# **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 witholding 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.

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   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 12/04/2022 12:56 (SGT) Date of Accident 11/04/2022 17:15 (SGT) Exact Location of Accident Bukit Batok East Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMU8671X

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN KIAN HUAT (CHEN JIANFA) NRIC No. SXXXX075I Email Address spetertan1758@gmail.com Mobile Phone No (Phone) +65-90606008 Alternative Phone No +65-90606008

#### VEHICLE PARTICULARS

Manufacturer

Model Freed Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1497

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNW00009122101 Cover Note Number

#### DRIVER

Name of Driver TAN KIAN HUAT (CHEN JIANFA) NRIC No. SXXXX075I

Date Of Birth 20/11/1976 Occupation Outdoor Date Of Driving Pass 25/02/1997 Driving experience 25 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90606008 Alt. Phone Number +65-90606008 Email Address spetertan1758@gmail.com Address BLK 432B SENGKANG WEST WAY #14-527 Address complement Postcode 792432 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name JOANNA NIKKI MESHACH Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? 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 PLEASE REFER TO POLICE REPORT T/20220411/7029 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? 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 SHA2339K

Vehicle Manufacturer Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN KIAN HUAT (CHEN JIANFA) Male (Phone) +65-90606008 SLIGHT INJURY SMU8671X Yes No
INJURED 2	
Name of injured person	JOANNA NIKKI MESHACH

Gender	Female
Phone No	(Phone) +65-87770570
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU8671X
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)

Lunderstand, 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMU 8671X B: SHA 2339 K 0 Z 505 A Burtok . B

Refer to the police	report (T/20220411/7029).	
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	/	
eclaration		
Ve declare the foregoing particular	s are true in every respect.	
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Alad.	Hast.	UN 12101 100)
olicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	-Witnessed by Reporting Centre
me	& Time	Personnel































T/20220411/7029

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220411/7029

REPORT	OF A	TRAFFIC	ACCIDENT
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	ne Report M 22 21:30	fade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		
Name of TAN KIA	Informant: N HUAT		Address: 432B SENGKANG WEST WA	AY #14-527 SINGAPORE 792432
ID Type NRIC NO	/ ID No.: D / S76380	751	Contact No.: Home/Office:	Mobile: 90606008
National	ty: ORE CITIZ	EN	Email: spetertan1758@gmail.com	
Sex: Male	Age: 45	Date of Birth: 20/11/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Phy driv			Driving Licence Information: Class: 3	Date of Expiry:

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2022 17:15	Type of Location: Straight Road
Location: BUKIT BATO Weather: Clear	K EAST AVENUE (	Road Surface:		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				Britis Alberta
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHA2339K	Car				Slightly Damaged	0
SMU8671X	Car	HONDA	FREED HYBRID 1.5G AUTO	Black	Slightly Damaged	0



T/20220411/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220411/7029

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance		Turkste Tab	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU8671X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000091 22101	31/08/2021	30/08/2022

Details of Perso	n Involved				
Any Pedestrian In	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian Cros	sing: NA
Driver					
Name	TAN KIAN HUAT			ID No.	S7638075I
Related Vehicle	SMU8671X (Car)			Contact No	. 90606008
Hospital/Clinic	OUR FAMILY PHYS SURGERY	SICIAN CL	INIC &	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/04/2022		Date	11/0	4/2022
No. of Days gran	ted Medical Leave	03	Degree o	f Slig	nt

#### Brief Details.

My vehicle is stationary, awaiting for red light to turn green. Out of sudden, SHA2339K ram the back of my vehicle.

I have a passenger onboard.

Joanna Hp # 87770570





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

3 of 3 Report No. T/20220411/7029

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 / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time: 11/04/2022 21:30

Classification Of Case:

