

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 17/01/2022 17:57 (SGT)
Date of Accident 15/01/2022 21:10 (SGT)
Exact Location of Accident Tampines Ave 10, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP2020L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHENG HOE
NRIC No SXXXX377B
Email Address phbms@yahoo.com
Mobile Phone No (Phone) +65-96235068
Alternative Phone No +65-96235068

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 1998

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MQ005141
Cover Note Number -

DRIVER

Name of Driver TAN CHENG HOE
NRIC No SXXXX377B

Date Of Birth	15/05/1958
Occupation	Outdoor
Date Of Driving Pass	26/05/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96235068
Alt. Phone Number	+65-96235068
Email Address	phbms@yahoo.com
Address	BLK 525A PASIR RIS STREET 51
Address complement	#02-557
Postcode	511525
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/20220117/7031

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	SKE7232U
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-93809542
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 CHENG HOE
Gender	Male
Phone No	(Phone) +65-96235068
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGP2020L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


IMPORTANT NOTICE

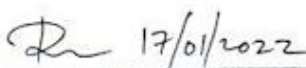
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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:

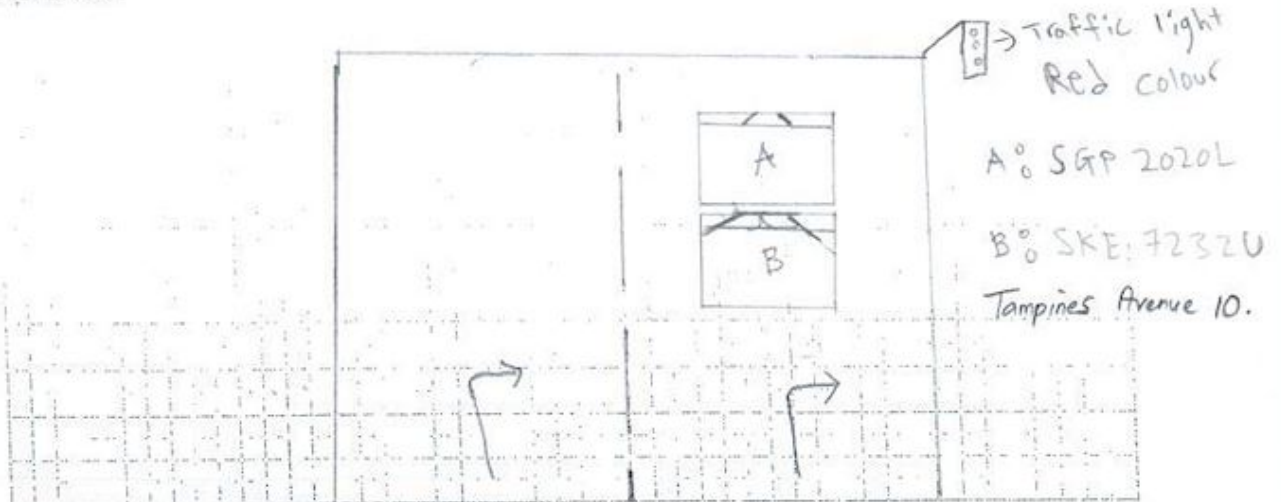
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.
- (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
Print Name:


Driver's Signature
(If different from the policyholder)
Print Name:


Reporting Centre Personnel's Signature
Name:
ID Number:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report attached
T/20220117/7031

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature] *[Signature]* 17/01/2022

Driver's Name: *[Signature]* Date: 17/01/2022
 Driver's License No: *[Signature]* Date: 17/01/2022
 I hereby authorize SKE motor pte LTD
 send my accident report to my workshop





















**SINGAPORE
POLICE FORCE**



T/20220117/7031

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

1 of 3
Report No. T/20220117/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2022 16:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHENG HOE			Address: 525A PASIR RIS STREET 51 #02-557 SINGAPORE 511525		
ID Type / ID No.: NRIC NO / S2500377B			Contact No.: Home/Office: Mobile: 96235068		
Nationality: SINGAPORE CITIZEN			Email: PHBMS@YAHOO.COM		
Sex: Male	Age: 63	Date of Birth: 15/05/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sole-Proprietor			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2022 21:10	Type of Location: Straight Road
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SGP2020L	Car	TOYOTA	Camry 2.0	Silver	Slightly Damaged	0
SKE7232U	Car	TOYOTA	Corolla Altis	Beige	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220117/7031

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

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Report No. T/20220117/7031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP2020L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ005141	25/11/2021	24/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHENG HOE	ID No.	S2500377B
Related Vehicle	SGP2020L (Car)	Contact No.	96235068
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	16/01/2022	Date	16/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKE7232U (Car)	Contact No.	93809542
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

Brief Details.

On 15 Jan 2022 at around 9.10pm, I was driving along Tampines Ave 10, turning right into TPE(Changi). My vehicle was stationary at the right-most lane of the traffic light as the traffic light was red. All of a sudden, I heard a loud bump and my vehicle was knocked in front. Vehicle B SKE7232U hit onto the rear of my stationary vehicle at the traffic light. After the accident, I felt discomfort in my neck and shoulders and consulted doctor, where I was awarded 5 days MC at Mt. Alvernia Hospital.



SINGAPORE POLICE FORCE



T/20220117/7031

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

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Report No. T/20220117/7031

CONTINUATION OF REPORT

Sketch 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:
17/01/2022 16:01

Classification Of Case: