

# 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 ..... 24/12/2021 11:56 (SGT)  
Date of Accident ..... 23/12/2021 14:15 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS TUAS BEFORE CLEMENTI AVENUE 2 EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL6689L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HUP HUAT BUILDING CONSTRUCTION (PTE)LTD  
Company Reg No ..... XXXXXX410G  
Email Address ..... francis9779@gmail.com  
Mobile Phone No ..... (Phone) +65-96752280  
Alternative Phone No ..... +65-96752280

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Navara  
Variant ..... NP300  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2298

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VC05007024  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN ENG KIAT  
NRIC No ..... SXXXX922H

Date Of Birth .....	08/11/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	21/03/1976
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96752280
Alt. Phone Number .....	-
Email Address .....	francis9779@gmail.com
Address .....	BLK 511 ANG MO KIO AVENUE 8 #10-2756
Address complement .....	-
Postcode .....	560511
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 - 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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT D/20211224/7028

#### 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 OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBB5327R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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 ENG KIAT
Gender .....	Male
Phone No .....	(Phone) +65-96752280
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBL6689L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Sketch Plan

Cementi  
Ari 2  
Towards  
A/E/Tuas

△  
A  
△  
b

Ⓐ 6BL 6689L  
Ⓑ 6BB 532TR

**Describe Circumstances of the Accident**

On 23.12.2021 at about 1415hrs I was travelling along  
 A1E Towards TUD Before Clementi Ave 2 Exit. Ahead of me, there's a  
 vehicle slow down and stop. I follow suit. All of a sudden I felt an  
 hard impact from the rear. Then I realised a vehicle 6BB5327R had  
 collided into my rear. Due to the impact, I had a back, neck and  
 shoulder pain. That's all.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

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

Witnessed by Reporting Centre  
 Personnel



























**SINGAPORE  
POLICE FORCE**



D/20211224/7028

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**POLICE REPORT (NP299)**

Report No. D/20211224/7028

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 24/12/2021 16:05	Vide Report No.	Station Diary No.
Name Of Informant TAN ENG KIAT	Address 511 ANG MO KIO AVENUE 8 #10-2756 SINGAPORE 560511	
ID Type / ID No. NRIC NO / S1425922H	Contact No. Home/Office:	Mobile: 96752280
Nationality SINGAPORE CITIZEN	Email Address TANENGKIAT168@GMAIL.COM	
Occupation Self employed	Sex Male	Age 61
Institution/School Name	Date of Birth 08/11/1960	Race Chinese
Date/Time Of Incident 23/12/2021 14:15	Location Of Incident AYER RAJAH EXPRESSWAY	

**Brief details.**

On the stated date and time I vehicle GBL6689L was travelling straight on the stated venue. As the vehicle in front slow down I gradually follow suit. Suddenly vehicle GBB5327R came from behind and hit onto my vehicle's rear portion. The impact was great and I immediately felt pain on my neck and shoulder.

After a while my back area hurts too.

I then proceeded to intermedical kovan clinic to seek treatment and I was given 3days MC.

Up till today the pain have not subside, I will follow up again if pain persists.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2021 16:05
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

D/20211224/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20211224/7028

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2021 16:05
Officer In-Charge Of Case:	Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0821CO0001 Vehicle Registration No: 6BL 6689L  
Name (as shown in NRIC) : Tan Eng Kiat NRIC/FIN/Passport No : XXXX 9224  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96752280  
Email Address : Francis9779@gmail.com  
Date of Accident : 23-12-2021 Time of Accident : 14:15hrs  
Place of Accident : Aye Tawards Tuas  
Insurance Company : Longac

#### (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:

Attached Police Report No: D/2021/224/7028

Policyholder / Driver's Signature  
Date:

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

QIA/MI addendum\_V3