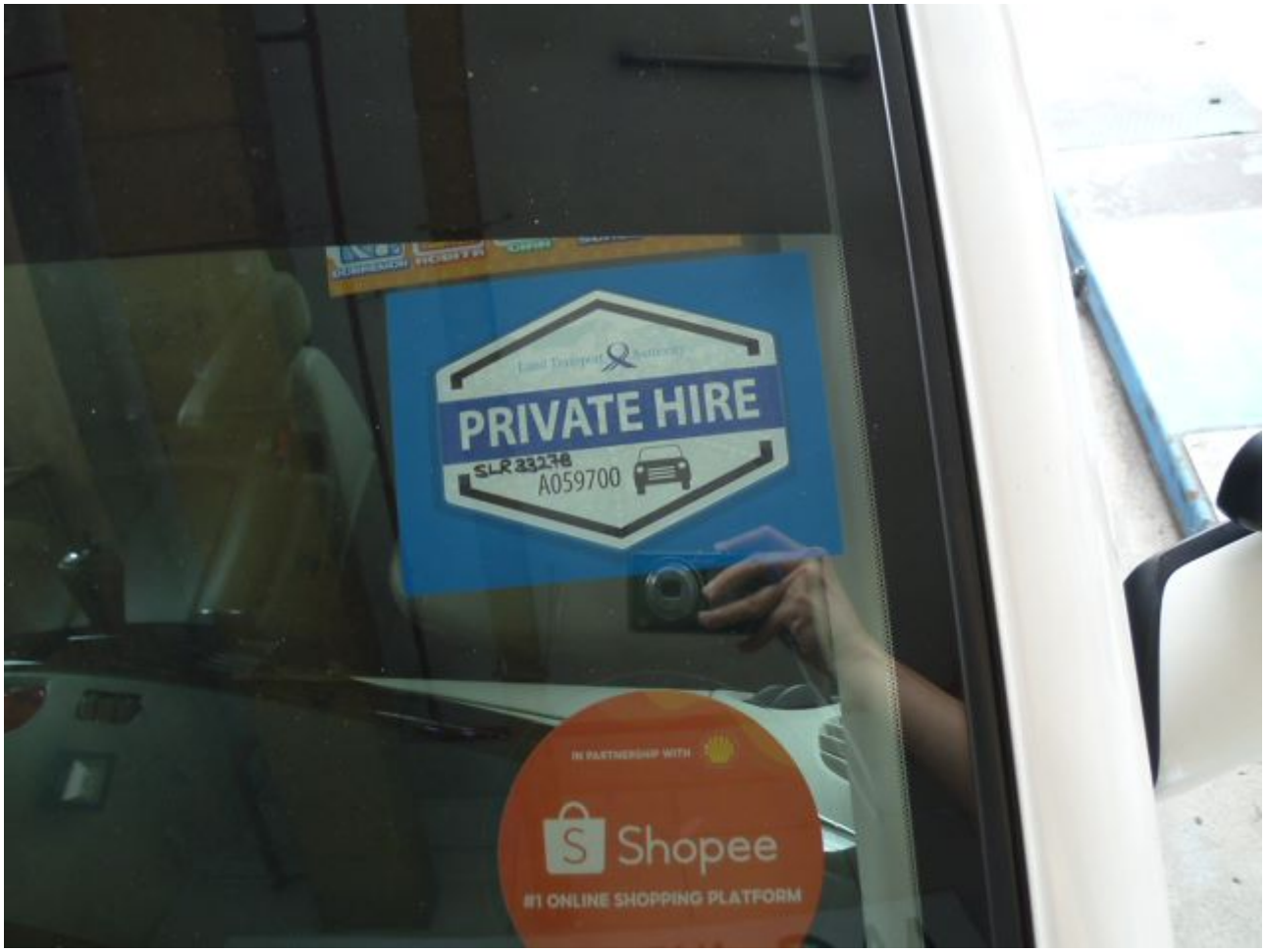
IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


PRIVATE HIRE
SLR 33278
A059700
IN PARTNERSHIP WITH
Shopee
#1 ONLINE SHOPPING PLATFORM


MODEL：型式
PAINT
mazda
- -
25D
JM6CC1071H0110846
VEHICLE ID NO.：車台番号
マツダ株式会社 Mazda Motor Corporation Made in Japan
(N173)

SINGAPORE POLICE FORCE

T/20210215/7008

Report No. T/20210215/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
15/02/2021 12:53		

Informant's Particulars

Name of Informant: TANG AI CHIN			Address: 205 TOA PAYOH NORTH #11-1195 SINGAPORE 310205	
ID Type / ID No.: NRIC NO / S7116831Z			Contact No.: Home/Office: Mobile: 92990208	
Nationality: SINGAPORE CITIZEN			Email: chynntang@gmail.com	
Sex: Female	Age: 49	Date of Birth: 19/05/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: division secretary			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: 11/02/2021 17:35	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGT4381K	Car	TOYOTA	WISH	Silver	Slightly Damaged	2
SLR3327B	Car	MAZDA	BIANTE	White	Slightly Damaged	2

SINGAPORE POLICE FORCE

T/20210215/7008

Report No. T/20210215/7008

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR3327B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000627 22000	05/06/2020	09/08/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	CHEN YANG KIANG (CHEN YUANJUAN)		ID No.	S7306098B	
Related Vehicle	SLR3327B (Car)		Contact No.	90089598	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	11/02/2021		Date	11/02/2021	
No. of Days granted Medical Leave	03		Degree of	Slight	
Driver					
Name	TANG AI CHIN		ID No.	S7116831Z	
Related Vehicle	SLR3327B (Car)		Contact No.	92990208	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	11/02/2021		Date	11/02/2021	
No. of Days granted Medical Leave	03		Degree of	Slight	

Brief Details.

ON 11/2/21 AT AROUND 5.35PM, I WAS TRAVELLING STRAIGHT AT THE EXTREME RIGHT LANE ALONG PIE TOWARDS TUAS.

I WAS TRAVELING STRAIGHT IN MY LANE AND SUDDENLY I FELT AN IMPACT ON THE BACK. I THEN REALIZED THAT A VEHICLE COLLIDED INTO MY CAR.

WE THEN GET DOWN THE CAR AND EXCHANGE CONTACT.

ME AND MY PASSENGER WAS FEELING UNWELL AFTER THE ACCIDENT AND VISITED OUR DOCTORS AND WAS GIVEN 3 DAYS MC EACH.

SINGAPORE
POLICE FORCE

T/20210215/7008

Report No. T/20210215/7008

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

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20210215/7008

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

Report No. T/20210215/7008

CONTINUATION OF REPORT

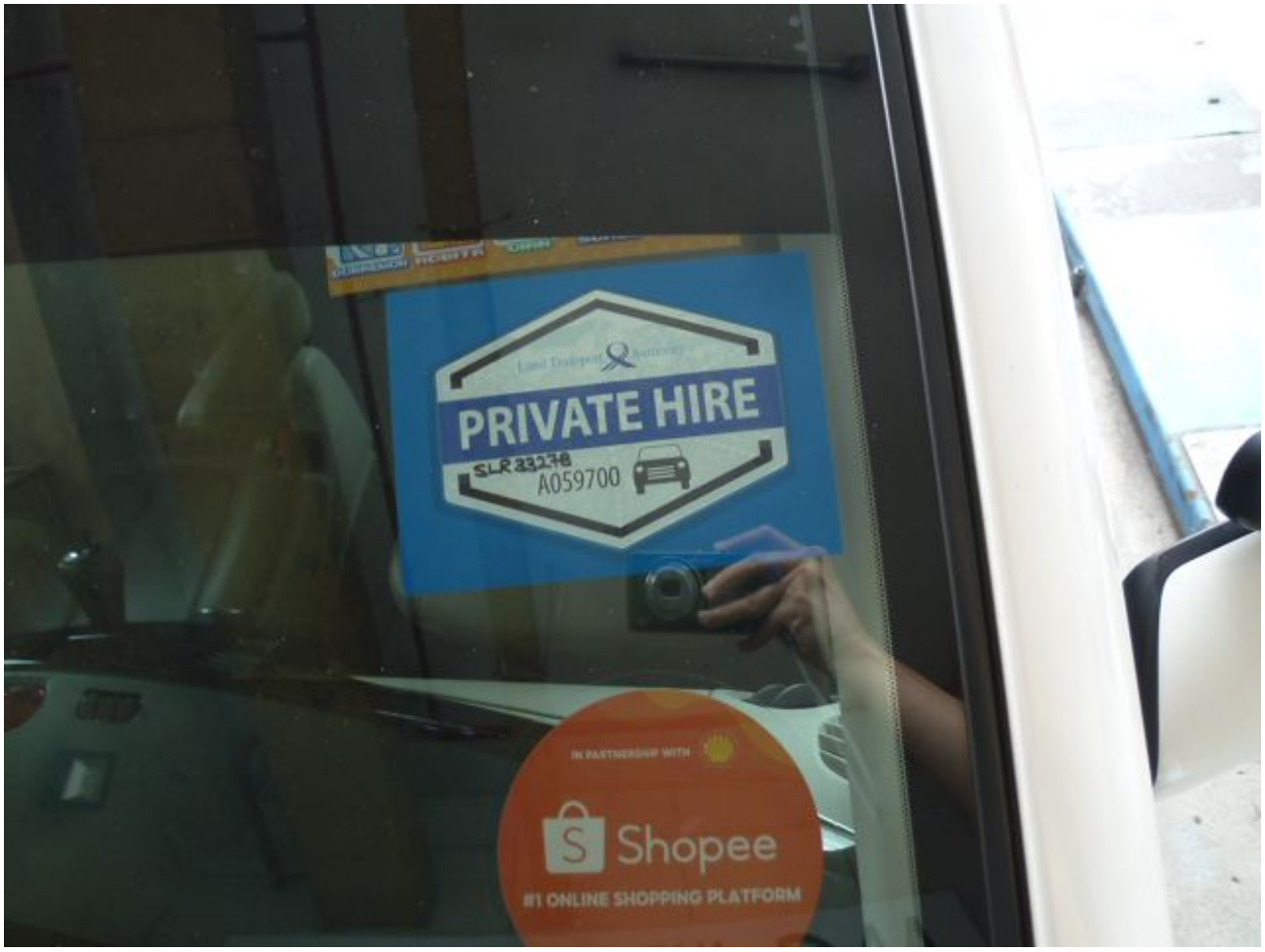
Sketch Plan

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: 15/02/2021 12:53
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

Authentication Stamp

PRIVATE HIRE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09212 F000D Vehicle Registration No: SLR 3327B

Name(as shown in NRIC) : TANG AI CHIN NRIC/FIN/Passport No : SXXXX831Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 92990208

Email Address :

Date of Accident : 11/02/2021 Time of Accident : 17:35

Place of Accident : PIE TOWARDS TUAS BEFORE BKE EXIT

Insurance Company : CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND- DRIVER'S DETAILS

Policyholder / Driver's Signature
Date:

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