

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 15/10/2021 17:31 (SGT)
Date of Accident 14/10/2021 17:50 (SGT)
Exact Location of Accident 486B Tampines Ave 9, Singapore 521486
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC9923X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BEE CHOO
NRIC No SXXXX017G
Email Address tanjy_1323@hotmail.com
Mobile Phone No (Phone) +65-96398305
Alternative Phone No +65-96398305

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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 2143

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VP05/030021-001
Cover Note Number -

DRIVER

Name of Driver TAN JING YUAN
NRIC No SXXXX478C

Date Of Birth	03/08/1990
Occupation	Outdoor
Date Of Driving Pass	21/02/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84849923
Alt. Phone Number	-
Email Address	tanjy_1323@hotmail.com
Address	445B FERNVALE ROAD
Address complement	#06-385
Postcode	792445
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?	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	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

PLS REFER TO THE POLICE REPORT:T/20211015/7014

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	GBH1718R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RIDZWAN BIN MOHAMED NORDIN
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 JING YUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & HANDS
Injured person in which vehicle?	SNC9923X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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. 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' 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.

BC.

Policyholder's Signature / Date & Time

h.

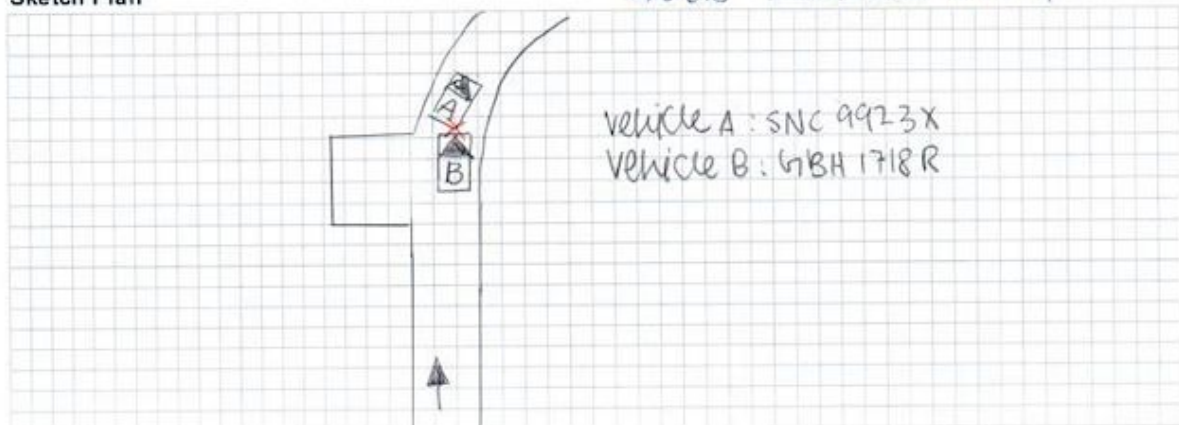
Driver's Signature (If driver is not the policyholder) / Date & Time

Sym 15/10/21

Witnessed by Reporting Centre Personnel

Sketch Plan

486B TAMMINGS AVE 9



Describe Circumstances of the Accident

Refer To Police
Report : T/2021/015/7014

Declaration

We declare the foregoing particulars are true in every respect.

Bc

Policyholder's Signature / Date &
Time

h.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211015/7014

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

2 of 3

Report No. T/20211015/7014

CONTINUATION OF REPORT

Driver			
Name	TAN JING YUAN	ID No.	S9027478C
Related Vehicle	SNC9923X (Car)	Contact No.	84849923
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/10/2021	Date	15/10/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SNC 9923 X) WAS STATIONARY ON THE STATED VENUE WITH THE INTENTION TO REVERSE INTO THE LOADING BAY LOT, WHILE MAKING SURE THAT THE ROAD WAS CLEAR, I SUDDENLY FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE, MY VEHICLE I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (GBH 1718 R) WHO HAVE COLLIDED ONTO MY VEHICLE.

I WOULD WISH TO STATE THAT MY VEHICLE WAS IN A STATIONARY MODE,

AFTER THE ACCIDENT I THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL 24 HR CLINIS (AMK) AS I FELT PAIN IN MY NECK, BACK & HANDS.
I WAS GIVEN 5 DAYS MC.



















**SINGAPORE
POLICE FORCE**



T/20211015/7014

1 of 3

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

Report No. T/20211015/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 14:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN JING YUAN			Address: 445B FERNVALE ROAD #06-385 SINGAPORE 792445		
ID Type / ID No.: NRIC NO / S9027478C			Contact No.: Home/Office: Mobile: 84849923		
Nationality: SINGAPORE CITIZEN			Email: TANJY_1323@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 03/08/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 14/10/2021 17:50	Type of Location: Straight Road
Location: TAMPINES AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1718R	Car					0
SNC9923X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211015/7014

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

2 of 3

Report No. T/20211015/7014

CONTINUATION OF REPORT

Driver			
Name	TAN JING YUAN	ID No.	S9027478C
Related Vehicle	SNC9923X (Car)	Contact No.	84849923
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/10/2021	Date	15/10/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SNC 9923 X) WAS STATIONARY ON THE STATED VENUE WITH THE INTENTION TO REVERSE INTO THE LOADING BAY LOT , WHILE MAKING SURE THAT THE ROAD WAS CLEAR, I SUDDENLY FELT A HUGE IMPACT ON THE RIGHT REAR PORTION OF MY VEHICLE , MY VEHICLE I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (GBH 1718 R) WHO HAVE COLLIDED ONTO MY VEHICLE.

I WOULD WISH TO STATE THAT MY VEHICLE WAS IN A STATIONARY MODE,

AFTER THE ACCIDENT I THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL 24 HR CLINIS (AMK) AS I FELT PAIN IN MY NECK, BACK & HANDS.
I WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20211015/7014

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

3 of 3

Report No. T/20211015/7014

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 /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
15/10/2021 14:05

Classification Of Case: