

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 20/09/2021 22:39 (SGT)
Date of Accident 19/09/2021 21:25 (SGT)
Exact Location of Accident Near 177 Guillemard Rd, Singapore 399722
Additional Location Information JUNCTION OF GUILLEMARD ROAD AND LOR 18 GEYLANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL212L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SYLVIA KOH LENG LENG
NRIC No SXXXX945C
Email Address Tony.tan@commssquare.com.sg
Mobile Phone No (Phone) +65-82282112
Alternative Phone No +65-82282112

VEHICLE PARTICULARS

Manufacturer Porsche
Model Boxster
Variant PDK 2.9L SMT ABS AB 2WD 2DR HID
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? Yes
Vehicle Category Private car
Transmission Auto
CC 2687

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA576140
Cover Note Number -

DRIVER

Name of Driver TONY TAN KIA MENG
NRIC No SXXXX360H

Date Of Birth	21/01/1967
Occupation	Indoor
Date Of Driving Pass	02/03/1985
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82282112
Alt. Phone Number	-
Email Address	Tony.tan@commssquare.com.sg
Address	9 GEYLANG EAST AVE 1
Address complement	#03-15
Postcode	389783
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO, T/20210919/2020 LODGE AT GEYLANG NPC
ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ALONG GUILLEMARD ROAD TOWARDS LORONG 20 GEYLANG, ALL OF THE SUDDEN, VEHICLE SLX7732G EMERGED FROM LORONG 18 GEYLANG ROAD. I WAS UNABLE TO STOP MY VEHICLE ON TIME. WHEN I FIRST SPOTTED THE VEHICLE, IT WAS NOT MOVING. THE VEHICLES SUDDENLY STARTED TO MOVE OFF FROM THE STOP LINE AND I WAS UNABLE TO AVOID THE COLLISION. THE FRONT LEFT OF MY VEHICLE CAME INTO CONTACT WITH THE FRONT RIGHT OF VEHICLE SLX7732G. UPON THE COLLISION, I LOST CONTROL OF MY VEHICLE, MY VEHICLE SKIED TOWARDS THE FOOTPATH ON LEFT AND I AM UNSURE IF MY VEHICLE HAD ANY CONTACT WITH ANY PEDESTRIANS. IT THEN CAME INTO CONTACT TO THE RAILING THAT WAS AT THE SIDE OF THE FOOTPATH, ABOUT FOUR OF THE RAILING TOPPLED. I IMMEDIATELY ALIGHT MY VEHICLE AD MAKE A CHECK ON THE TWO PEDESTRIANS WHO WERE LYING ON THE FLOOR. HOWEVER, I WAS UNABLE TO MAKE A CLOSER CHECK ON THEM S THERE A CROWD SURROUNDING THEM. I ALSO MADE A CHECK ON THE DRIVER OF SLX7732G AND INFORMED THAT HE WAS NOT INJURED. THE FRONT BUMPER OF SLX7732G WAS SERIOUSLY DAMAGED. THE FRONT BUMPER OF MY VEHICLE FELL OFF AND THE TWO NEAR WHEELS, BOTH SIDES OF MY VEHICLES AS ALSO BADLY DAMAGED. I WISH TO STATE THAT THE RAILING IS AT THE INNER SIDE OF THE FOOTPATH AND THAT TWO PEDESTRIANS WERE CONVEYED TO HOSPITAL BUT I DO NOT KNOW WHICH HOSPITAL

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX7732G
Vehicle Manufacturer Honda
Vehicle Model Shuttle
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver NA
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number -
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident PEDESTRIAN 1
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number -
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident PEDESTRIAN 2
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TONY TAN KIA MENG
Gender Male
Phone No (Phone) +65-82282112

Address	9 GEYLANG EAST AVE 1
Address Complement	#03-15
Post Code	389783
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKL212L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PEDESTRIAN 1
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	PEDESTRIAN 2
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

20/9/2021

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

polo

Lee B

Getting

A: PKL 2102

B: 81X 7732G

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





















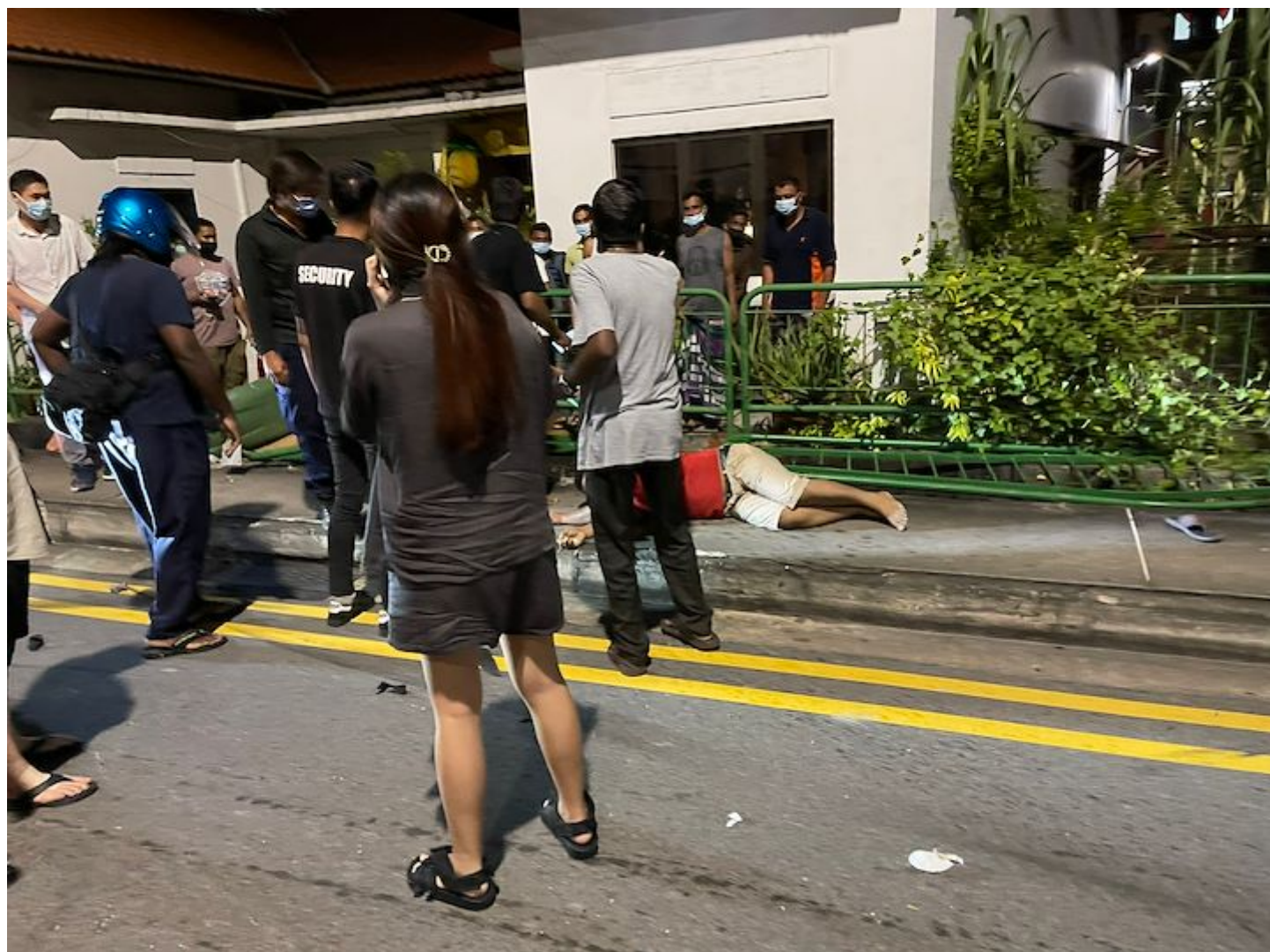


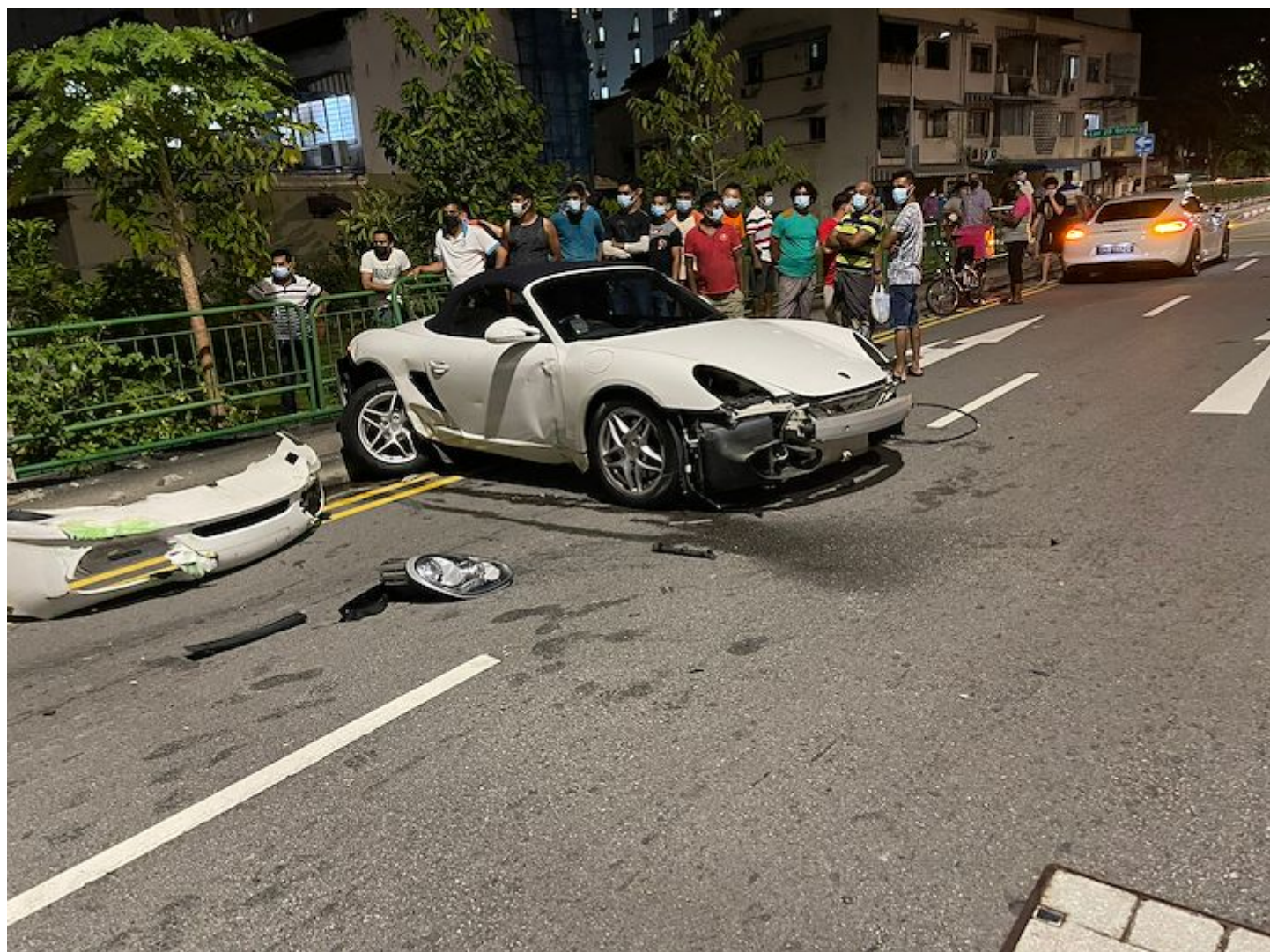


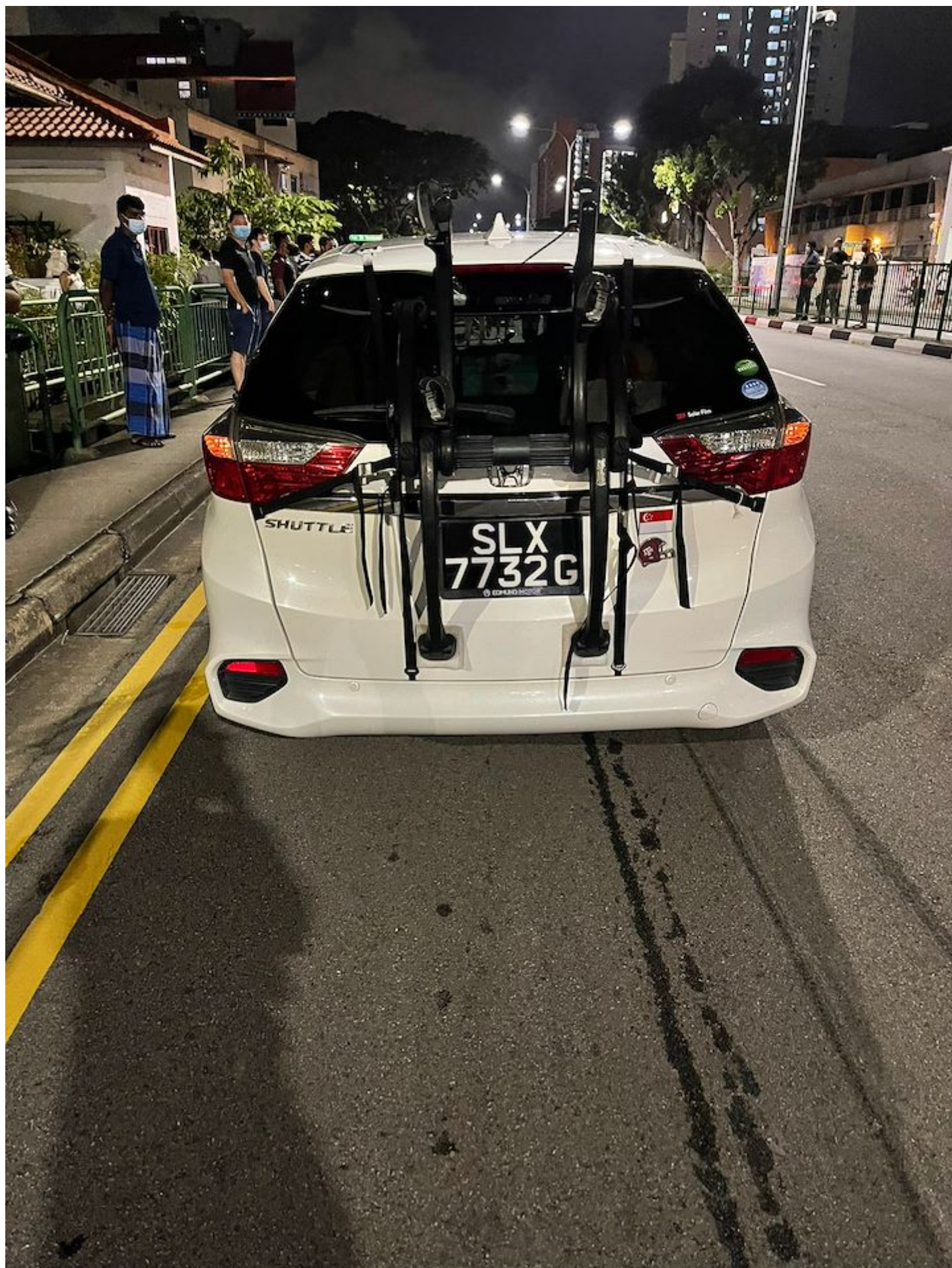


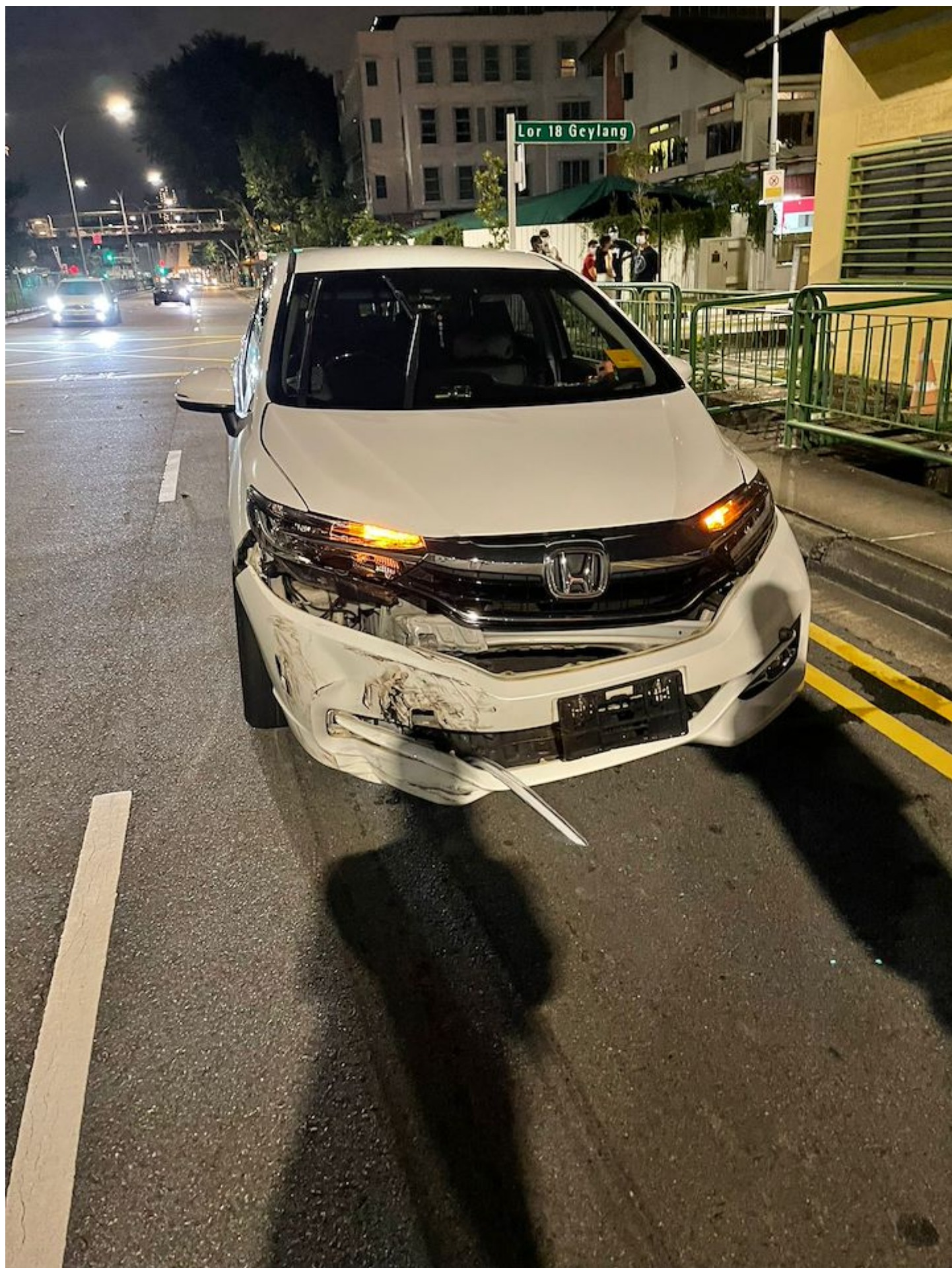














SINGAPORE POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

T/20210919/2072
1 of 3
Report No: T/20210919/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2021 23:42	Vide Report No.: G/20210919/2070	Station Diary No.: 117
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Informant's Particulars

Name of Informant: TONY TAN KIA MENG	Address: BLK 9 GEYLANG EAST AVENUE 1 #03-15 SINGAPORE 389783	
ID Type / ID No.: NRIC NO / S1827360H	Contact No.: Home/Office:	Mobile: 82282112
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 54	Date of Birth: 21/01/1967
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: Engineer	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident


Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2021 21:25	Type of Location: Straight Road
Location: GUILLEMARD ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Against vehicle, Govt Property (railing) and pedestrians			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL212L	Car				Seriously Damaged	0

Details of Person Involved

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

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

T/20210919/2079

2 of 3
Report No. T/20210919/2079

CONTINUATION OF REPORT

Driver			
Name	TONY TAN KIA MENG	ID No.	S1827360H
Related Vehicle	SKL212L (Car)	Contact No.	82282112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.
On the above mentioned date, time and location, I was travelling along Guillemard Road towards Lorong 20 Geylang. All of a sudden, vehicle, SLX7732G, emerged from Lorong 18 Geylang road. I was unable to stop my vehicle on time. When I first spotted the vehicle, it was not moving. The vehicle suddenly started to move off from the stop line and I was unable to avoid the collision. The front left of my vehicle came into contact with the front right of vehicle SLX7732G.

Upon the collision, I lost control of my vehicle. My vehicle skied towards the footpath on left and I am unsure if my vehicle had any contact with any pedestrians. It then came into contact to the railing that was at the side of the footpath, about four of the railing toppled. I immediately alight my vehicle and made a check on the two pedestrians who were lying on the floor. However, I was unable to make a closer check on them as there was a crowd surrounding them.

I also made a check on the driver of SLX7732G and he informed that he was not injured. The front bumper of SLX7732G was seriously damaged. The front bumper of my vehicle fell off and the two rear wheels, both sides of my vehicle was also badly damaged.

I wish to state that the railing is at the inner side of the footpath and that two pedestrians were conveyed to hospital but I do not know which hospital.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8488999

T/20210919/2070
3 of 3
Report No: T20210919/2070

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Ng Rivan

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 G / Sgt 2 HEE SIEW LIN, SHELING	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 19/09/2021 23:26
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476258	Classification Of Case:
Authentication Stamp NP168	

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SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0A219K0009-01 Vehicle Registration No: SKL212L

Name (as shown in NRIC): TONY TAN KIA MENG NRIC/FIN/Passport No: SXXXX360H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: +65-82282112

Email Address: _____

Date of Accident: 19/09/2021 Time of Accident: 21:25

Place of Accident: JUNCTION OF GUILLEMARD ROAD AND LOR 18 GEYLANG


Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. AMEND TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: MEERA
NRIC/FIN No.:
Date: 21/10/2021