# **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 witholding 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.

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   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 13/10/2021 11:28 (SGT) Date of Accident 12/10/2021 09:00 (SGT) Exact Location of Accident Woodlands Industrial Park E9, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GX5996J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Xiao Dong Tian Ge Zai Xi Company Reg No 5XXXXX009D Email Address veejohnson@ymail.com Mobile Phone No (Phone) +65-92722702 Alternative Phone No (Home) +65-92722702

# VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

# **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5107849093-02 Cover Note Number

# DRIVER

Name of Driver Tan Hay Beng NRIC No. SXXXX513F

Date Of Birth 31/12/1960 Occupation Outdoor Date Of Driving Pass 16/03/1988 Driving experience 33 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92722702 Alt. Phone Number Email Address yeejohnson@ymail.com Address Blk 710 Yishun Ave 5 #08-112 Address complement Postcode 760710 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBG2324S** Vehicle Manufacturer Nissan

Cabstar

Commercial vehicle

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Tan Ming Chye
SXXXX913E
(Phone) +65-92723961
-
-
-
-
-
-
-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person  Gender Phone No Address Address Complement Post Code	Tan Hay Beng Male (Phone) +65-92722702 - -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - GX5996J - No

on 12 October 2021 ap	proximately 0900 hour, I was driving along Woodlands Industrial
Park Eq. When my vehic	de have stopped and watch out for other vehicle. Suddenly I
have heard a sound for	m my vehicle near. Vehicle 8 dist not notice my vehicle an
hif my vehicle rear.	
Declaration	
We declare the foregoing particulars a	are true in every respect.
I SEE T MA LY SEE EN	
小洞天歌仔戏剧团 iao Dong Tian Hokkien Opera Trou	ıpe
Tel: 93852066 (Johnson)	Life.
마리 하는 1년 원리를 하는 일을 하는 사람이 하는 생각이 하는 사람이 하는 것이 되었다.	Driver's Signature (if driver is not the policyholder) / Date  & Time  Witnessed by Reporting Ce Personnel
Time <	~ ····~

# SKETCH PLAN

# IMPORTANT NOTICE

- Hease report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

l 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/of 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:

co immediating the applicant and/or my stating

(4) carrying out and/or dealing with my instructions or responding to any enquiries by ms;

(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")

(ii) an insurer(ii) 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 Parsonal 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.

小洞天歌仔戏剧团 Xiao Dong Tian Hokkien Opera Troupe Tel: 93852066 (Johnson)

> Policyholder's Signature / Date & Timo

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Woodlands Indushial Park E9

Vehicle A - GX 5996 J Vehicle B - GBG 2324 S

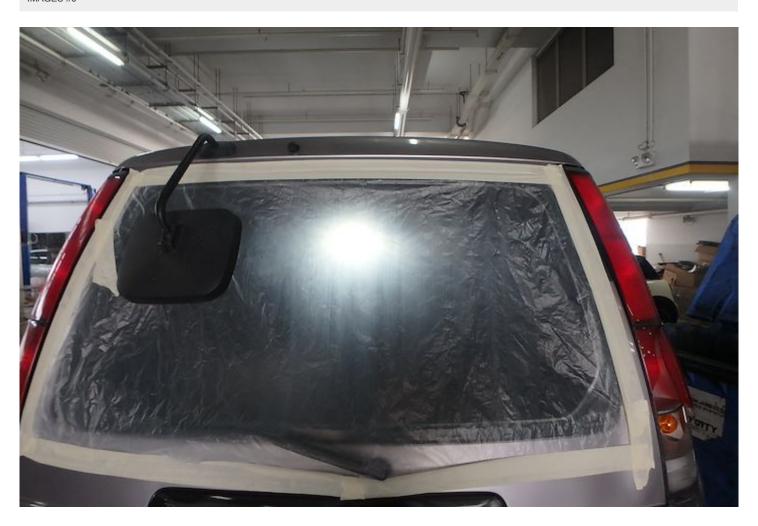




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20211013/7006

# 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 / TAN JEOK LENG Contact No.: 65476151

NP168

Signature Of Informant:

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

Date/Time: 13/10/2021 10:23

Classification Of Case:



T222110137006

1 of 3 Report No. T/20211013/7006

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

# REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 3/10/2021 10:23		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: TAN HAY BENG			Address: 710 YISHUN AVENUE 5 #08-112 SINGAPORE 760710		
ID Type / ID No.: NRIC NO / S1453513F			Contact No.: Home/Office: Mobile: 92722702		
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: yeejohnson@ymail.com		
Sex: Male	Age: 60	Date of Birth: 31/12/1960	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Delivery			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:			Date/Time of Accident: 12/10/2021 09:00	Type of Location WOODLANDS INDUSTRIAL PARK E9
Location: WOODLAND	s			
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: Two Way				Road Speed Limit: Traffic Volume: No Traffic

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBG2324S (Not Accurate)	Charles and the same of the sa	NISSAN	CABSTAR			1
GX5996J	Van					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211013/7006

# CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	TAN HAY BENG			ID No.	S1453513F	
Related Vehicle	GX5996J (Van)			Contact No.	92722702	
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	anted Medical Leave 03 Degree of			f Slight		
Driver						
Name	TAN MING CHYE			ID No.	S9416913E	
Related Vehicle	NIL			Contact No.	92723961	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL. Date of Expiry: NIL	
Date	NIL Date			NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL		

### Brief Details.

On 12 October, I was driving along Woodlands Industrial Park E9. When my vehicle have stopped and watch out for other vehicle. Suddenly, I have heard a sound from my vehicle rear. Vehicle B did not notice my vehicle and hit my vehicle rear.