

# 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 ..... 05/10/2021 20:28 (SGT)  
Date of Accident ..... 04/10/2021 20:10 (SGT)  
Exact Location of Accident ..... Lor 21 Geylang, Singapore  
Additional Location Information ..... LORONG 21 GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGF837M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KENG KIAT ALSON  
NRIC No ..... S9131558J  
Email Address ..... alson.tan91@gmail.com  
Mobile Phone No ..... (Phone) +65-85000661  
Alternative Phone No ..... (Office) +65-85000661

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120682845  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KENG KIAT ALSON  
NRIC No ..... S9131558J

Date Of Birth .....	03/09/1991
Occupation .....	Indoor
Date Of Driving Pass .....	05/07/2018
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85000661
Alt. Phone Number .....	(Office) +65-85000661
Email Address .....	alson.tan91@gmail.com
Address .....	BLK 879B TAMPINES AVENUE 8 #10-57
Address complement .....	-
Postcode .....	S 522879
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? .....	Yes
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

PLEASE REFER TO POLICE REPORT

#### 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 .....	YM8282K
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
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 KENG KIAT ALSON
Gender .....	Male
Phone No .....	(Phone) +65-85000661
Address .....	BLK 879B TAMPINES AVENUE 8 #10-57
Address Complement .....	-
Post Code .....	S 522879
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGF837M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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:

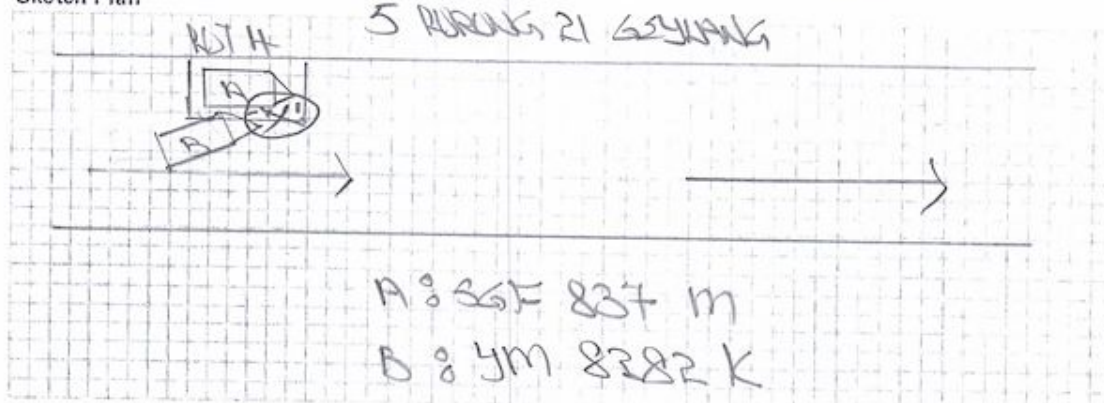
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]*  
05/10/21  
2.45pm  
Policyholder's Signature / Date & Time

*[Signature]*  
05/10/21  
2.45pm  
Driver's Signature (# driver is not the policyholder) / Date & Time

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417223  
Tel: 6747 7287  
Email: info@lsauto.com.sg  
Witnessed by Reporting Centre Personnel

**Sketch Plan**




**Describe Circumstances of the Accident**


Refer to Police Report No. : 7/2021/CD5/7024

**Declaration**

We declare the foregoing particulars are true in every respect.

**LEE SHENG AUTO PTE LTD**  
 1, Kaki Bukit Ave 6 #01-80  
 Singapore 417883  
 Tel: 6742 2307  
 Email: leesheeng@sigahnet.com.sg

 05/10/21  
 2.45pm  
 Policyholder's Signature / Date & Time

 05/10/21  
 2.45pm  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20211005/7024

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

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Report No. T/20211005/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2021 14:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN KENG KIAT, ALSON			Address: 879B TAMPINES AVENUE 8 #10-57 SINGAPORE 522879		
ID Type / ID No.: NRIC NO / S9131558J			Contact No.: Home/Office: Mobile: 85000661		
Nationality: SINGAPORE CITIZEN			Email: ALSON.TAN91@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 03/09/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: General contractor			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2021 20:10	Type of Location: Straight Road
Location:  LORONG 21 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGF837M	Car	MAZDA	MAZDA+3	Grey		0
YM8282K	Lorry	MITSUBISHI	CANTER	White		0

**Details of Vehicle Insurance**

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



T/20211005/7024

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

Report No. T/20211005/7024

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF837M	NTUC Income Insurance Co-Operative Limited	5120682845	21/01/2021	31/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KENG KIAT, ALSON		ID No. S9131558J
Related Vehicle	SGF837M (Car)		Contact No. 85000661
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	04/10/2021	Date	05/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	GUAN JIN WEN		ID No. S6876876D
Related Vehicle	YM8282K (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 4 October 2021 at about 7.30pm, I was resting in my vehicle parking in lot number 4 at 5 Lor 21 Geylang. My vehicle was stationary with my engine switched off. After which, I saw a lorry YM 8282 K which was driving next to my vehicle and attempted to take a slight left turn to park in the open space right in front of my vehicle which is not an allocated parking lot.

Suddenly, I felt an impact and a loud bang, I came to realize that the driver of vehicle B misgauged the distance between our vehicles. Vehicle B had hit the driver side of my vehicle and it drag till the front portion of my vehicle.

Both of us alighted to exchange particulars. Driver of vehicle B then sent a text message acknowledging the fact that my vehicle was stationary. I was feeling dizzy and nauseous with a tense ache from my neck down to my shoulders. My friend who arrived at the scene then assisted to call the ambulance. Traffic police called my friend who dialed 995, enquired on the accident and arrived at scene shortly after. I was conveyed to Tan Tock Seng Hospital for further check up. I was also issued 3 days medical leave and was instructed to return for



**SINGAPORE  
POLICE FORCE**



T/20211005/7024

Police Station Of Origin:  
Traffic Police  
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Report No. T/20211005/7024

**CONTINUATION OF REPORT**

review if my symptoms persist.





**SINGAPORE  
POLICE FORCE**

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



T/20211005/7024

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Report No. T/20211005/7024

**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 /  
LEE GUANG HUI  
Contact No.: 65476423

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/10/2021 14:34

Classification Of Case: