

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	26/04/2022 16:17 (SGT)
Date of Accident	26/04/2022 08:15 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1839E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TKG SERVICES
Company Reg No	5XXXX656J
Email Address	tkgservices@live.com.sg
Mobile Phone No	(Phone) +65-92995160
Alternative Phone No	+65-92995160

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1495

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070154400-01
Cover Note Number	-

DRIVER

Name of Driver	TAN EE MIN (CHEN YIMIN)
NRIC No	SXXXX241F

Date Of Birth	09/03/1974
Occupation	Outdoor
Date Of Driving Pass	24/09/1999
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92995160
Alt. Phone Number	-
Email Address	tkgservices@live.com.sg
Address	BLK 678 HOUGANG AVENUE 8 #08-517
Address complement	-
Postcode	530678
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH KOK GUAN
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20220426/7014

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG1021C
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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	SLJ6001M
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	TAN EE MIN
Gender	Male
Phone No	(Phone) +65-92995160
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG1839E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN KOK GUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG1839E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT 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.



Policyholder's Signature / Date & Time

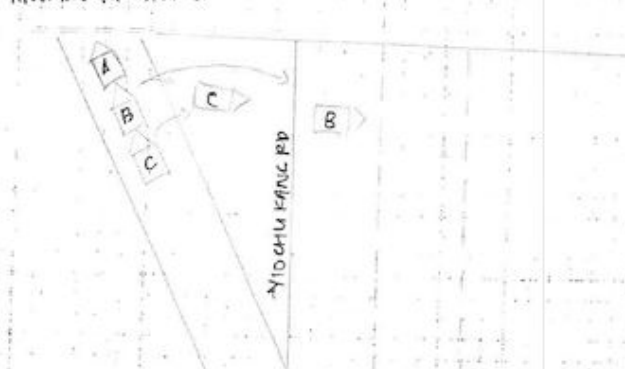
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: Q8G1839E
B: SL76001M
C: SJG1021C

ANG MO KIO AVE 5



Describe Circumstances of the Accident

~ REFER TO POLICE REPORT ~ 7/20220426/2014

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 26/04/2022

Witnessed by Reporting Centre Personnel









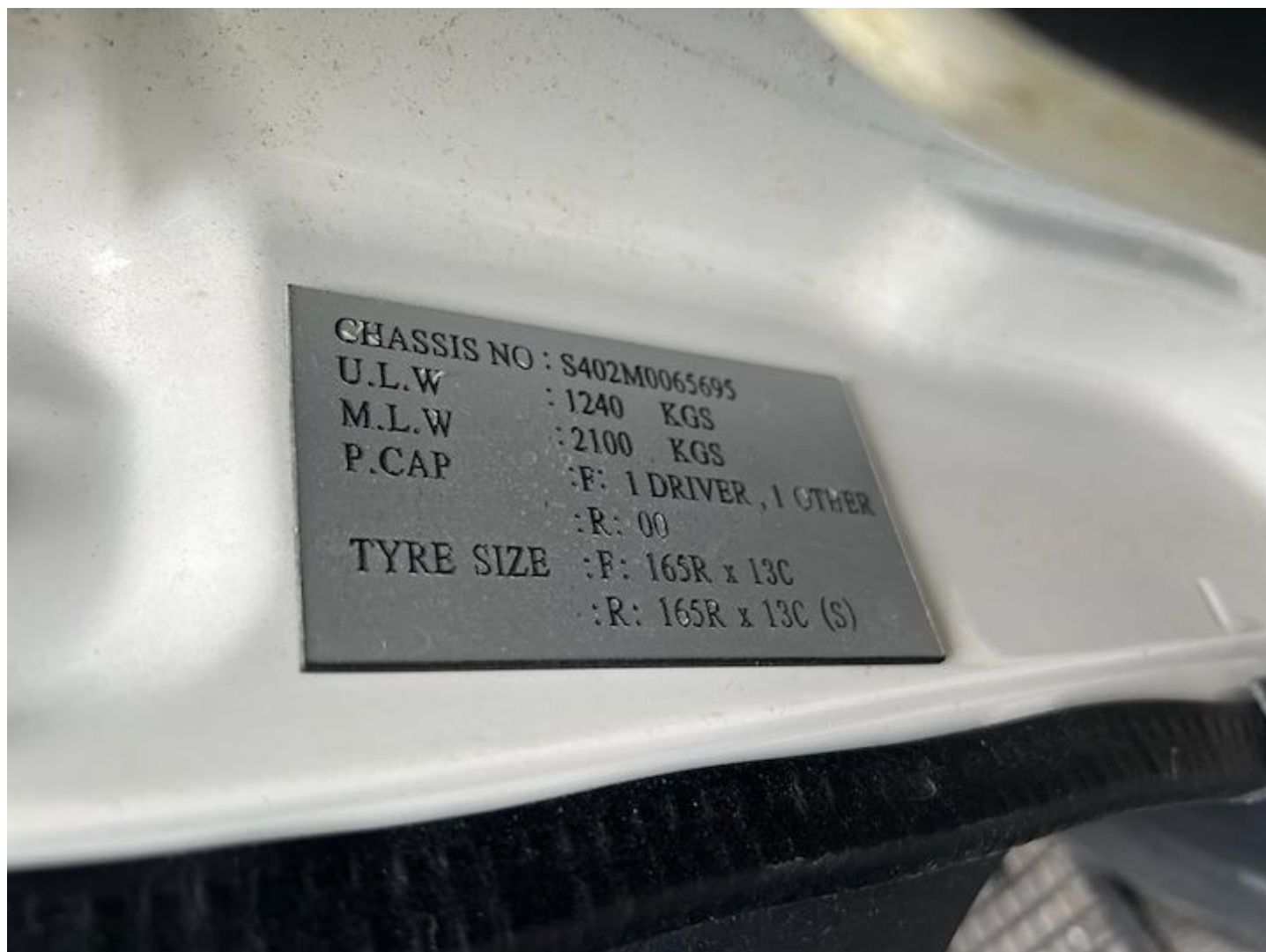















**SINGAPORE
POLICE FORCE**


T/20220426/7014

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

1 of 3

Report No. T/20220426/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2022 12:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN EE MIN			Address: 678 HOUGANG AVENUE 8 #08-517 SINGAPORE 530678		
ID Type / ID No.: NRIC NO / S7408241F			Contact No.: Home/Office: Mobile: 92995160		
Nationality: SINGAPORE CITIZEN			Email: tkgservices@live.com.sg		
Sex: Male	Age: 48	Date of Birth: 09/03/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ELECTRICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2022 08:15	Type of Location: Bend
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG1839E	Van				Seriously Damaged	0
SJG1021C	Car					0
SLJ6001M	Car					0



**SINGAPORE
POLICE FORCE**



T/20220426/7014

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

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Report No. T/20220426/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TOH KOK GUAN	ID No.	S1717996I
Related Vehicle	GBG1839E (Van)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2022	Date	26/04/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	TAN EE MIN	ID No.	S7408241F
Related Vehicle	GBG1839E (Van)	Contact No.	92995160
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2022	Date	26/04/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was travelling along Yio Chu Kang Rd to Ang Mo Kio Avenue 5.
At the slip road, I stopped before the stop line to merge into the main road.
Suddenly, I felt an impact from the rear.
I alighted and found my vehicle collided and 2 vehicles damaged as well.
I am unsure what had happened.

TP came down to the scene (Case no: F/20220426/0063).
Driver of SJG1021C and Driver and 1 Passenger of SLJ6001M were conveyed to hospital.

I had a passenger with me at the time of accident and both of us visited Mount Alvernia Hospital and was given 5 days MC (26.04.2022 TO 30.04.2022)



**SINGAPORE
POLICE FORCE**

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



T/20220426/7014

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Report No. T/20220426/7014

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 /
THABAGESH JEYATHESH
Contact No.: 65476178

NP168

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

Date/Time:
26/04/2022 12:54

Classification Of Case:



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERYDAY

CASE CARD

Report Number: F/20220426/0063

Traffic Accident along AMK AVE 5 (JUNCTION OF YLK RD)

Involving vehicles: 6BG1839E (VAN) SLJ6001M, SJG1021C

On 26/4/22 at about 0816 am pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E (2019)

You are required to be present at Traffic Police on
at am / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :-

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: ~~NOMI 654763~~

Investigation Branch: 6547 6391

TEL: 6547 6310

Email: SPF_TP_Invest_Branch@sp1.gov.sg

NP319E (2019)