

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	09/12/2021 17:48 (SGT)
Date of Accident	09/12/2021 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS JUNCTION OF COMMONWEALTH AVE WEST TWDS CLEMENTI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3758Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN QINGLE, TELVIN
NRIC No	SXXXX630E
Email Address	VINVIN268@GMAIL.COM
Mobile Phone No	(Phone) +65-92708862
Alternative Phone No	(Home) +65-92708862

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123444481
Cover Note Number	-

DRIVER

Name of Driver	TAN QINGLE, TELVIN
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NRIC No	SXXXX630E
Date Of Birth	10/01/1988
Occupation	Indoor
Date Of Driving Pass	05/08/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92708862
Alt. Phone Number	(Home) +65-92708862
Email Address	VINVIN268@GMAIL.COM
Address	BLK 573A WOODLANDS DR 16 #07-630
Address complement	-
Postcode	731573
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	Collision - Cross Junction
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SGY2140B
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	TAN QINGLE, TELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ3758Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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;
- (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.

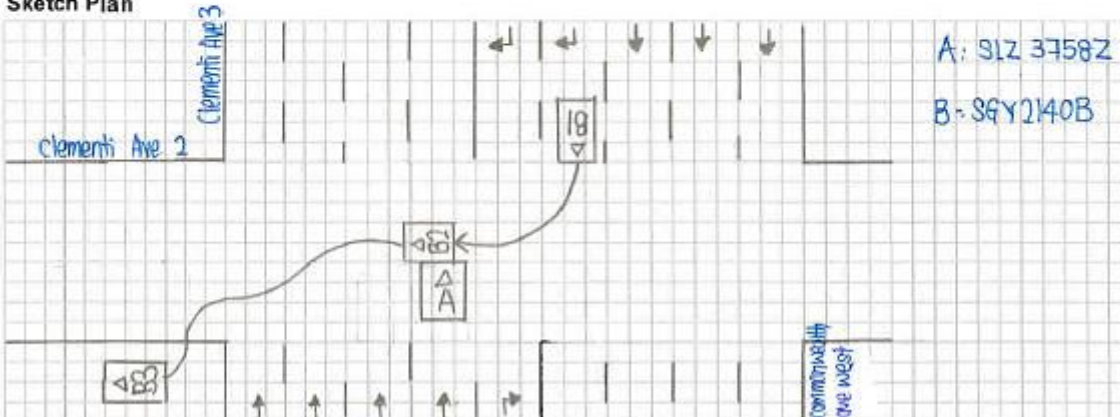
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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 Personal 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	SHUYI Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

Please refer to the Police Report (T/2021/209/2025).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

SHUYI

Witnessed by Reporting Centre
Personnel













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20211209/2025

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Report No. T/20211209/2025

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 E / Sgt 2 TAN JIA YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2021 12:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:  SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20211209/2025

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20211209/2025

CONTINUATION OF REPORT

There is damages to the poles of the sheltered walkway along Clementi Ave 2.

I suffered pain to the back of my neck, bruises on my left knee, upper back muscle pain and pain to my right forearm due to the accident impact.

The damages to my vehicle are as follow:

1. Dent to the front bumper
2. Scratches on lower bumper
3. Bonnet dislodged
4. Passenger door unable to open

I believed that the said vehicle had beat the red light.

The details of the witness are as follows:

Joshua, 9155 0649

I have a in car-camera, but I am unsure if it have recorded the accident. The SD card was also given to the traffic police at scene.



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T/20211209/2025

Police Station Of Origin:
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1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20211209/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ3758Z	NTUC Income Insurance Co-Operative Limited	5123444481	26/08/2021	29/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	Niko		ID No.	NIL
Related Vehicle	SGY2140B (Car)		Contact No.	92284782
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	Slight
Driver				
Name	TAN QINGLE, TELVIN		ID No.	S8800630E
Related Vehicle	SLZ3758Z (Car)		Contact No.	92708862
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	09/12/2021		Date Discharge	09/12/2021
No. of Days granted Medical Leave		05	Degree of Injury	Serious

Brief Details.

On 09/12/2021 at 0837hrs, I was driving my vehicle, SLZ3758Z, along Commonwealth Ave W towards Clementi MRT station direction.

I was driving at the second lane to the right with the intention of going straight.

I then stopped at the traffic junction, along Commonwealth Ave W and Clementi Ave 2, upon seeing the red light. My vehicle was the first vehicle at the traffic at that point of time.

Shortly after, the traffic lights turned green. I then drive my vehicle forward.

Out of a sudden, a vehicle, SGY2140B, suddenly came from my right (from Commonwealth Ave W turning right to Clementi Ave 2) and hit onto my front side of the vehicle.

Police and ambulance were at scene. No one was conveyed to the hospital.


**SINGAPORE
POLICE FORCE**


T/20211209/2025

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20211209/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2021 12:22		Vide Report No.: D/20211209/0039		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: TAN QINGLE, TELVIN			Address: APT BLK 573A WOODLANDS DRIVE 16 #07-630 SINGAPORE 731573		
ID Type / ID No.: NRIC NO / S8800630E			Contact No.: Home/Office: Mobile: 92708862		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 10/01/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2021 08:35	Type of Location: X-Junction
Location: CLEMENTI AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY2140B	Car				Seriously Damaged	0
SLZ3758Z	Car	TOYOTA	SIENTA HYBRID 1.5G CVT	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date