

# 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 .....	31/03/2022 16:59 (SGT)
Date of Accident .....	30/03/2022 17:05 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS CHANGI BEFORE PIONEER ROAD NORTH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH7405Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAM WEI XING
NRIC No .....	SXXXX838H
Email Address .....	teddytng@gmail.com
Mobile Phone No .....	(Phone) +65-92218517
Alternative Phone No .....	+65-92218517

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00014502200
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAM WEI XING
NRIC No .....	SXXXX838H

Date Of Birth .....	21/11/1990
Occupation .....	Indoor
Date Of Driving Pass .....	09/05/2012
Driving experience .....	9 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92218517
Alt. Phone Number .....	+65-92218517
Email Address .....	teddytng@gmail.com
Address .....	BLK 176B EDGEFIELD PLAINS #08-170
Address complement .....	-
Postcode .....	822176
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20220330/7071

#### 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 .....	SMJ3123C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJB2233C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	TAM WEI XING
Gender .....	Male
Phone No .....	(Phone) +65-92218517
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMH7405Z
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

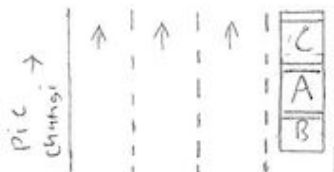


Driver's Signature (If driver is not the policyholder) / Date & Time

  
31/03/2022  
Witnessed by Reporting Centre Personnel

## Sketch Plan

PIE TWDS CHANGI BEFORE PIONEER RD NORTH.



VEHICLE = (A) SMH 7405Z.  
(B) SMJ 3123C.  
(C) SJB 2233C.

## Describe Circumstances of the Accident

refer to police report NO: J/20220330/7071.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time



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

 31/03/2022

Witnessed by Reporting Centre Personnel















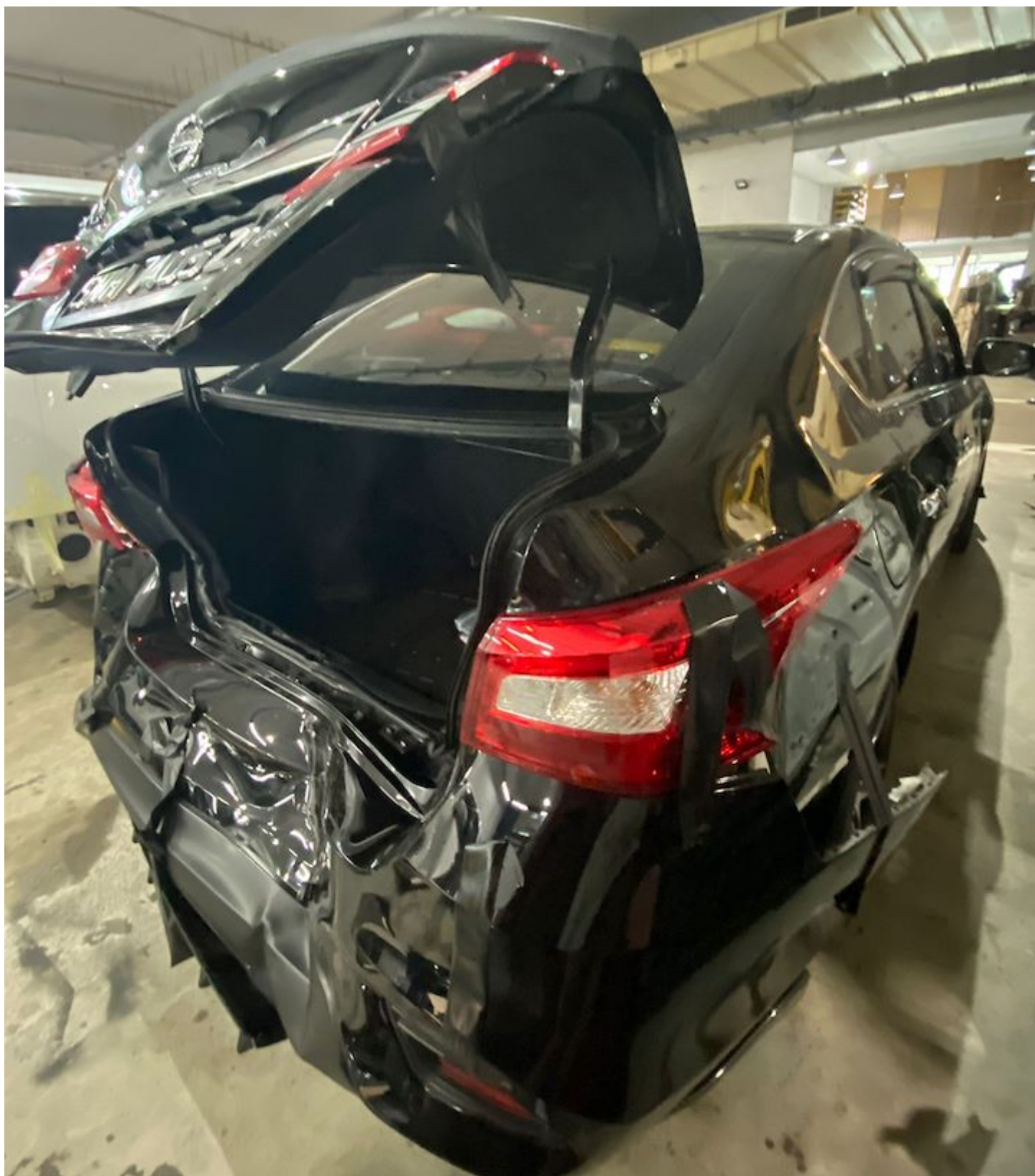


















**SINGAPORE  
POLICE FORCE**



J/20220330/7071

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20220330/7071

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 30/03/2022 21:02	Vide Report No.	Station Diary No.
Name Of Informant TAM WEI XING	Address 176B EDGEFIELD PLAINS #09-170 SINGAPORE 822176	
ID Type / ID No. NRIC NO / S9045838H	Contact No. Home/Office:	Mobile: 92218517
Nationality SINGAPORE CITIZEN	Email Address WEIXING034@HOTMAIL.COM	
Occupation Engineer	Sex Male	Age 31
Institution/School Name	Date of Birth 21/11/1990	Race Chinese
Date/Time Of incident 30/03/2022 17:00	Location Of incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the stated date and time, I was driving my vehicle SMH7405Z along PIE(Changi) when I had gradually come to a stop due to traffic conditions before Pioneer Road North Exit.

Moments later, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward.

Despite keeping an extremely safe distance, the front of my vehicle still kissed the vehicle in front.

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: 30/03/2022 21:02
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE  
POLICE FORCE



J/20220330/7071

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220330/7071

As I was caught by complete surprise, my entire body lurched forward and was restrained by my seat belt.

Upon alighting, I realise that I was involved in a 3 car chain collision involving:

SJB2233C

SMH7405Z

SMJ3123C

where I was the middle vehicle.

After the accident, I started feeling aches over my neck, shoulders, left ribcage and lower back areas.

I proceeded to Pow Family Clinic on the way back home and was given 3 days MC.

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: 30/03/2022 21:02
Officer In-Charge Of Case:	Classification Of Case: