

# 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 .....	29/11/2021 15:42 (SGT)
Date of Accident .....	28/11/2021 13:18 (SGT)
Exact Location of Accident .....	Near Stadium Blvd, Singapore
Additional Location Information .....	Roundabout in the middle of Stadium Walk, Stadium Blvd & Stadium Drive.
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK6215B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JOE'S SEAFOOD TRADING
Company Reg No .....	52962643L
Email Address .....	JAIMELEE_66@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97996208
Alternative Phone No .....	+65-97996208

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	Lorry
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MCV0007106
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN DE MING, KEITH
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NRIC No .....	S9430807J
Date Of Birth .....	23/08/1994
Occupation .....	Indoor
Date Of Driving Pass .....	03/03/2014
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92735689
Alt. Phone Number .....	-
Email Address .....	keithy_turtle@hotmail.com
Address .....	BLK 452 CHOA CHU KANG AVE 4
Address complement .....	#11-141
Postcode .....	680452
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Roundabout
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

KINDLY REFER TO POLICE REPORT NO . T/20211129/2044 & SKETCH PLAN ATTACHED.

#### 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 .....	SLD4618G
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	SEOW TENG PENG
NRIC No .....	S0355407D
Contact Number .....	-
Address .....	-
Address complement .....	97592201
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKG6983G
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TIRUPATHI KARTHIK
NRIC No .....	S6883095H
Contact Number .....	(Phone) +65-96667948
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN DE MING, KEITH
Gender .....	Male
Phone No .....	(Phone) +65-92735689
Address .....	BLK 452 CHOA CHU KANG AVE 4
Address Complement .....	#11-141
Post Code .....	680452
Approximate Age Years Old .....	27
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBK6215B
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.
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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.

Policyholder's Signature / Date & Time  
**Joe's Seafood Trading**  
 31k 452 Choa Chu Kang Ave. 4  
 #11-141 Singapore 680452  
 Co. Reg. No: 52962643L  
 GST Reg. No: M9-006532-6

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

Witnessed by Reporting Centre Personnel

Lorry: 6BK 6215B

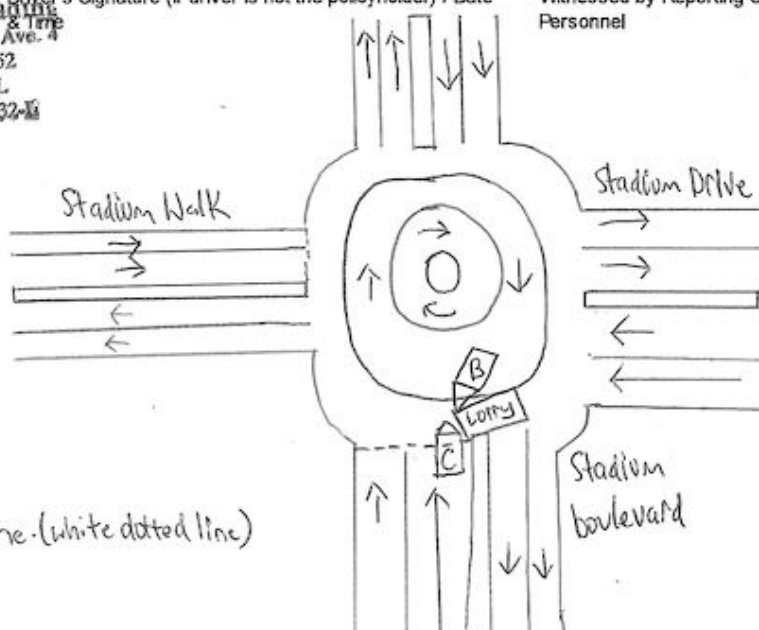
Car B: SDL 46186

Cut into my lane &

Hit onto my lorry right side

Car C: SKG 69836

Stopped too out, not before the line (white dotted line)



Describe Circumstances of the Accident

Date: 28/11/2021

Time: 1.18pm

I was driving along the roundabout in the middle of 'Stadium Walk', 'Stadium Blvd' & 'Stadium Drive', at the extreme left lane. Then 'Car B' made a reckless left turn and collide into my lorry, due to the strong impact, causing my lorry to hit onto 'Car C' front left corner to hit onto 'Car C' right side portions as the 'Car C' was not stopped behind the white dotted line.

Due to the strong impact from 'Car B' collision, causing my right side of body pain.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only

Claim OD ☒

Claim TP

Claim OD / TP at other Workshop

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
**Joe's Seafood Trading**  
 Blk 452 Choa Chu Kang Ave  
 #11-141 Singapore 680452  
 Co. Reg. No: 52962643L  
 GST Reg. No: M9-006392

Policyholder's Signature / Date & Time

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

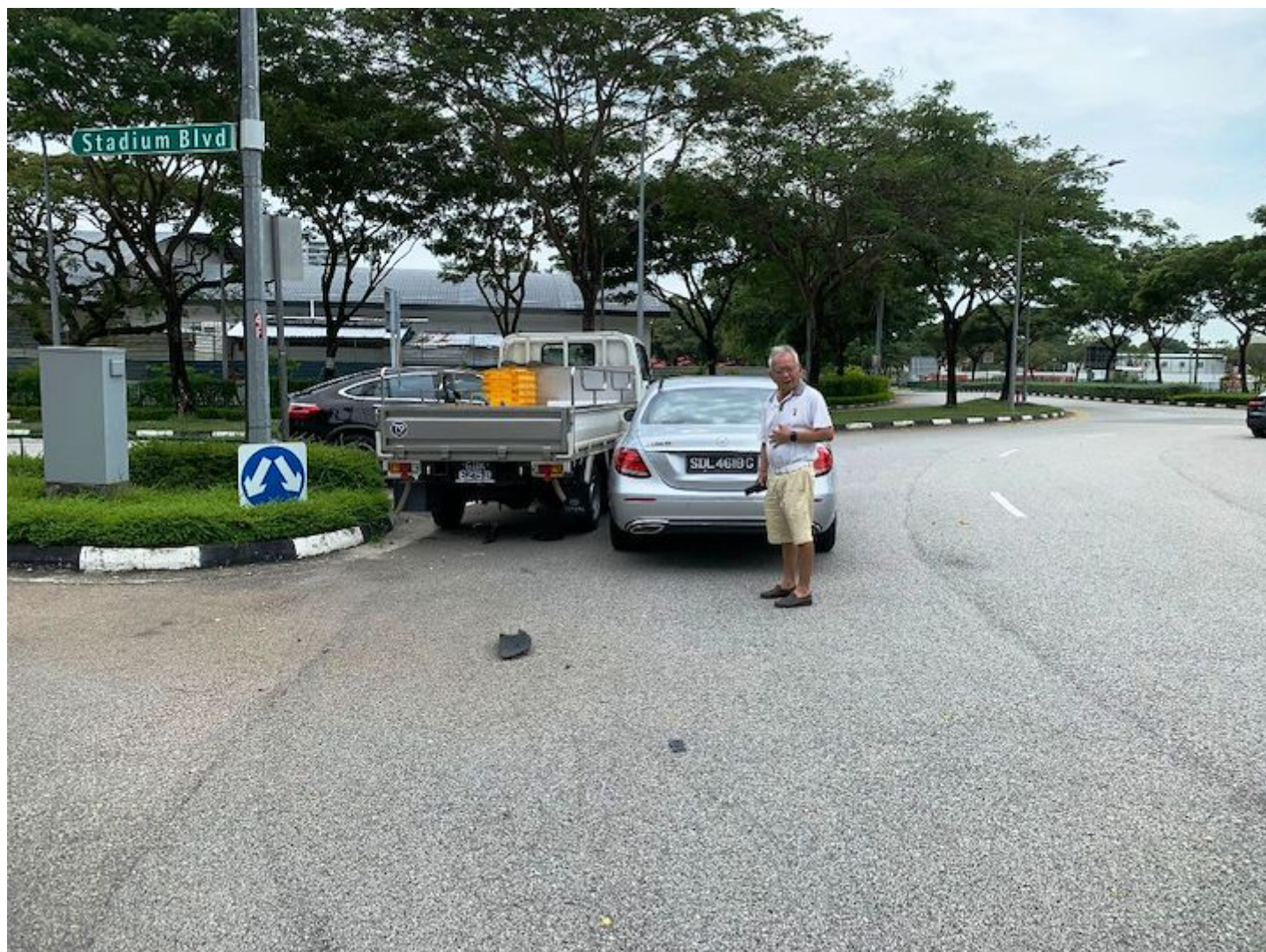
*Sandy Loo*

Witnessed by Reporting Centre Personnel



























































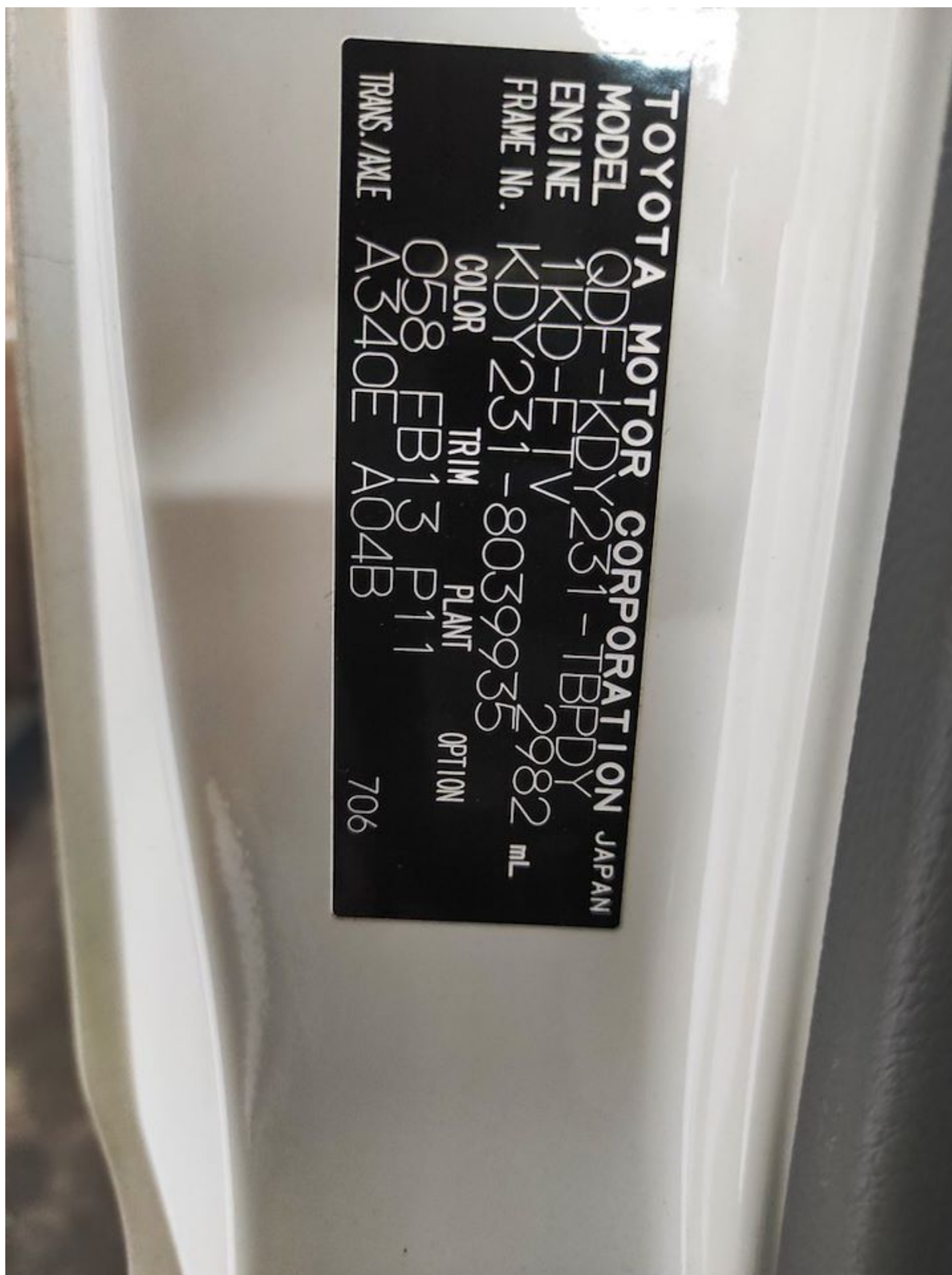






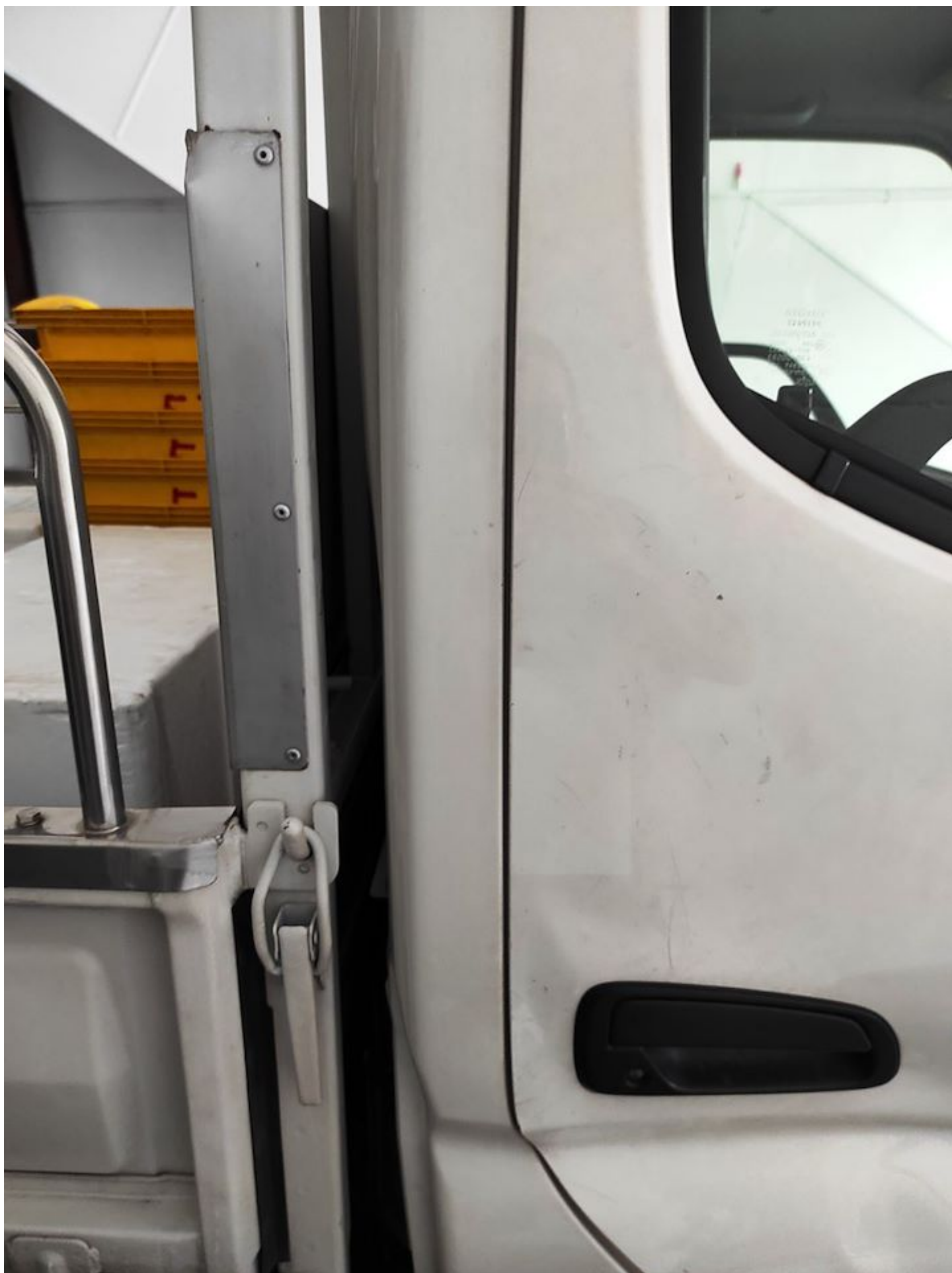






























**SINGAPORE  
POLICE FORCE**



T/20211129/2044

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

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Report No. T/20211129/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2021 13:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Tan De Ming, Keith			Address: APT BLK 452 CHOA CHU KANG AVENUE 4 #11-141 SINGAPORE 680452		
ID Type / ID No.: NRIC NO / S9430807J			Contact No.: Home/Office: Mobile: 92735689		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 23/08/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SEAFOOD WHOLESALER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2021 13:20	Type of Location: Roundabout
Location:  STADIUM DRIVE				
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 Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6215B	Lorry	TOYOTA	DYNA 3.0 AUTO	White	Seriously Damaged	0
SDL4618G	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Silver	Slightly Damaged	0
SKG6983G	Car	MERCEDES BENZ	GLC250 4MATIC COUPE AMG LINE (R19 LED)	Black	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20211129/2044

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

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Report No. T/20211129/2044

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tan De Ming, keith	ID No.	S9430807J
Related Vehicle	GBK6215B (Lorry)	Contact No.	92735689
Hospital/Clinic	BUKIT BATOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	29/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	seow teng peng	ID No.	S0355407D
Related Vehicle	SDL4618G (Car)	Contact No.	97592201
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
Driver			
Name	tirupathi karthik	ID No.	S6883095H
Related Vehicle	SKG6983G (Car)	Contact No.	96667948
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.**

On the stated time, date and location I was driving at the roundabout at stadium drive. I was at the extreme left lane. The stated car SDL4618G was in the middle lane. As we were approaching another bend of the round about. The stated car SDL5618G abruptly made a reckless turn to the left causing its vehicle to collide with my vehicle. The sudden impact causes me to lose control of my vehicle and I ended up hitting another vehicle namely SKG6983G. whom was waiting at the dotted white line, waiting to enter the round about. I wish to state that the vehicle SKG6983G stopped way in front of the white stop dotted line.





**SINGAPORE  
POLICE FORCE**



T/20211129/2044

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Traffic Police  
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Tel No: 65470000

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Report No. T/20211129/2044

**CONTINUATION OF REPORT**

All three parties subsequently alighted and was not injured. my vehicle suffered serious damages to the right front door and tire, damages under my vehicle and also on the left hand side of my vehicle. The other two cars suffered slight damages. we exchanged particulars and decided to move off. No ambulance and Traffic police was presence at scene. I also have no inboard cameras in my vehicle.

On the same day in the evening I started to feel a slight pain on my right shoulder and right hip. I visited the doctor at the nearby polyclinic the next day. I was diagnosed to have muscle soreness from the accident. and nothing serious. I acknowledge. I was also given 3 days MC.

I wish to state that there is police cameras around the vicinity of the round about. I am also lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20211129/2044

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

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Report No. T/20211129/2044

## 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 J/ Sgt 2 Muhammad Barn Bin Osman	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 13:15
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case: