

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	01/09/2021 16:17 (SGT)
Date of Accident	30/08/2021 17:35 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	SLIP RD TWDS AMK AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3594D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VOULEZ CARS
Company Reg No	5XXXX846X
Email Address	voulezcars@gmail.com
Mobile Phone No	(Phone) +65-87878855
Alternative Phone No	+65-87878855

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00006392000
Cover Note Number	-

DRIVER

Name of Driver	TAN YAN ZHE,JARRETT
NRIC No	SXXXX836F

Date Of Birth	25/09/1994
Occupation	Outdoor
Date Of Driving Pass	23/03/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96608472
Alt. Phone Number	-
Email Address	jarrett_guyz@hotmail.sg
Address	BLK 596C AMK ST 52
Address complement	#08-335
Postcode	563596
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210831/2091

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	SML1716U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ESTHER
Contact Number	(Phone) +65-98383376
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 YAN ZHE,JARRETT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLG3594D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

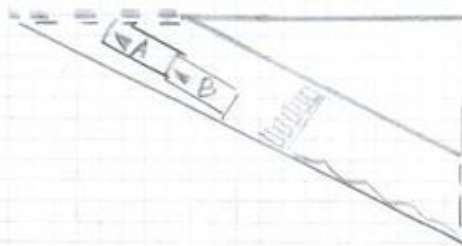
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

ANG MO KIO AVE 5 SLIP RD TOWNS
ANG MO KIO AVE 8

A- 5643594D
B- 5ML1716U



Describe Circumstances of the Accident

Pls refer to the police report: T/20210831/2091

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

01/09/2021

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210831/2091

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE
460015

Tel No: 1800-2419999

2 of 3

Report No. T/20210831/2091

CONTINUATION OF REPORT

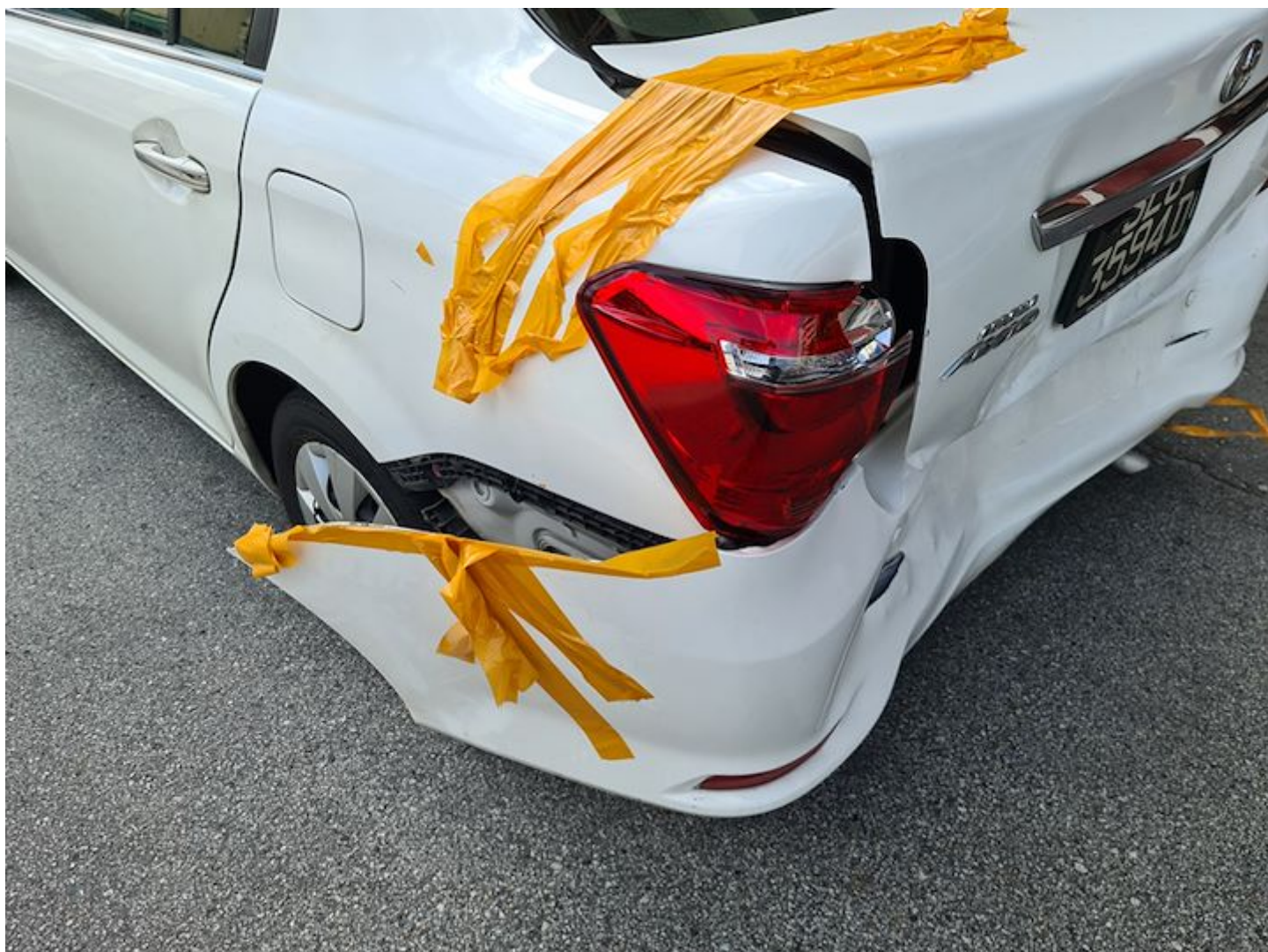
Driver			
Name	TAN YAN ZHE, JARRETT	ID No.	S9434836F
Related Vehicle	SLG3594D (Car)	Contact No.	96608472
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/08/2021	Date Discharge	31/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 30/08/2021 at about 1735hrs, I was driving my said vehicle along Ang Mo Kio Ave 5 entering towards Ang Mo Kio Ave 8 when I stopped at the stop line before I turned into the main road of Ang Mo Kio Ave 8 after the Zebra Crossing Junction when suddenly a vehicle (SLG3594D) collided onto my vehicle's rear and resulted into a serious damage to my vehicle's rear. Subsequently, we exchanged each other particulars and I went to the INSYNC MEDICAL (66 East Coast Rd #07-01, SINGAPORE 428778) on 31st August 2021. I was given a 4 days MC from the doctor. I wish to state that the purpose of this report is for insurance claim purpose.

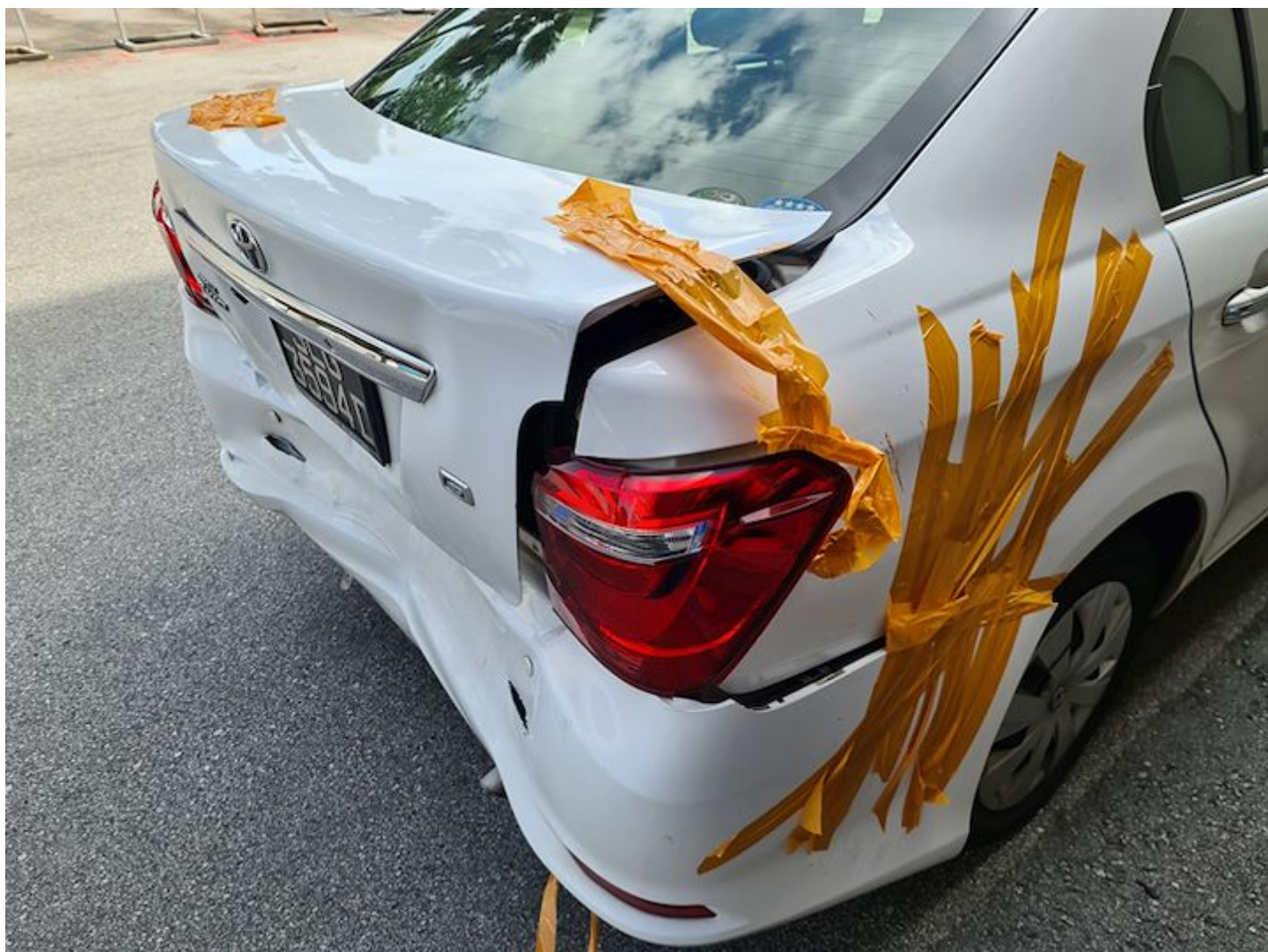




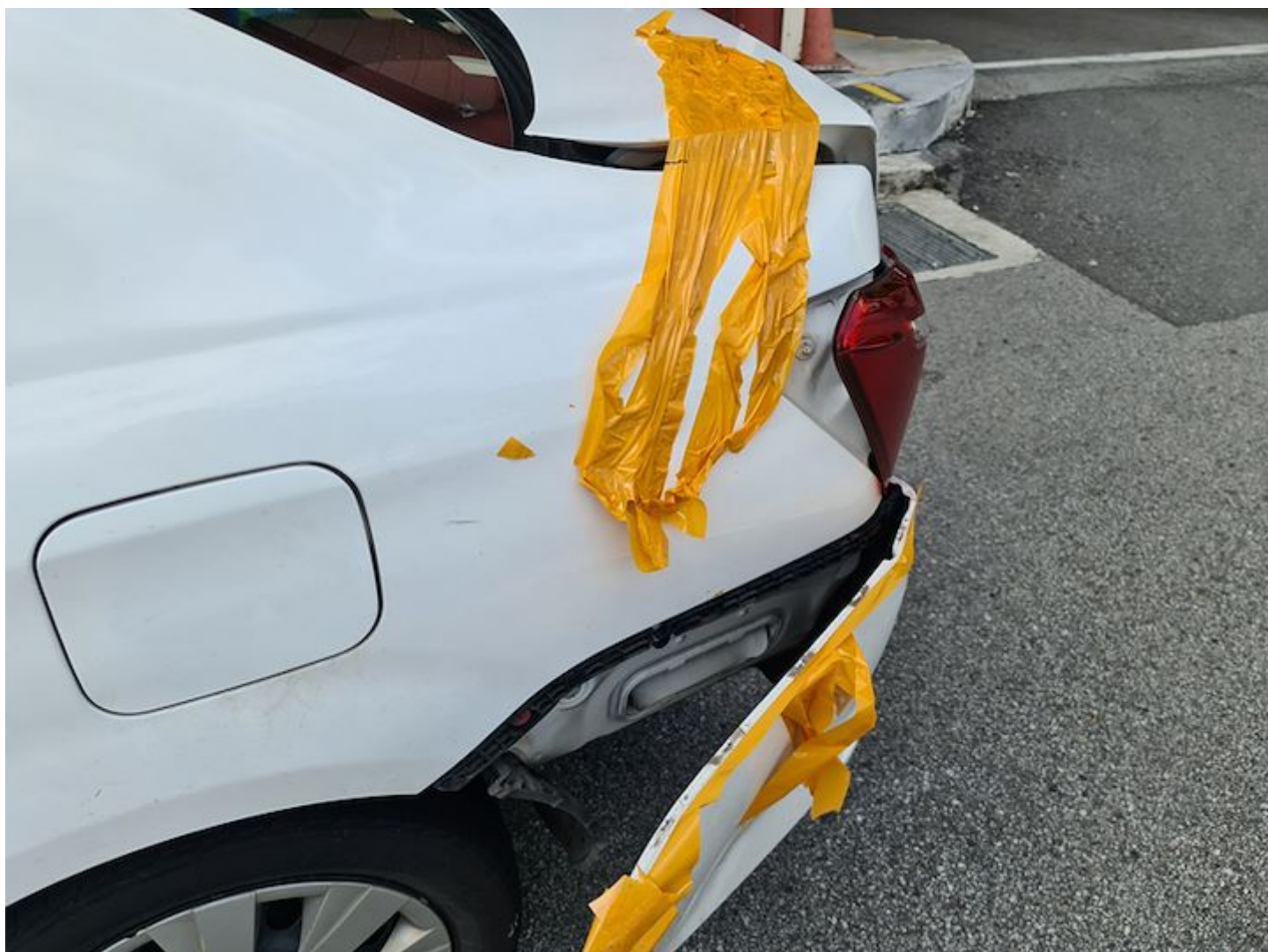




















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Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No. T/20210831/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2021 17:50	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: TAN YAN ZHE, JARRETT			Address: APT BLK 596C ANG MO KIO STREET 52 #08-335 SINGAPORE 563596		
ID Type / ID No.: NRIC NO / S9434836F			Contact No.: Home/Office: Mobile: 96608472		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 25/09/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			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: 30/08/2021 17:35	Type of Location: Zebra Crossing
Location: ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Dry		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	Condition	No of Passenger
SLG3594D	Car	TOYOTA		White	Seriously Damaged	2
SML1716U	Car	HYUNDAI		Grey		0

Details of Person Involved

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



**SINGAPORE
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T/20210831/2091

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Bedok NPP

15 Bedok South Road #01-117 SINGAPORE
460015

Tel No: 1800-2419999

2 of 3

Report No. T/20210831/2091

CONTINUATION OF REPORT

Driver			
Name	TAN YAN ZHE, JARRETT	ID No.	S9434836F
Related Vehicle	SLG3594D (Car)	Contact No.	96608472
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/08/2021	Date Discharge	31/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 30/08/2021 at about 1735hrs, I was driving my said vehicle along Ang Mo Kio Ave 5 entering towards Ang Mo Kio Ave 8 when I stopped at the stop line before I turned into the main road of Ang Mo Kio Ave 8 after the Zebra Crossing Junction when suddenly a vehicle (SLG3594D) collided onto my vehicle's rear and resulted into a serious damage to my vehicle's rear. Subsequently, we exchanged each other particulars and I went to the INSYNC MEDICAL (66 East Coast Rd #07-01, SINGAPORE 428778) on 31st August 2021. I was given a 4 days MC from the doctor. I wish to state that the purpose of this report is for insurance claim purpose.



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460015
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3 of 3

Report No. T/20210831/2091

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
G /
Sgt 2 WONG SZE SIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/08/2021 17:50

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

SIGNATURE

