



## 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	14/09/2021 12:32 (SGT)
Date of Accident	13/09/2021 14:30 (SGT)
Exact Location of Accident	Farrer Rd, Farrer Road, Singapore
Additional Location Information	JUNCTION OF FARRER ROAD EMPRESS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB896E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN YULIN, MELVYN
NRIC No	S8914080C
Email Address	RUGBY_NBSS40@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98804546
Alternative Phone No	+65-98804546

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5
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	1390

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123461071
Cover Note Number	-

#### DRIVER

Name of Driver	TAN YULIN, MELVYN
NRIC No	S8914080C

Date Of Birth	17/04/1989
Occupation	Indoor
Date Of Driving Pass	08/07/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98804546
Alt. Phone Number	+65-98804546
Email Address	RUGBY_NBSS40@HOTMAIL.COM
Address	BLK 308 YISHUN ROAD ROAD
Address complement	#05-1262
Postcode	760308
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 - 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 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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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	SUBMIT TO INSURANCE DIRECTLY
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9715U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LAM KIN SUN
NRIC No	S1649245J
Contact Number	(Phone) +65-96422727
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 YULIN,MELVYN
Gender	Male
Phone No	(Phone) +65-98804546
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB896E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

*[Signature]*  
14/09/2021

Policyholder's Signature / Date & Time

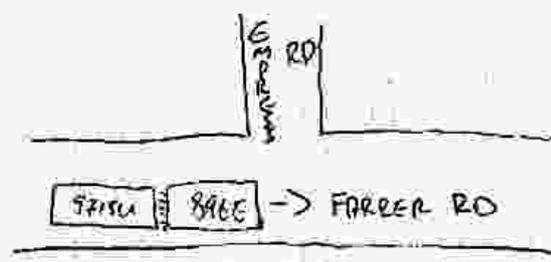
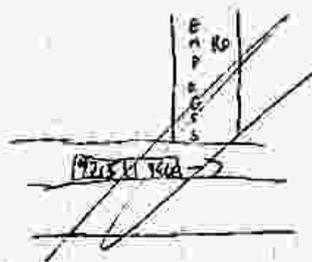
*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20210913/2107

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20210913/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/09/2021 22:17		Vide Report No.:		Station Diary No.: 102	
<b>Informant's Particulars</b>					
Name of Informant: TAN YULIN, MELVYN			Address: APT BLK 308 YISHUN RING ROAD #05-1262 SINGAPORE 760308		
ID Type / ID No.: NRIC NO / S8914080C		Contact No.: Home/Office:		Mobile: 98804546	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 17/04/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SUPERVISOR		Driving Licence Information: Class: 3A		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 13/09/2021 14:30	Type of Location: T-Junction
Location: FARRER ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9715U	Car					0
SNB896E	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	Black	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
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T:20210913/2107

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Report No. T:20210913/2107

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNB896E	NTUC Income Insurance Co-Operative Limited	5123461071	25/08/2021	24/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LAM KIN SUN		ID No.	S1649245J
Related Vehicle	SH9715U (Car)		Contact No.	96422727
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN YULIN, MELVYN		ID No.	S8914080C
Related Vehicle	SNB896E (Car)		Contact No.	98804546
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/09/2021		Date Discharge	13/09/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On the 13/09/2021 at around 1430hrs, I was driving along Farrer Road and was approaching the junction of Farrer Road and Empress Road. At the junction, I recalled it to be a 4 lane road and I was driving on the first lane. I observed the traffic light of the junction to be turning red and I proceeded to stop my vehicle accordingly.

Subsequently after stopping my vehicle, a vehicle from behind me collided into the rear of my vehicle. After the accident happened, both of us got out of our vehicles and exchanged particulars. I took photos of the accident site. At that point of time, no one was injured and thus, we did not call for Police or Ambulance assistance.

After everything was done, we both went off to our separate ways. Later on, I felt pain on my back and decided to see a doctor at Khoo Teck Puat Hospital. I was then given 3 days MC from 13/09/2021 to 15/09/2021. I have an in car camera that have recorded that accident.



**SINGAPORE  
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**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210913/2107

Police Station Of Origin:  
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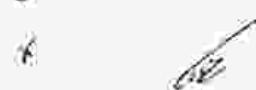
Report No. T/20210913/2107

**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 L / Sgt 3 ADAM TOK BIN RIDUAN SHAFIQUE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2021 22:17
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP15A	<div style="border: 1px solid black; padding: 5px;">           Signature: _____   </div>