

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 28/03/2022 16:46 (SGT)
Date of Accident 26/03/2022 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PAYA LEBAR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2303B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KELLY TAN SIOK NI
NRIC No SXXXX318H
Email Address JORDANKANJH@GMAIL.COM
Mobile Phone No (Phone) +65-90499111
Alternative Phone No +65-97570600

VEHICLE PARTICULARS

Manufacturer Lexus
Model GS450H
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 3500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5093884135-04
Cover Note Number -

DRIVER

Name of Driver TAN MING HUAT
NRIC No SXXXX025C

Date Of Birth	18/12/1955
Occupation	Indoor
Date Of Driving Pass	31/01/1978
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97570600
Alt. Phone Number	-
Email Address	JORDANKANJH@GMAIL.COM
Address	BLK 858 TAMPINES AVENUE 5 #10-531
Address complement	-
Postcode	520858
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIOW GEOK ENG
Gender	Female

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

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	SMP3046K
Vehicle Manufacturer	Mazda

Vehicle Model	3
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 MING HUAT
Gender	Male
Phone No	(Phone) +65-97570600
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR2303B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIOW GEOK ENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR2303B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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

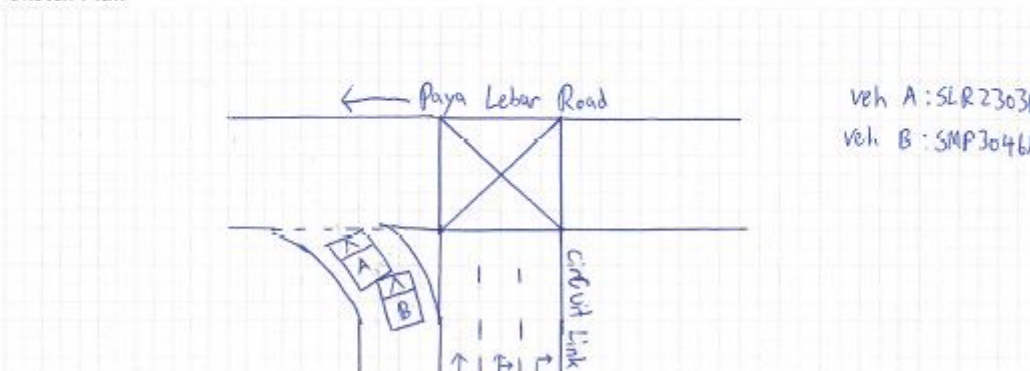


Driver's Signature (If driver is not the policyholder) / Date & Time

YILIN

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report T/20220326/7026.

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

YILIN
Witnessed by Reporting Centre Personnel













RECOMMENDED COLD TIRE INFLATION PRESSURE				
kPa (psi)				
235/45R18 94Y				
210km/h~	240 (35)	240 (35)	240 (35)	270 (39)
160~210km/h	240 (35)	240 (35)	240 (35)	240 (35)
~160km/h	240 (35)	240 (35)	240 (35)	240 (35)
COMPACT SPARE TIRE T145/70D18 107M				420 (60)
SEE OWNER'S MANUAL FOR ADDITIONAL INFORMATION				
30N50				A8







**SINGAPORE
POLICE FORCE**



T/20220326/7026

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

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Report No. T/20220326/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIOW GEOK ENG	ID No.	S0202896D
Related Vehicle	SLR2303B (Car)	Contact No.	96340900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	26/03/2022	Date	26/03/2022
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	TAN MING HUAT	ID No.	S2550025C
Related Vehicle	SLR2303B (Car)	Contact No.	97570600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/03/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated time and date I was driving my vehicle SLR2302B along circuit link with my wife along with me in the car heading to my son's house. As I was driving into the left filter lane waiting to exit into the main road, I came to a complete stop. While stationary, I felt a huge impact from the rear. I alighted my vehicle and found out that SMP3046K had rear ended my vehicle. Both drivers took some pictures of both vehicle and exchanged contact details, we left the scene shortly after as to avoid holding up the traffic. After which, I felt pain in my neck, shoulder and left arm, my wife felt pain in her neck and back. We went to Intemedical clinic Kovan and received 5 days and 2 days MC respectively.



**SINGAPORE
POLICE FORCE**



T/20220326/7026

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

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Report No. T/20220326/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2022 16:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN MING HUAT			Address: 858 TAMPINES AVENUE 5 #10-531 SINGAPORE 520858		
ID Type / ID No.: NRIC NO / S2550025C			Contact No.: Home/Office: Mobile: 97570600		
Nationality: MALAYSIAN			Email: jordankanjh@gmail.com		
Sex: Male	Age: 66	Date of Birth: 18/12/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2022 09:00	Type of Location: Bend
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLR2303B	Car				Slightly Damaged	0
SMP3046K	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220326/7026

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

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Report No. T/20220326/7026

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 /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
26/03/2022 16:18

Classification Of Case: