

# 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 ..... 29/09/2021 11:44 (SGT)  
Date of Accident ..... 28/09/2021 18:10 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK2776G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN PIN CHENG JEAN  
NRIC No ..... SXXXX617D  
Email Address ..... JEANTAN117@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96635096  
Alternative Phone No ..... +65-96635096

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00002752100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN PIN CHENG JEAN  
NRIC No ..... SXXXX617D

Date Of Birth .....	07/04/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	22/09/1998
Driving experience .....	23 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96635096
Alt. Phone Number .....	+65-96635096
Email Address .....	JEANTAN117@GMAIL.COM
Address .....	BLK 109 RIVERVALE WALK #08-18
Address complement .....	-
Postcode .....	540109
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 .....	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 POLICE REPORT T/20210928/2094

#### 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 .....	SMN8404M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	NG BEE HIN
NRIC No .....	SXXXX519D
Contact Number .....	(Phone) +65-87211721
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 PIN CHENG JEAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLK2776G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel





## Describe Circumstances of the Accident

I was stationary along Krunji Camp II on 28-09-2021 @ 1810 hours. I stop to wait for my passenger. While waiting, vehicle B reverse and collided onto front portion of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
 29/9/21

Driver's Signature (If driver is not the policyholder) / Date & Time  
 29/9/21

Witnessed by Reporting Centre Personnel  














































**SINGAPORE  
POLICE FORCE**



T/20210928/2094

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

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Report No. T/20210928/2094

**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 /  
Staff Sgt SITI SUHADAH BINTE  
HAMBALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/09/2021 21:43

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 156

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20210928/2094

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

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Report No. T/20210928/2094

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK2776G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00002752100	19/03/2021	18/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN PIN CHENG JEAN		ID No.	S7111617D
Related Vehicle	SLK2776G (Car)		Contact No.	96635096
Hospital/Clinic	PROHEALTH MEDICAL GROUP@ HOUGANG		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2021		Date Discharge	28/09/2021
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	Ng Bee Hin		ID No.	S1326519D
Related Vehicle	SMN8404M (Car)		Contact No.	87211721
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

**Brief Details.**

I was waiting for my passenger at Kranji Camp II. I was not moving. While waiting, another private hire vehicle was reversing. This resulted in the rear bumper of the other car to hit the front bumper of my car. My arms, back, neck and head hurt. I already went to the doctor. I manage to exchange particulars with the other driver.



**SINGAPORE  
POLICE FORCE**



T/20210928/2094

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

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Report No. T/20210928/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2021 21:43		Vide Report No.:		Station Diary No.: 74	
<b>Informant's Particulars</b>					
Name of Informant: TAN PIN CHENG JEAN			Address: APT BLK 109 RIVERVALE WALK #08-18 SINGAPORE 540109		
ID Type / ID No.: NRIC NO / S7111617D			Contact No.: Home/Office: Mobile: 96635096		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 07/04/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB 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: 28/09/2021 18:10	Type of Location:
Location: CHOA CHU KANG WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK2776G	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Grey	Slightly Damaged	0
SMN8404M	Car				Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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