

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	01/04/2021 09:36 (SGT)
Date of Accident	29/03/2021 07:50 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	JUNC OF SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9241R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIAN YONG LIANG
NRIC No	SXXXX126H
Email Address	RICKYLIANYL87@GMAIL.COM
Mobile Phone No	(Phone) +65-90023662
Alternative Phone No	+65-90023662

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MM000099-R00
Cover Note Number	-

DRIVER

Name of Driver	LIAN YONG LIANG
NRIC No	SXXXX126H

Date Of Birth	11/11/1987
Occupation	Indoor
Date Of Driving Pass	28/04/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90023662
Alt. Phone Number	+65-90023662
Email Address	RICKYLIANYL87@GMAIL.COM
Address	BLK 659B PUNGGOL EAST
Address complement	#15-761
Postcode	822659
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	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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	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

PLS REFER TO THE POLICE REPORT:T/20210330/7003

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8507K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	KOH TIONG HOE
NRIC No	SXXXX846G
Contact Number	(Phone) +65-96481127
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	SHA3792C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN CHENG HAI
NRIC No	SXXXX446B
Contact Number	(Phone) +65-97361405
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	LIAN YONG LIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & CHEST
Injured person in which vehicle?	SMH9241R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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 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.
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.

Policyholder's Signature / Date & Time: [Signature]
 Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature]
 Witnessed by Reporting Centre Personnel: [Signature] 01/04/21
 Location: Sembawang Road.

Sketch Plan

(A) SMH 9241 R.
 (B) SH 8507 K.
 (C) SHA 3792 C.


Describe Circumstances of the Accident

P/e refer to Police Report
No: T/20210330/7003.

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

 01/04/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

3 of 4

Report No. T/20210330/7003

CONTINUATION OF REPORT

Brief Details.

While turning right from Yishun Ave 1 to Sembawang Road during a right turn on green arrow turning amber, the Comfort cab in front (SHA3792C) came to a sudden complete halt in the middle of the turn (in the middle of the X-junction) for no apparent reason (the other vehicles ahead completed the right turn without stopping). The sudden halt was unexpected. I managed to stop in time, but the Comfort cab behind me (SH8507K) could not, and rear-ended me which propelled me forward to rear-end the cab ahead. I suffered back pain and chest tightness as a result and was conveyed to Khoo Teck Puat Hospital in an ambulance. I was discharged as outpatient for back muscle sprain and was given 2 days MC.



























SINGAPORE POLICE FORCE



T/20210330/7003

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

1 of 4
Report No. T/20210330/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 01:29	Vide Report No.: L/20210329/0048	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: LIAN YONG LIANG		Address: 659B PUNGGOL EAST #15-761 SINGAPORE 822659	
ID Type / ID No.: NRIC NO / S8736126H		Contact No.: Home/Office: Mobile: 90023662	
Nationality: SINGAPORE CITIZEN		Email: rickylianyl87@gmail.com	
Sex: Male	Age: 33	Date of Birth: 11/11/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:00	Type of Location: X-Junction
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH8507K	Car	TOYOTA		Blue	Slightly Damaged	1
SHA3792C	Car	HYUNDAI		Blue	Slightly Damaged	1
SMH9241R	Car	HONDA	CIVIC+1.5+T URBO+VTIS +SR	Grey		0



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

2 of 4
Report No. T/20210330/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH9241R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MM000099	22/02/2021	14/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH TIONG HOE		ID No.	S1421846G
Related Vehicle	SH8507K (Car)		Contact No.	96481127
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	TAN CHENG HAI		ID No.	S1309446B
Related Vehicle	SHA3792C (Car)		Contact No.	97361405
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/03/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	LIAN YONG LIANG		ID No.	S8736126H
Related Vehicle	SMH9241R (Car)		Contact No.	90023662
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210330/7003

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

3 of 4

Report No. T/20210330/7003

CONTINUATION OF REPORT

Brief Details.

While turning right from Yishun Ave 1 to Sembawang Road during a right turn on green arrow turning amber, the Comfort cab in front (SHA3792C) came to a sudden complete halt in the middle of the turn (in the middle of the X-junction) for no apparent reason (the other vehicles ahead completed the right turn without stopping). The sudden halt was unexpected. I managed to stop in time, but the Comfort cab behind me (SH8507K) could not, and rear-ended me which propelled me forward to rear-end the cab ahead. I suffered back pain and chest tightness as a result and was conveyed to Khoo Teck Puat Hospital in an ambulance. I was discharged as outpatient for back muscle sprain and was given 2 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20210330/7003

4 of 4

Report No. T/20210330/7003

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
30/03/2021 01:29

Classification Of Case: