

# 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 ..... 09/05/2022 11:51 (SGT)  
Date of Accident ..... 07/05/2022 17:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE EXIT 3C  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN1856A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG BEE HONG  
NRIC No ..... SXXXX258I  
Email Address ..... liwenex@gmail.com  
Mobile Phone No ..... (Phone) +65-87803394  
Alternative Phone No ..... +65-87803394

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00063382104  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN LI WEN  
NRIC No ..... SXXXX856H

Date Of Birth .....	07/06/1998
Occupation .....	Indoor
Date Of Driving Pass .....	19/07/2019
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87803394
Alt. Phone Number .....	-
Email Address .....	liwenex@gmail.com
Address .....	4 WORTHING RD
Address complement .....	-
Postcode .....	554939
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	DRIZZLING
Road Surface .....	Wet

#### 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 .....	RYAN GABRIEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20220509/7009

#### 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 .....	SLH6655L
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN OI FOON(CHEN AIFEN)
NRIC No .....	SXXXX678C
Contact Number .....	(Phone) +65-92950003
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 LI WEN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BODY
Injured person in which vehicle? .....	SLN1856A
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 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' 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")

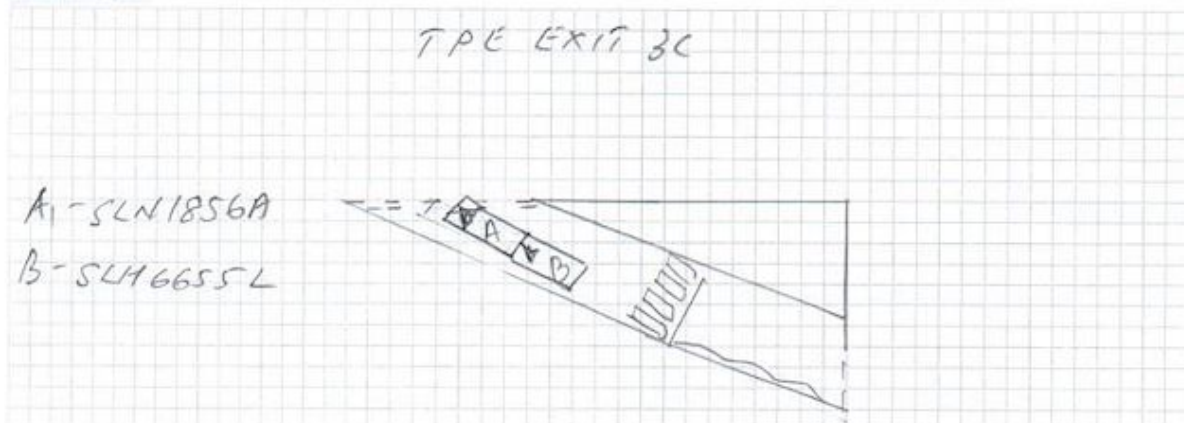
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**

P/s refer to the police report: G/20220509/7009

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



G/20220509/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220509/7009

Location: TPE Exit 3C (Pasir Ris Dr 1, Tampines Ave 12) Left turn, on Pasir Drive 8 towards the direction of Pasir Ris Drive 1

I had to stop and slow down to give way to the traffic on the major road, as indicated by the parallel broken white lines on the road. There were many vehicles travelling along Pasir Ris Flyover. SLH6655L was behind me, and failed to stop in time, rear ending me.

My vehicle, SLN1856A was struck from behind, crashing into me as I had completely stopped, to give way to traffic. This severe impact caused my vehicle to run off and get thrown forward with great force due to the impact.

My body was flung forward, as I had my seatbelt on, with the intense impact, there was a forceful, rapid back-and-forth movement of my neck, resulting in agonizing pain at the nape of my neck.

The both of us exchanged particulars and mobile numbers.

I contacted my regular workshop and was told to bring my car in, for a damage assessment on Monday 09MAY2022 as the workshop was closed for the day.

Today morning, 08MAY2022 I woke up with a shooting pain at the back of my neck.

After looking around for the nearest clinic and giving them a call, I was informed that their operating hours were between 2 to 530PM.

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: 09/05/2022 02:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
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G/20220509/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220509/7009

I went to the clinic, 'Raffles Medical' located at NEX and only managed to see the attending Doctor at around 3.56PM, there were many patients waiting to be seen, as there was only one doctor for the day.

After consulting the Doctor, I was given three days of medical leave starting from 09MAY2022 to 11MAY2022. I was told to rest and not to aggravate my neck any further. I was also given oral medication to consume for my injury.

I am filing this report to facilitate an insurance claim.

Subjects Involved			
Victim			
Person Name	TAN LI WEN		
ID Type	NRIC NO	ID No	S9818856H
Gender	Female	Age	23
Race	Chinese	Language	English
Occupation	Student	Address	4 WORTHING ROAD SINGAPORE 554939
Mobile No	87803394	Is Informant A Victim?	Yes
Person Name	TAN LI WEN (Informant)		

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**SINGAPORE  
POLICE FORCE**



G/20220509/7009

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**POLICE REPORT (NP299)**

Report No. G/20220509/7009

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 09/05/2022 02:17	Vide Report No.	Station Diary No.
Name Of Informant TAN LI WEN	Address 4 WORTHING ROAD SINGAPORE 554939	
ID Type / ID No. NRIC NO / S9818856H	Contact No. Home/Office:	Mobile: 87803394
Nationality SINGAPORE CITIZEN	Email Address LIWENEX@GMAIL.COM	
Occupation Student	Sex Female	Age 23
Institution/School Name	Date of Birth 07/06/1998	Race Chinese
Date/Time Of Incident 07/05/2022 17:00 - 07/05/2022 17:40	Location Of Incident TAMPINES EXPRESSWAY	

**Brief details.****Traffic Accident Report**

Name: Tan Li Wen  
NRIC: S9818856H  
Vehicle A: SLN1856A  
Vehicle B: SLH6655L  
Date/Time: 07MAY2022 at approximately 5:00PM  
Weather Conditions: Light Drizzle

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**SINGAPORE  
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G/20220509/7009

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G/20220509/7009

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