

# 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 .....	28/07/2021 09:39 (SGT)
Date of Accident .....	27/07/2021 09:10 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	TWDS YIO CHU KANG RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGR5223M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
NRIC No .....	SXXXX037I
Email Address .....	atls71@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-81181771
Alternative Phone No .....	+65-81181771

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Edix
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 .....	1668

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMPCSNW00024552100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
NRIC No .....	SXXXX037I

Date Of Birth .....	10/11/1971
Occupation .....	Indoor
Date Of Driving Pass .....	17/06/1995
Driving experience .....	26 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81181771
Alt. Phone Number .....	+65-81181771
Email Address .....	atls71@yahoo.com.sg
Address .....	4 FLORA DRIVE
Address complement .....	#07-57
Postcode .....	507026
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 .....	Collision - Change/cross lane
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 vehicle 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/20210727/7007 & T/20210727/7008

#### 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 .....	XD7454Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 .....	TAN LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SGR5223M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

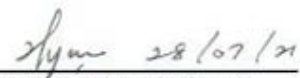
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 &amp; Time



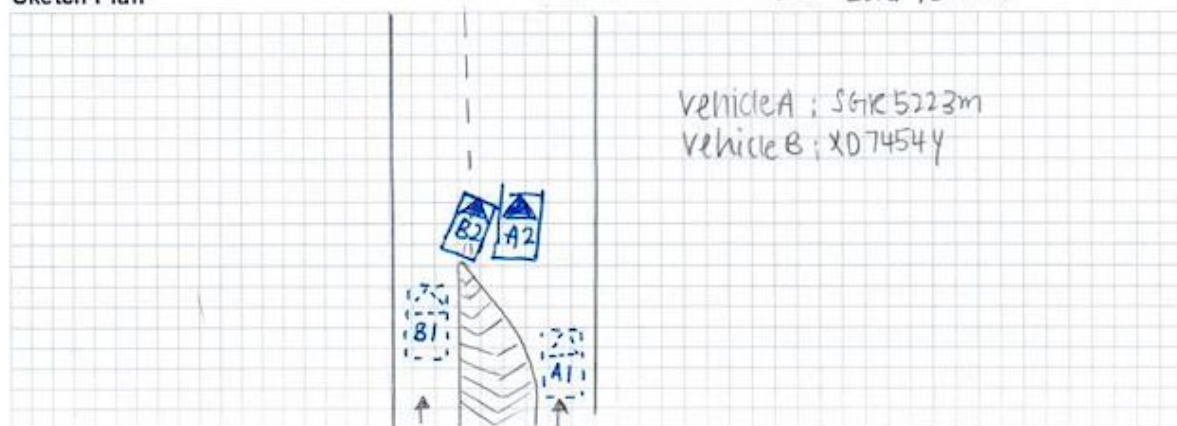
Driver's Signature (If driver is not the policyholder) / Date &amp; Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**

TPE TWAS Y10 CHU KANG



**Describe Circumstances of the Accident**

Refer to police Report

T/20210727/7007


T/20210727/7008

**Declaration**

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

 28/07/21  
 Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210727/7007

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

2 of 3

Report No. T/20210727/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR5223M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000245 52100	27/01/2021	06/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LAY SIONG ANTHONY		ID No. S71400371
Related Vehicle	SGR5223M (Car)		Contact No. 81181771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021		Date 27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE A (SGR 5223 M) WAS TRAVELLING STARIGHT ON THE STATED VENUE. SUDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (XD 7454 Y) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE CUTTING INTO MY LANE .

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN CLINIC BECAUSE I FELT PAIN IN MY NECK AND BACK.  
I WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20210727/7008

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

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Report No. T/20210727/7008

**CONTINUATION OF REPORT**

Driver			
Name	TAN LAY SIONG ANTHONY	ID No.	S7140037I
Related Vehicle	SGR5223M (Car)	Contact No.	81181771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021	Date	27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I WOULD LIKE TO MAKE AN AMENDMENT TO MY POLICE REPORT NO : T/20210727/7007 ON THE LOCATION OF ACCIDENT. FROM TAMPINES EXPRESSWAY TO YIO CHU KANG ROAD.

ON THE STATED DATE AND TIME, I VEHICLE A (SGR 5223 M) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE, I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (XD 7454 Y) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE CUTTING INTO MY LANE.

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**SINGAPORE  
POLICE FORCE**



T/20210727/7007

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

1 of 3

Report No. T/20210727/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2021 10:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN LAY SIONG ANTHONY			Address: 4 FLORA DRIVE #07-57 SINGAPORE 507026		
ID Type / ID No.: NRIC NO / S7140037I			Contact No.: Home/Office: Mobile: 81181771		
Nationality: SINGAPORE CITIZEN			Email: ATLS71@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 10/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PURCHASING AND CONTRACTS EXECUTIVE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 09:10	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR5223M	Car	HONDA	EDIX 1.7 A	Black		0
XD7454Y	Lorry					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210727/7007

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

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Report No. T/20210727/7007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR5223M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000245 52100	27/01/2021	06/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LAY SIONG ANTHONY		ID No. S71400371
Related Vehicle	SGR5223M (Car)		Contact No. 81181771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021		Date 27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SGR 5223 M) WAS TRAVELLING STARIGHT ON THE STATED VENUE. SUDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (XD 7454 Y) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE CUTTING INTO MY LANE .

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I WAS GIVEN 5 DAYS MC.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000



T/20210727/7007

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Report No. T/20210727/7007

**CONTINUATION OF REPORT**

Sketch 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 / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

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:  
27/07/2021 10:43

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210727/7008

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

1 of 3

Report No. T/20210727/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2021 11:18		Vide Report No.: T/20210727/7007		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN LAY SIONG ANTHONY			Address: 4 FLORA DRIVE #07-57 SINGAPORE 507026		
ID Type / ID No.: NRIC NO / S71400371			Contact No.: Home/Office: Mobile: 81181771		
Nationality: SINGAPORE CITIZEN			Email: ATLS71@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 10/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONTRACTS MANAGER			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 09:10	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR5223M	Car					0
XD7454Y	Lorry					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210727/7008

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

2 of 3

Report No. T/20210727/7008

**CONTINUATION OF REPORT**

Driver			
Name	TAN LAY SIONG ANTHONY	ID No.	S7140037I
Related Vehicle	SGR5223M (Car)	Contact No.	81181771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021	Date	27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

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T/20210727/7008

3 of 3

Report No. T/20210727/7008

**CONTINUATION OF REPORT**

Sketch 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 / TPIB /  
TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
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been authenticated by Singpass. No signature is  
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Date/Time:  
27/07/2021 11:18

Classification Of Case: