



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	23/05/2022 15:52 (SGT)
Date of Accident	21/05/2022 14:07 (SGT)
Exact Location of Accident	60 Jln Lam Huat, Singapore 728862
Additional Location Information	INSIDE PREMISES OF CARROS CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1587G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THRES AUTO PTE LTD
Company Reg No	202041728M
Email Address	sales@threscars.com
Mobile Phone No	(Phone) +65-92262672
Alternative Phone No	+65-92262672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	M0017117
Cover Note Number	-

DRIVER

Name of Driver	TONG ZHOUYAN
NRIC No	G2431163K



Date Of Birth	04/03/1993
Occupation	Indoor
Date Of Driving Pass	24/02/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92262672
Alt. Phone Number	-
Email Address	sales@threscars.com
Address	60 JALAN LAM HUAT #02-44
Address complement	-
Postcode	737869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	sole proprietor
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	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

REFER TO POLICE REPORT: T/20220523/7018.

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	SLT14M
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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/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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for compliance with requirements under any regulations, laws or court orders.



[Handwritten Signature]

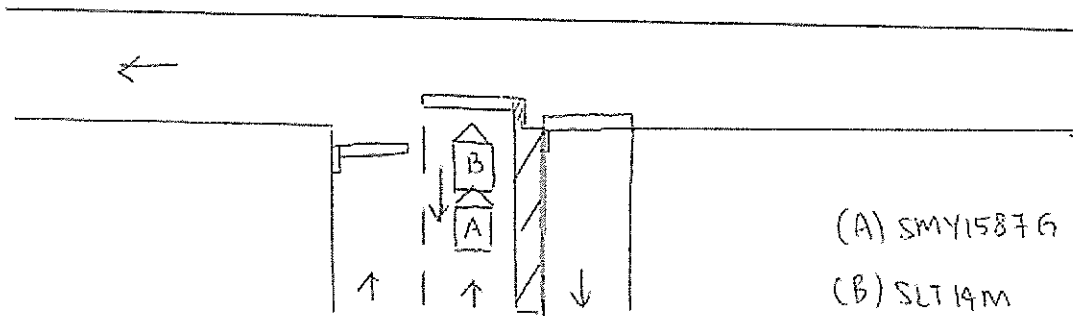
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/ID No.:

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop ma solution pte ltd via email / fax
Signature *[Handwritten Signature]*

SKETCH PLAN 60 Jalan Lam Huat, Premises of Carros Centre, S(737869)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[The following section contains a large handwritten '14' and a diagonal line across the text area.]

attached TP Report No:
T/202205231 FULF

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/PIA No.



**SINGAPORE
POLICE FORCE**



T:20220523/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No. T:20220523/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 23/05/2022 12:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TONG ZHOUYAN			Address: 623C PUNGGOL CENTRAL #13-374 SINGAPORE 823623		
ID Type / ID No.:			Contact No.:		
FIN NO / G2431163K			Home/Office:		Mobile: 92262672
Nationality: CHINESE			Email: DAVEXIAOTONG2015@GMAIL.COM		
Sex: Female	Age: 29	Date of Birth: 04/03/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SOLE PROPRIETOR			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2022 14:10	Type of Location: Car Park
Location: 60 JALAN LAM HUAT, CARROS CENTRE.				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLT14M	Car					0
SMY1587G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T:20220523:7010

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

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Report No. T:20220523:7010

CONTINUATION OF REPORT

Driver			
Name	TONG ZHOUYAN	ID No.	G2431103K
Related Vehicle	SMY1587G (Car)	Contact No.	92262672
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/05/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 21/05/2022 AT ABOUT 1410HRS AT INSIDE PREMISES OF 60 JALAN LAM HUAT, CARROS CENTRE. I WAS STATIONARY WAITING TO EXIT THE CARPARK AT THE ABOVE PREMISES AND SUDDENLY, A VEHICLE (B) INFRONT OF ME MAKE A QUICK REVERSE WITHOUT CAUTION AND HIT ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SMY1587G

VEHICLE B: SLT14M



SINGAPORE
POLICE FORCE



T/20220523/7018

3 of 3

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

Report No: T/20220523/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
23/05/2022 12:56

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP*65