

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 11/01/2022 11:39 (SGT)
Date of Accident 10/01/2022 13:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEDOK SOUTH AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBN8529S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN GUAN
NRIC No SXXXX606E
Email Address hirsern@comfortshipping.com
Mobile Phone No (Phone) +65-97812816
Alternative Phone No +65-97812816

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
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 1595

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MT102571-R03
Cover Note Number -

DRIVER

Name of Driver TAN GUAN
NRIC No SXXXX606E

Date Of Birth	21/07/1941
Occupation	Outdoor
Date Of Driving Pass	25/10/1976
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97812816
Alt. Phone Number	+65-97812816
Email Address	hirsern@comfortshipping.com
Address	BLK 858 TAMPINES AVENUE 5
Address complement	#08-529
Postcode	520858
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 - 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/20220110/7034

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	GBB9353M
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MUHAMMAD IKHWAN BIN ZULKIFLI
NRIC No	SXXXX125E
Contact Number	(Phone) +65-84447419
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 GUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SBN8529S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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.

陳源

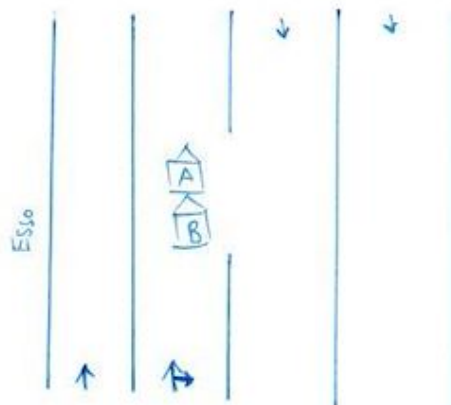
Policyholder's Signature / Date & Time

陳源

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

R 10/01/22

Witnessed by Reporting Centre Personnel

Sketch Plan

A: S6N85295

B: 6BB9353M

Bedok South Avenue 1.

Refer to attached print report: T/20220110/7034.

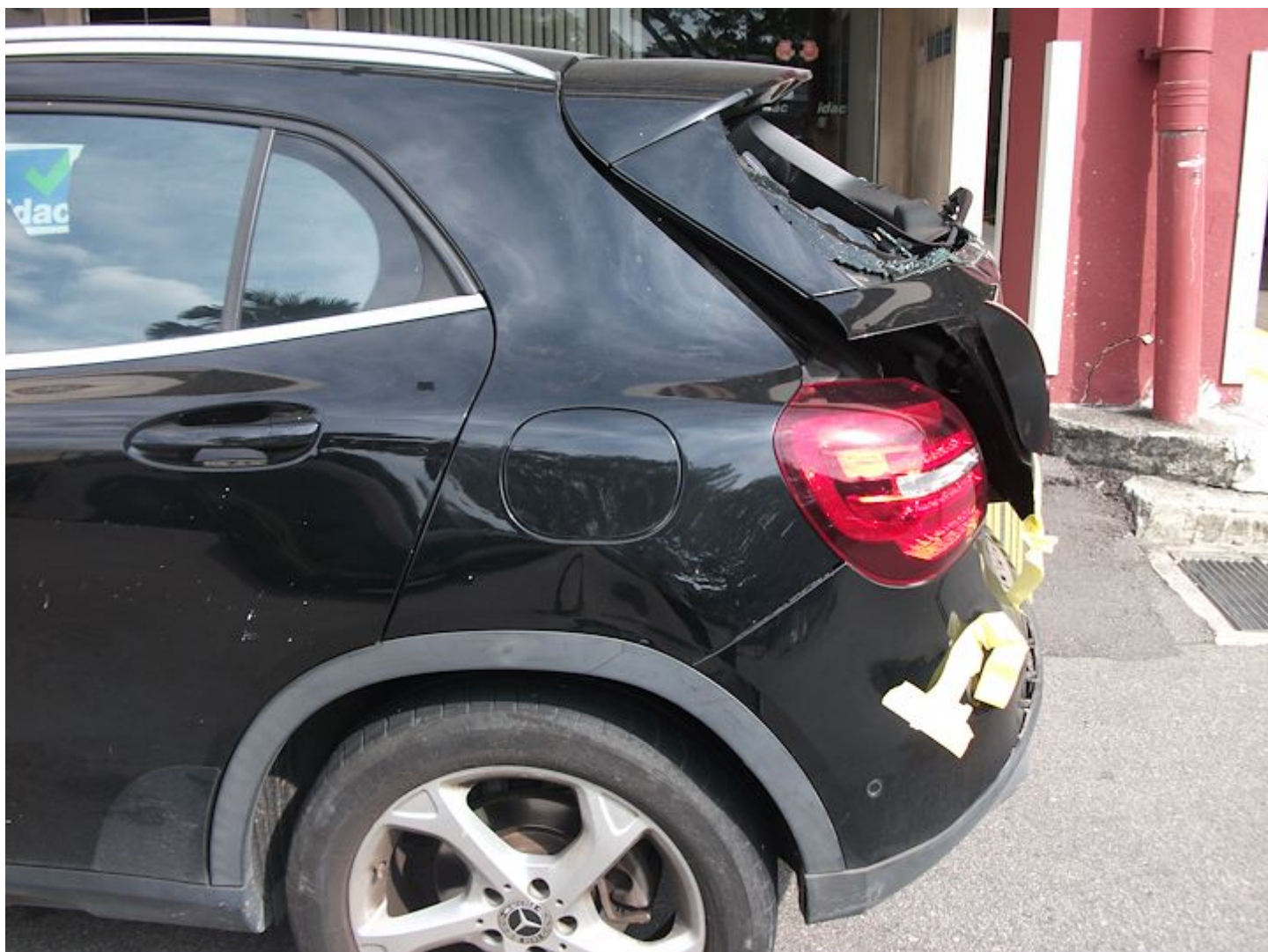
We declare the foregoing particulars are true in every respect.

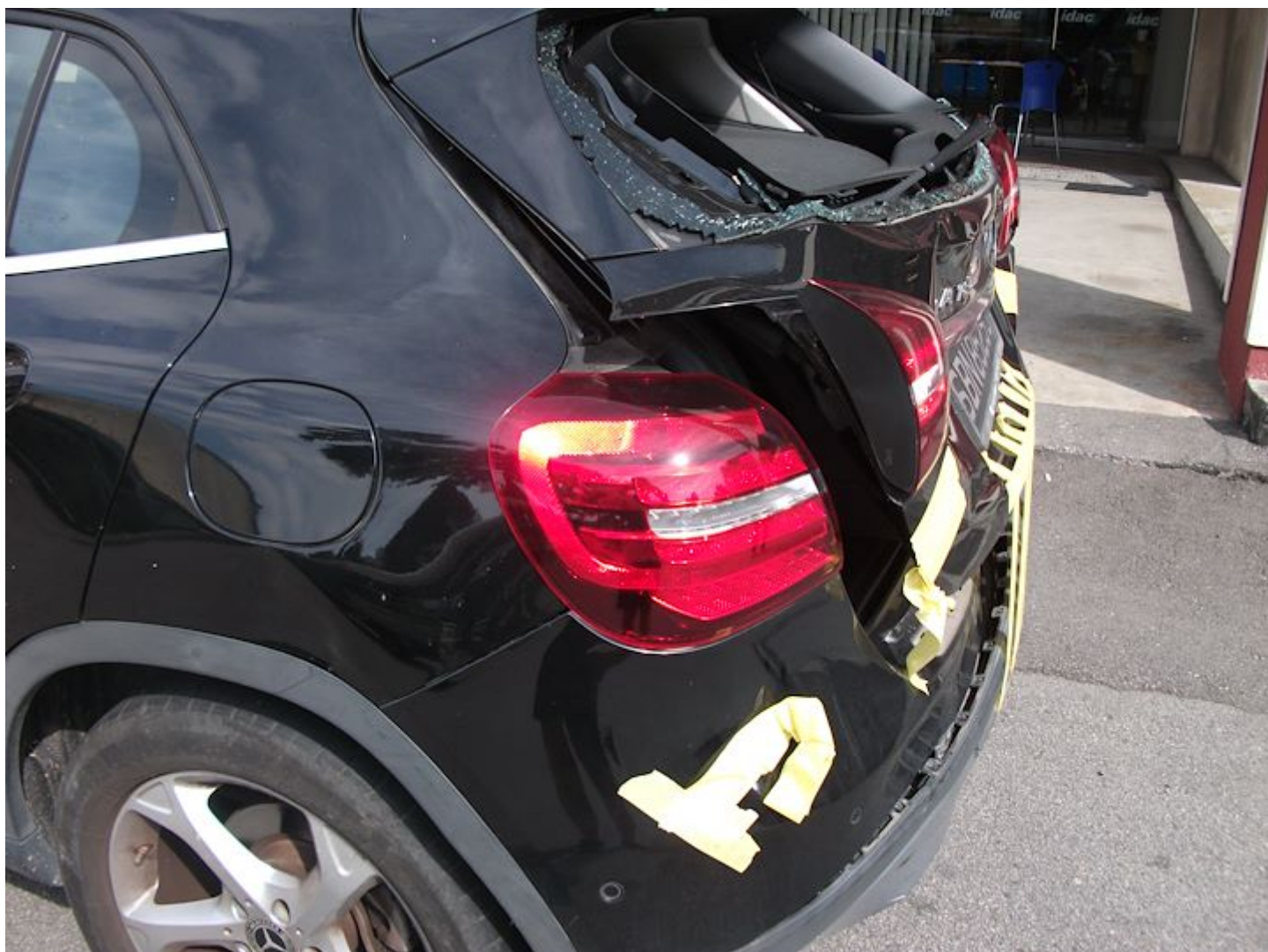
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel









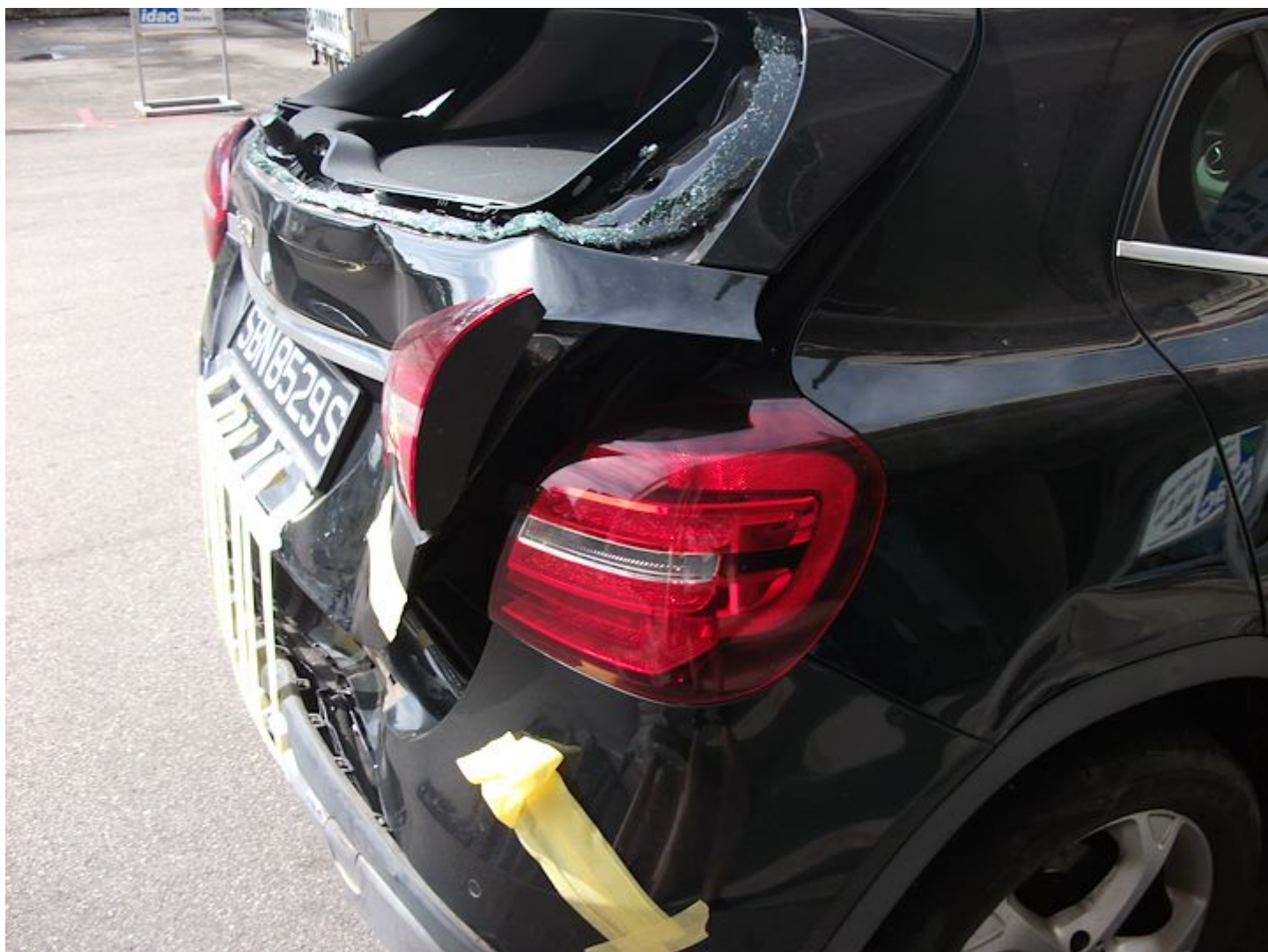






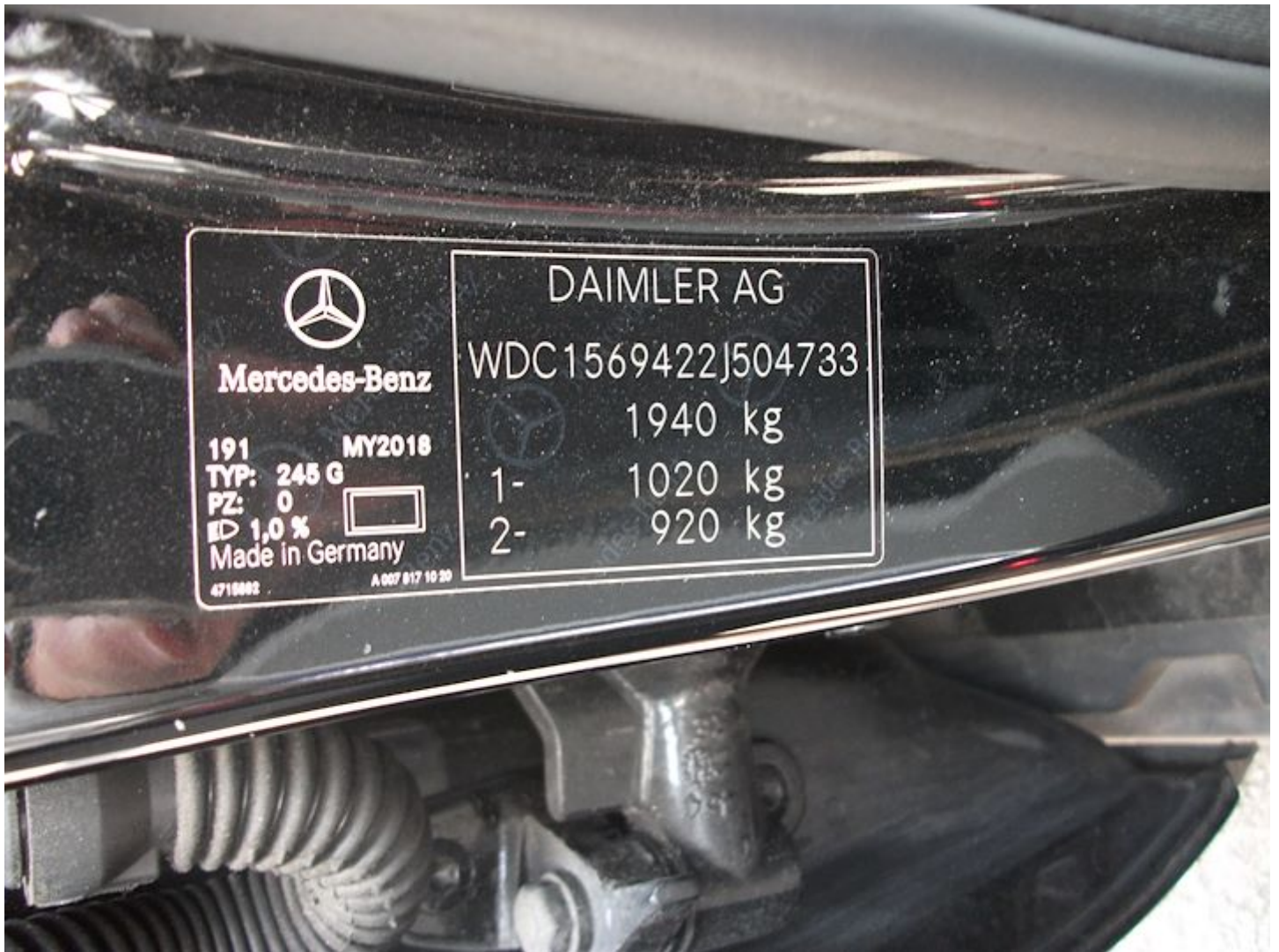














**SINGAPORE
POLICE FORCE**



T/20220110/7034

1 of 3

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

Report No. T/20220110/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2022 16:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN GUAN			Address: 858 TAMPINES AVENUE 5 #08-529 SINGAPORE 520858		
ID Type / ID No.: NRIC NO / S0807606E			Contact No.: Home/Office: Mobile: 97812816		
Nationality: SINGAPORE CITIZEN			Email: hirsern@comfortshipping.com		
Sex: Male	Age: 80	Date of Birth: 21/07/1941	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2022 13:55	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBB9353M	Van	TOYOTA	Hiace		Slightly Damaged	0
SBN8529S	Car	MERCEDES BENZ	GLA180 URBAN (R18 LED)	Black	Slightly Damaged	0

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



T/20220110/7034

2 of 3

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

Report No.: T/20220110/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBN8529S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT102571	24/05/2018	23/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD IKHWAN BIN ZULKIFLI		ID No.	S9708125E
Related Vehicle	GBB9353M (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	TAN GUAN		ID No.	S0807606E
Related Vehicle	SBN8529S (Car)		Contact No.	97812816
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/01/2022		Date	10/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was travelling straight on Bedok South Avenue 1 after Esso on the right lane of the two lane road. Approaching the junction where a car was making a u turn, I slowed down and was subsequently rear ended. I sought medical attention thereafter and was awarded three days of medical leave. I was advised to lodge an accident report on this said matter.

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**SINGAPORE
POLICE FORCE**

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



T/20220110/7034

3 of 3

Report No. T/20220110/7034

CONTINUATION OF REPORTSketch 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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404
NP168

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

Date/Time:
10/01/2022 16:39

Classification Of Case:

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