

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	21/06/2021 11:40 (SGT)
Date of Accident	18/06/2021 17:30 (SGT)
Exact Location of Accident	146A Lor 2 Toa Payoh, Singapore 310146
Additional Location Information	DECK 1B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1710E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON TECK
NRIC No	SXXXX361C
Email Address	ANATOR77@YAHOO.COM
Mobile Phone No	(Phone) +65-97955973
Alternative Phone No	+65-97955973

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00006412104
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON TECK
NRIC No	SXXXX361C

Date Of Birth	30/03/1977
Occupation	Indoor
Date Of Driving Pass	13/04/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97955973
Alt. Phone Number	+65-97955973
Email Address	ANATOR77@YAHOO.COM
Address	BLK 147 LOR 2 TOA PAYOH
Address complement	#25-344
Postcode	310147
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MEGAN TAN
Gender	Female

PASSENGER 2

Name	DECLAN TAN
Gender	Male

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/20210619/7006

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	SLP9543P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUANG WOOL TEIK
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	TAN BOON TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA1710E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.


Policyholder's Signature
Date & Time:


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

 21/06/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

REF TO POLICE REPORT; T/20210619/7006.

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



**SINGAPORE
POLICE FORCE**



T/20210619/7006

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

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Report No. T/20210619/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA1710E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000064 12104	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BOON TECK	ID No.	S7709361C
Related Vehicle	SLA1710E (Car)	Contact No.	97955973
Hospital/Clinic	E MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/06/2021	Date	19/06/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS TRAVELLING ALONG DECK 1B OF TOA PAYOH LOR 2, BLK 146A MSCP. AS I WAS TRAVELLING STRIAIGHT AND WANTED TO TURN RIGHT UP TO THE UPPER DECK, SUDDENLY ONE M/CAR SLP9543P CAME FROM MY LEFT WITHOUT STOPPING AT THE STOP LINE FROM THE SIDE ROAD AND THUS COLLIEDED ONTO THE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGE. AFTER THE COLLISION THE SAID M/CAR SLP9543P REVSERED BACK BEHIND THE STOP LINE. WE THEN EXCHANGE PARTICULARS. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK, CONSULTED DOCTOR AT E MEDICAL CLINIC & SURGERY AND WAS GIVEN 3 DAYS OF MC.

























SINGAPORE POLICE FORCE



T/20210619/7006

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

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Report No. T/20210619/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2021 10:55		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TAN BOON TECK		Address: 147 LORONG 2 TOA PAYOH #25-344 SINGAPORE 310147	
ID Type / ID No.: NRIC NO / S7709361C		Contact No.: Home/Office: Mobile: 97955973	
Nationality: SINGAPORE CITIZEN		Email: anator77@yahoo.com	
Sex: Male	Age: 44	Date of Birth: 30/03/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		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: 18/06/2021 17:30	Type of Location: CARPARK
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLA1710E	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Silver	Seriously Damaged	2
SLP9543P	Car	VOLVO			Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210619/7006

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

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Report No. T/20210619/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA1710E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000064 12104	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BOON TECK	ID No.	S7709361C
Related Vehicle	SLA1710E (Car)	Contact No.	97955973
Hospital/Clinic	E MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/06/2021	Date	19/06/2021
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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10 Ubi Avenue 3 SINGAPORE 408865
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T/20210619/7006

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Report No. T/20210619/7006

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
19/06/2021 10:55

Classification Of Case: