

# 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 ..... 20/09/2021 18:37 (SGT)  
Date of Accident ..... 18/09/2021 17:45 (SGT)  
Exact Location of Accident ..... Woodlands Ave 4, Singapore  
Additional Location Information ..... SERVICE ROAD OF WOODLANDS AVE 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX2083D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KER FONG  
NRIC No ..... S7672166A  
Email Address ..... TINOTAN1@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-98902495  
Alternative Phone No ..... (Home) +65-98902495

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA533120/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KER FONG  
NRIC No ..... S7672166A

Date Of Birth .....	13/06/1976
Occupation .....	Indoor
Date Of Driving Pass .....	06/04/2003
Driving experience .....	18 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98902495
Alt. Phone Number .....	(Home) +65-98902495
Email Address .....	TINOTAN1@YAHOO.COM.SG
Address .....	APT BLK 347 WOODLANDS AVE 3 #12-115
Address complement .....	-
Postcode .....	730347
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 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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH9196S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AXA Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN KER FONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLX2083D
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")

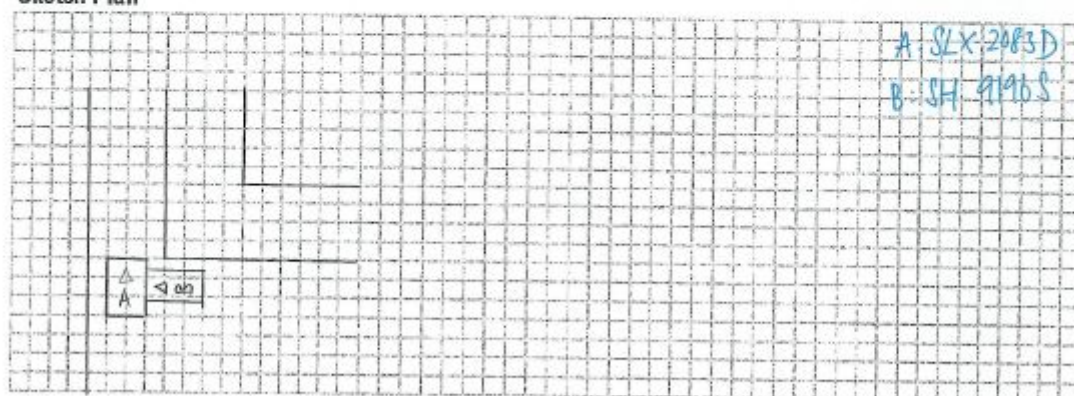
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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**



**Describe Circumstances of the Accident**


Please refer to the police Report (T/20210920/2040).

**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

  
 Witnessed by Reporting Centre Personnel













































**SINGAPORE  
POLICE FORCE**



T/20210920/2040

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20210920/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2021 12:55	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: TAN KER FONG	Address: APT BLK 347 WOODLANDS AVENUE 3 #12-115 SINGAPORE 730347		
ID Type / ID No.: NRIC NO / S7672166A	Contact No.: Home/Office: Mobile: 98902495		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 45	Date of Birth: 13/06/1976	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Other life science technicians	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2021 17:45	Type of Location: Service Road
Location:  WOODLANDS AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
SH9196S	Car					0
SLX2083D	Car	TOYOTA	VIOS E (AUTO)	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX2083D	AXA INSURANCE SINGAPORE PTE LTD	GA533120	20/03/2021	19/03/2022





**SINGAPORE  
POLICE FORCE**



T/20210920/2040

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20210920/2040

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH9196S (Car)	Contact No.	91991850
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN KER FONG	ID No.	S7672166A
Related Vehicle	SLX2083D (Car)	Contact No.	98902495
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/09/2021	Date Discharge	20/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 18/09/2021 at about 1748hrs, I was driving my vehicle bearing registration number SLX2083D along Blk 844 Woodland Avenue 4. I was leaving the cluster when the taxi bearing registration plate number SH9196S was doing a three-point turn and he did not check as such, collided onto my driver side. I would like to inform that I have an in-car camera. On 20/09/2021, I felt pain on my neck area, and I went to see a doctor at Edgedale Medical Clinic, and I was granted 3 days MC.



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T/20210920/2040

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Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
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3 of 3

Report No. T/20210920/2040

**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

F /

Sgt 1 YEO HUI YU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2021 12:55

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 155

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20210920/2040

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Sex: Male	Age: 45	Date of Birth: 13/06/1976	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Other life science technicians	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

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