

# 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 11:50 (SGT)
Date of Accident .....	04/05/2022 20:15 (SGT)
Exact Location of Accident .....	Bukit Batok Rd, Singapore
Additional Location Information .....	TOWARDS TECK WHYE (BESIDE BLK 437A)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGW378G
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	THAM TUCK MENG CALVIN
NRIC No .....	SXXXX312Z
Email Address .....	calvinthamtuckmeng@gmail.com
Mobile Phone No .....	(Phone) +65-91766079
Alternative Phone No .....	+65-91766079

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Hr-v
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	22-MR001776-R02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	THAM TUCK MENG CALVIN
NRIC No .....	SXXXX312Z

Date Of Birth .....	02/06/1981
Occupation .....	Indoor
Date Of Driving Pass .....	11/12/2009
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91766079
Alt. Phone Number .....	+65-91766079
Email Address .....	calvinthamtuckmeng@gmail.com
Address .....	BLK 444 JURONG WEST AVENUE 1 #03-780
Address complement .....	-
Postcode .....	640444
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN LI MING
Gender .....	Female

#### PASSENGER 2

Name .....	AMANDA WONG
Gender .....	Female

#### 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/20220505/7028

#### 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 .....	SKJ5090Z
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 .....	SMC1596X
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 .....	THAM TUCK MENG CALVIN
Gender .....	Male
Phone No .....	(Phone) +65-91766079
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SGW378G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	AMANDA WONG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SGW378G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	TAN LI MING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SGW378G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT 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. 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

VECHA: SGW 3786  
 VECHB: SKS 50902  
 VECHC: SMC 1596X

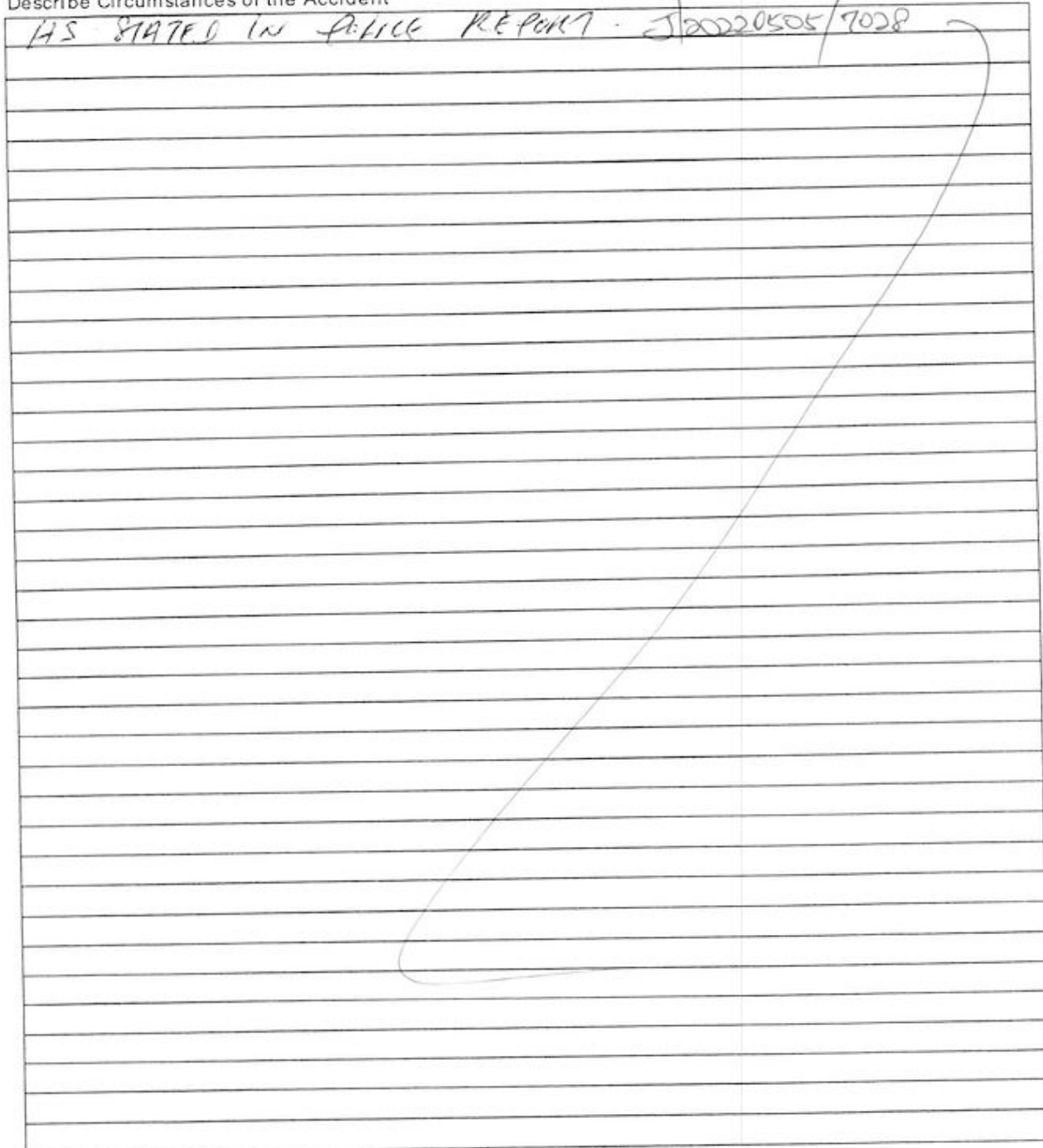
BULEN BAYOK RD TOWARDS TECK WHYE  
 (BEFORE BLK 437A)

WV WV  
 W W

BUS STOP


Describe Circumstances of the Accident

AS STATED IN POLICE REPORT - J/20020505/7028



## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
TimeDriver's Signature (if driver is not the policyholder) / Date  
& Time  
09/05/2022  
Witnessed by Reporting Centre  
Personnel











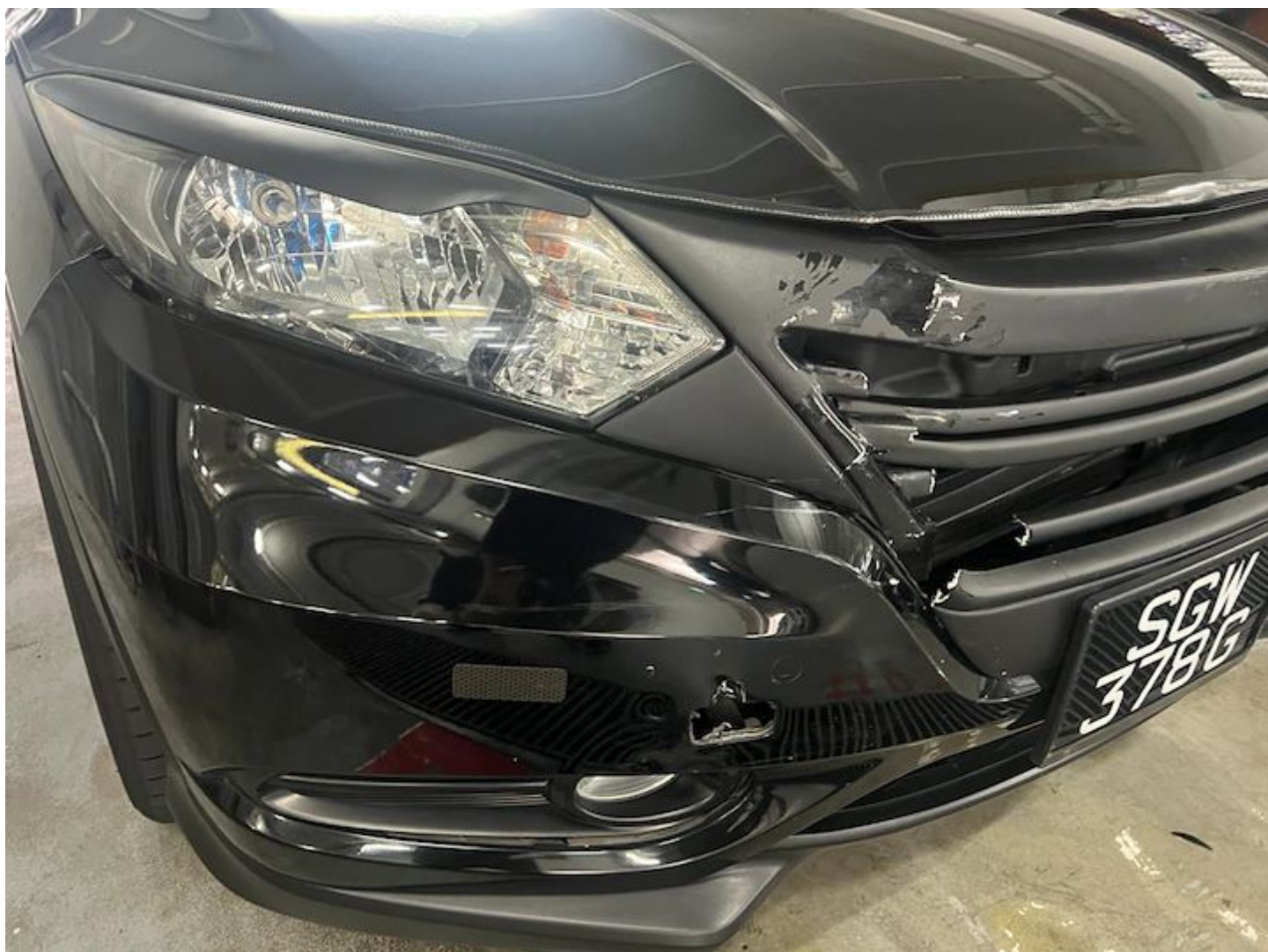


















**SINGAPORE  
POLICE FORCE**



J/20220505/7028

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20220505/7028

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

Date/Time Report Made 05/05/2022 13:36	Vide Report No.	Station Diary No.
Name Of Informant THAM TUCK MENG CALVIN	Address 444 JURONG WEST AVENUE 1 #03-780 SINGAPORE 640444	
ID Type / ID No. NRIC NO / S8116312Z	Contact No. Home/Office:	Mobile: 91766079
Nationality SINGAPORE CITIZEN	Email Address CALVINTHAMTUCKMENG@GMAIL.COM	
Occupation Unemployed	Sex Male	Age 40
	Date of Birth 02/06/1981	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 04/05/2022 20:15 - 04/05/2022 20:30	Location Of Incident BUKIT BATOK ROAD	

**Brief details.**

On the stated time and date, I (SGW378G) was driving along Bukit Batok road towards Teck Whye. While on the right most lane, the front vehicle slowed down to stop, and I followed suit. Suddenly, there was a huge impact from our rear and pushed my vehicle forward to collide onto the vehicle(SMC1596X) in front of my car. When we alighted to check, I realized that (SKJ5090Z) had failed to brake in time and collided onto our rear causing this chain collision. At the point of time, I have 2 passengers on in my car namely (Amanda Wong S9305729E) (Tan Li Ming G2338312N)I felt pain and discomfort and I went to Raffles medical to consult the doctor.

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: 05/05/2022 13:36
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20220505/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220505/7028

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	THAM TUCK MENG CALVIN		
ID Type	NRIC NO	ID No	S8116312Z
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Unemployed	Address	444 JURONG WEST AVENUE 1 #03-780 SINGAPORE 640444
Mobile No	91766079	Is Informant A Victim?	Yes
Person Name	THAM TUCK MENG CALVIN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
05/05/2022 13:36

Classification Of Case: