

# 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 Actual 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 ..... 17/08/2022 17:56 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/08/2022 18:15 (SGT)  
Exact Location of Accident ..... Swiss Club Rd., Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA3464R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN BOON WAH (CHEN WENHUA)  
NRIC No ..... SXXXX428D  
Email Address ..... tanbw1402@outlook.com  
Mobile Phone No ..... (Phone) +65-93366300  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00014222100

### DRIVER

Name of Driver ..... TAN BOON WAH (CHEN WENHUA)  
NRIC No ..... SXXXX428D  
Date Of Birth ..... 14/02/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/03/1985
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93366300
Alt. Phone Number .....	-
Email Address .....	tanbw1402@outlook.com
Address .....	71 JURONG WEST CENTRAL 3 #12-16
Address complement .....	-
Postcode .....	648335
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 - Major/Minor Rd
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	NOEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN POLICE REPORT T/2022816/2012

#### 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 OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB451B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SOH CHIN WAN
NRIC No .....	SXXXX364I
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 BOON WAH (CHEN WENHUA)
Gender .....	Male
Phone No .....	(Phone) +65-93366300
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA3464R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	NOEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA3464R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

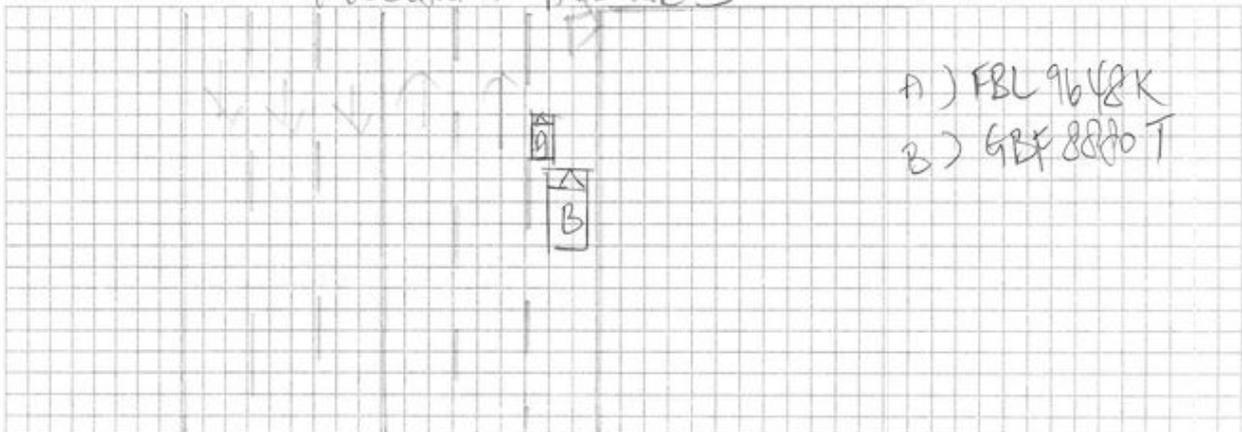
 17/8/22  
 Policyholder's Signature / Date & Time 15.32hrs

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

 17/08/2022  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

WOODLAND AVENUE 3



















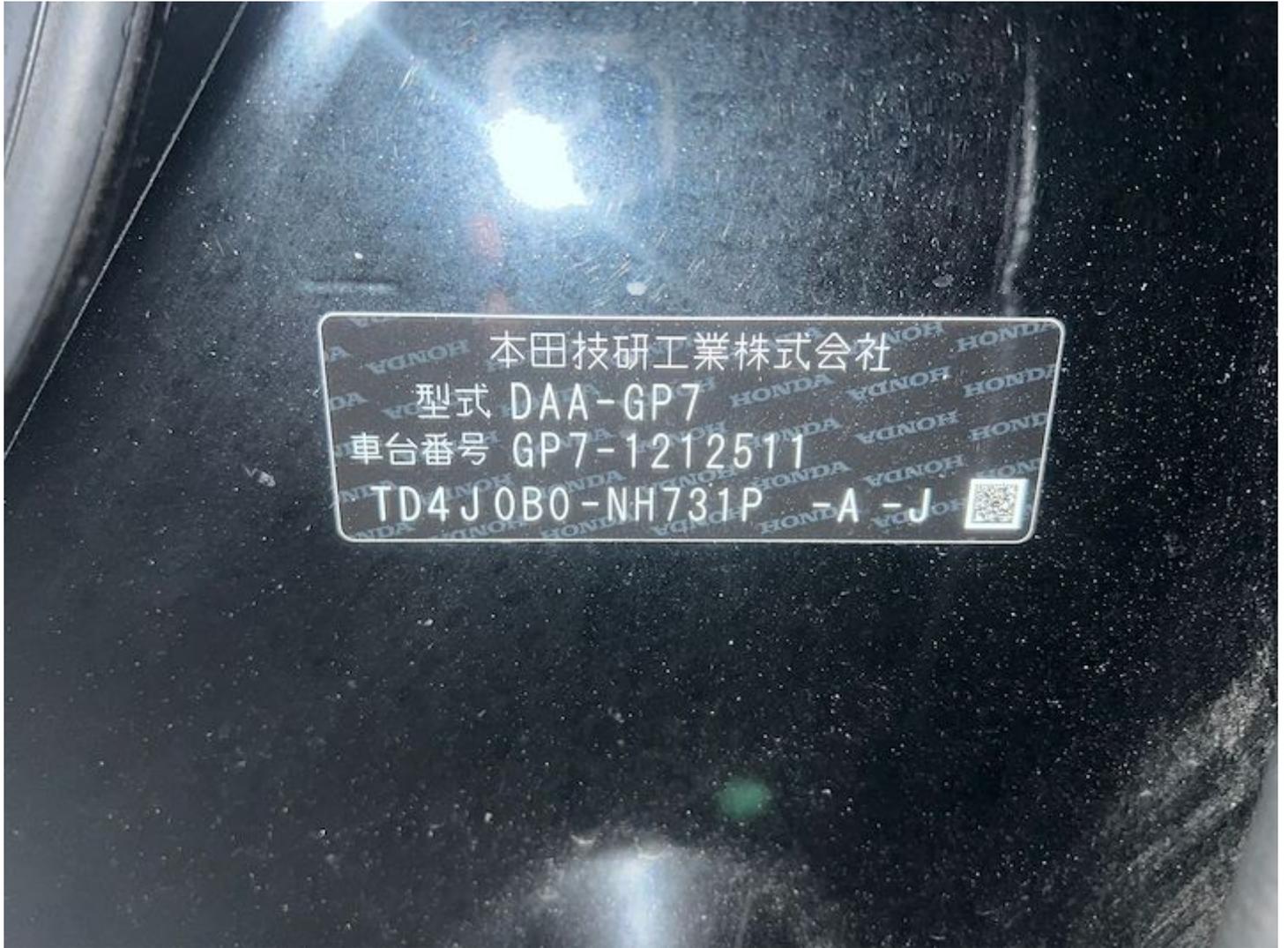













**SINGAPORE  
POLICE FORCE**


T/20220817/2049

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Report No. T/20220817/2049

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2022 14:21	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: RAHMAT BIN MUHAMED		Address: APT BLK 318 WOODLANDS STREET 31 #09-166 SINGAPORE 730318	
ID Type / ID No.: NRIC NO / S7530621J		Contact No.: Home/Office: Mobile: 93210444	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 08/10/1975	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2022 18:45	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
FBL9648K	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0
GBF8880T	Van	TOYOTA		Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9648K	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100136 7	04/03/2022	03/03/2023


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999



T/20220817/2049

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Report No. T/20220817/2049

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAHMAT BIN MUHAMED	ID No.	S7530621J
Related Vehicle	FBL9648K (Motorcycle)	Contact No.	93210444
Hospital/Clinic	WOODLANDS POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/08/2022	Date Discharge	17/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 16/08/2022 at about 1845hrs, I was riding my personal motorcycle (FBL9648K) on the extreme right lane along Woodlands Avenue 3 and came to a complete stop at a traffic light junction of Woodlands Avenue 3 to Woodlands Avenue 1.

I wanted to turn right towards Woodlands Avenue 1 and had stationed my vehicle of the extreme right lane as the traffic light signal was in 'Red'. As the traffic light turn 'Green', I was about to move off when out of the sudden I felt a hard impact from the rear of my motorcycle causing me to fall off from my motorcycle. I get up and saw a Singapore Van (GBF8880T) had collided onto the rear of my vehicle.

We then exchange our particulars. My vehicle damaged as follow: front fending damaged, Handler bar, crashbar and exhaust dented. The said van driver informed his company about the matter and informed to lodge a police report.

On 17/08/2022 at about 0915hrs, I went to Woodlands Polyclinic to seek medical treatment and was given 03-day medical leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999



T/20220817/2049

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Report No. T/20220817/2049

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /  
SGT 1 MUHAMMAD SHARIN BIN ROSLI 

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

17/08/2022 14:21

Officer In Charge Of Case:

TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168

