

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 28/09/2021 14:06 (SGT)
Date of Accident 24/09/2021 09:55 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TOWARDS CHANGI EXIT 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC2830L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN POH CHOO
NRIC No SXXXX254H
Email Address A3669J@GMAIL.COM
Mobile Phone No (Phone) +65-97998082
Alternative Phone No +65-97998082

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00143422100
Cover Note Number -

DRIVER

Name of Driver JAYDEN TAN HAO QUN
NRIC No SXXXX197H

| | |
|--|-------------------------------------|
| Date Of Birth | 12/03/1997 |
| Occupation | Indoor |
| Date Of Driving Pass | 19/02/2021 |
| Driving experience | 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91917132 |
| Alt. Phone Number | - |
| Email Address | A3669J@GMAIL.COM |
| Address | BLK 299A COMPASSVALE STREET #17-132 |
| Address complement | - |
| Postcode | 541299 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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? | 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

REFER TO POLICE REPORT T/20210927/2069 & T/20210927/2099

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 TRAFFIC POLICE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNB5941A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|-------------|
| Vehicle Category | Private car |
| 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 | JAYDEN TAN HAO QUN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY AND NECK |
| Injured person in which vehicle? | SKC2830L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

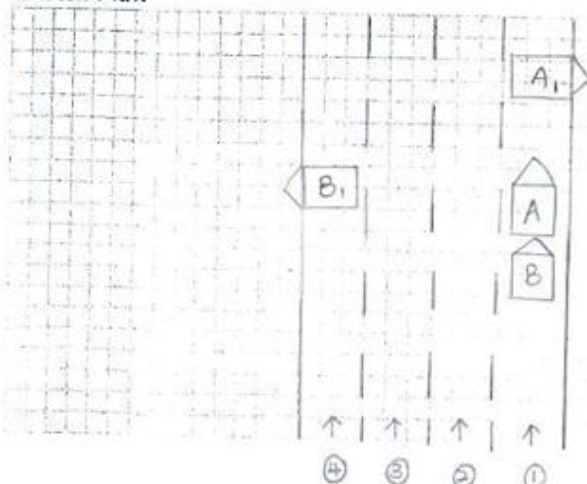
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

TAN
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SKC 2830L
B = SNB 5941A
TPE towards Changi
(Before Selatar Link
Exit 11)

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20210927/2069

&

Police Report No. : T/20210927/2099

Declaration

We declare the foregoing particulars are true in every respect.

TAN
Policyholder's Signature / Date &
Time

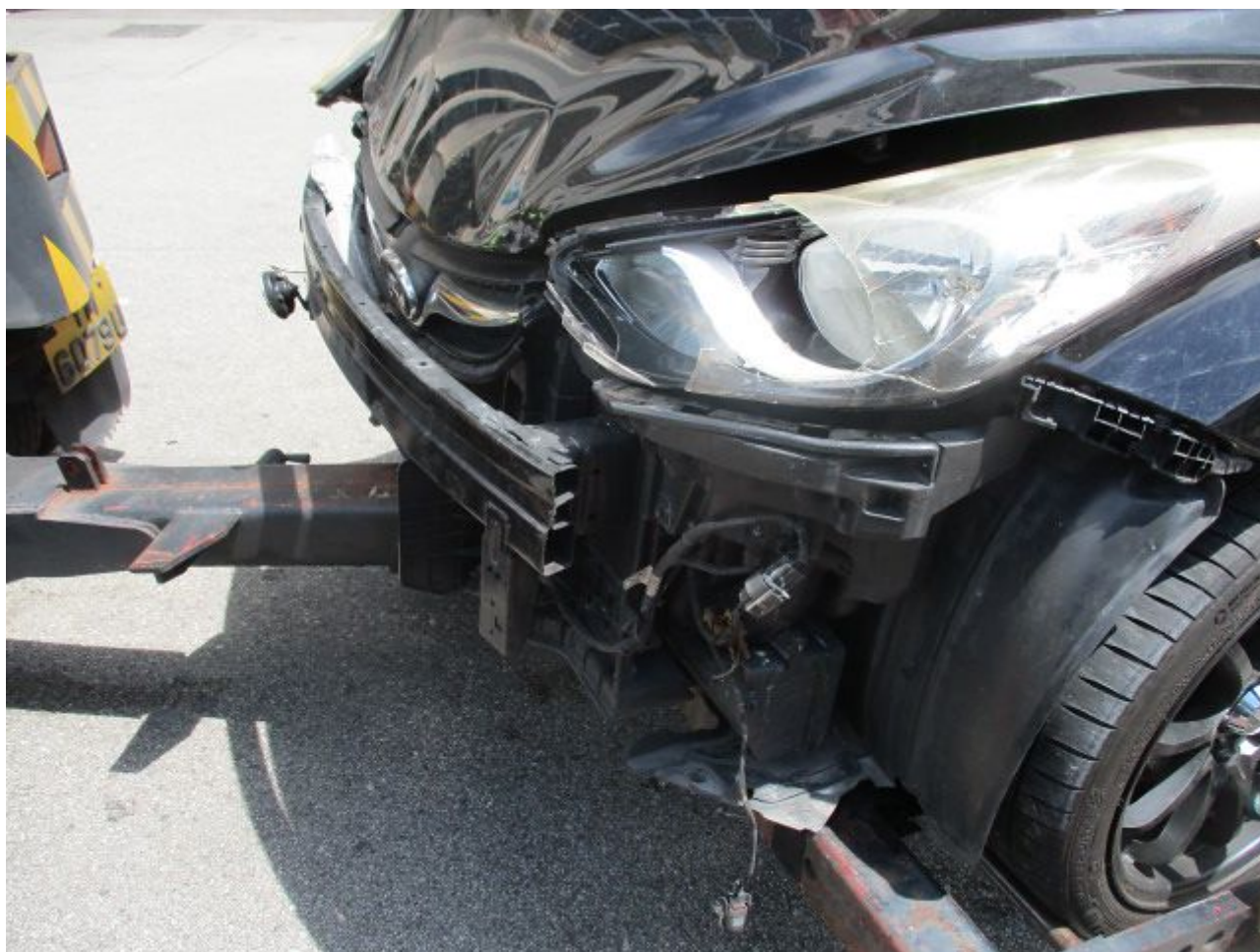
Zm
Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel











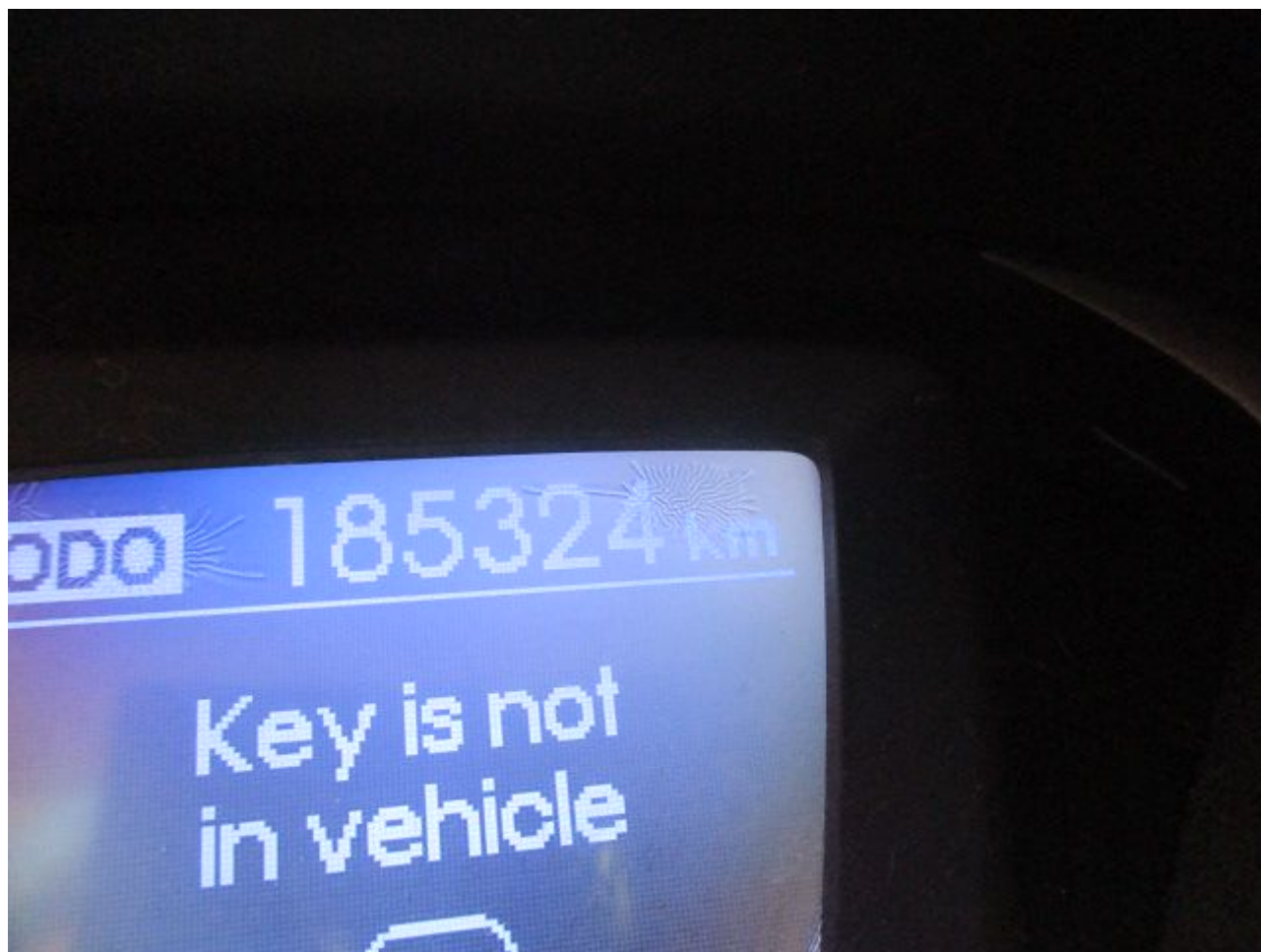














**SINGAPORE
POLICE FORCE**



T/20210927/2069

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

1 of 3

Report No. T/20210927/2069

Need Amend

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 27/09/2021 15:01 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: JAYDEN TAN HAO QUN | | | Address: APT BLK 299A COMPASSVALE STREET #171 COMPASSVALE GREEN SINGAPORE 541299 | | |
| ID Type / ID No.: NRIC NO / S9709197H | | | Contact No.: Home/Office: Mobile: 91917132 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 24 | Date of Birth: 12/03/1997 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SAF | | | 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: 24/09/2021 09:55 | Type of Location: Straight Road |
| Location: TAMPINES EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|--|-------|-----------|-----------------|
| SKC2830L | Car | HYUNDAI | ELANTRA 1.6 AT ABS D/AB 2WD 4DR | Black | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



SINGAPORE
POLICE FORCE



T/20210927/2069

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

3 of 3

Report No. T/20210927/2069

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
TP /
SC MUHAMMAD SHAFFIY BIN
ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/09/2021 15:01

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



SINGAPORE
POLICE FORCE



T/20210927/2069

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

2 of 3

Report No. T/20210927/2069

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name | JAYDEN TAN HAO QUN | ID No. | S9709197H |
| Related Vehicle | SKC2830L (Car) | Contact No. | 91917132 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 24/09/2021 | Date Discharge | 25/09/2021 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Details.

ON STATED DATE, TIME AND LOCATION.

ON 24/09/2021 AT ABOUT 9.55PM. I WAS BEARING A VEHICLE PLATE NUMBER SKC2830L. I WAS TRAVELLING ALONG TPE TOWARDS CHANGI BRFORE SELATAR LINK EXIT 11. I WAS CHANGING LANE FROM 2 TO 1, AFTER I ENTAR MY LANE, A CAR JUST SPEED VERY FAST AND I FELT THE IMPACT FROM MY REAR OF MY VEHICLE .AFTER WHICH I WAS INJURED AND I WAS CONVEY BY THE AMBULANCE AND WAS SENT TO THE HOSPITAL. I WAS INFORMED BY IO THAT I HAD TO MAKE A POLICE REPORT. THAT'S ALL .



T/20210927/2099

1 of 3

Report No. T/20210927/2099

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20210927/2099

Vide Report Number T/20210927/2069

Date/Time of Report Made 27/09/2021 19:37

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant JAYDEN TAN HAO QUN

ID Type / ID No. NRIC NO / S9709197H

Home/Office

Mobile 91917132

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 24/09/2021 09:55

Accident Location TAMPINES EXPRESSWAY

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

1/20210927/2099

Report No. T/20210927/2099

Continuation of CSF For NP168

| | | | |
|-----------------------------------|-------------------------|------------------|--|
| Driver | | ID No. | S9709197H |
| Name | JAYDEN TAN HAO QUN | | Contact No. |
| Related Vehicle | NIL | | 91917132 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | Class of Driving Licence & Expiry Date |
| | | | Class: 3A Date of Expiry: NIL |
| Date Treatment | 24/09/2021 | Date Discharge | 25/09/2021 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Facts.

The other car involved in the accident is registration plate SNB5941A.