

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 13/07/2022 09:37 (SGT)
Reported by Both
Date of Accident 09/07/2022 11:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI AVE 5 TOWARDS AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN5506Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAI KOK TONG
NRIC No S1162743I
Email Address KT_LAI@ICLOUD.COM
Mobile Phone No (Phone) +65-96368077
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Jimny
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA491944/1

DRIVER

Name of Driver TAN SOW WAN
NRIC No S1415680A
Date Of Birth 12/03/1960

Date Of Driving Pass	21/10/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91476044
Alt. Phone Number	-
Email Address	stswtanlim@gmail.com
Address	52 OEI TION HAM PARK
Address complement	-
Postcode	267057
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT / SKETCH PLAN

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	POLICE TOOK THE MEMORY CARD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX531G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN


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1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

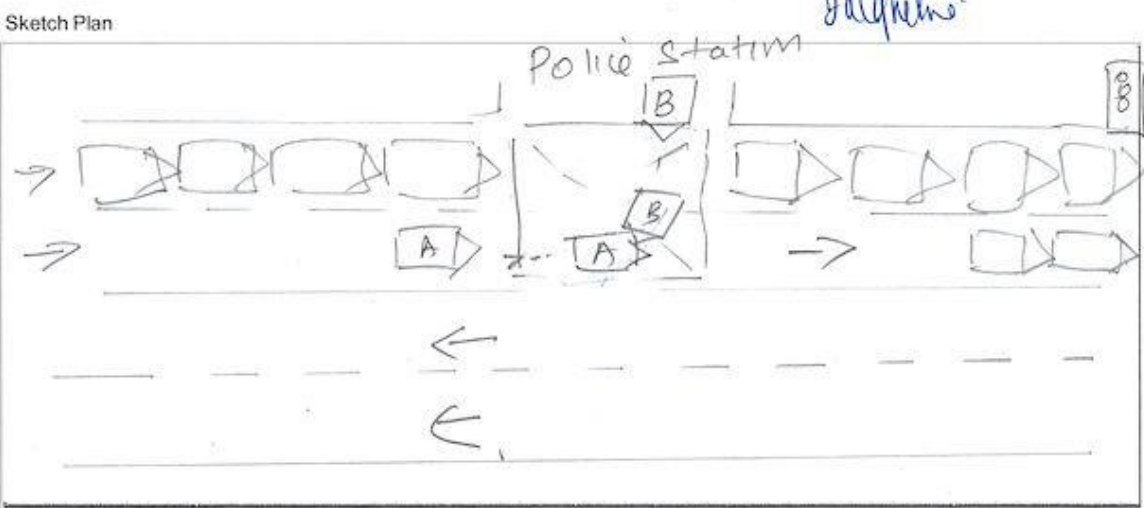
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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



 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 Jacques



Describe Circumstance of the Accident

Refer Police Report.

Declaration

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


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

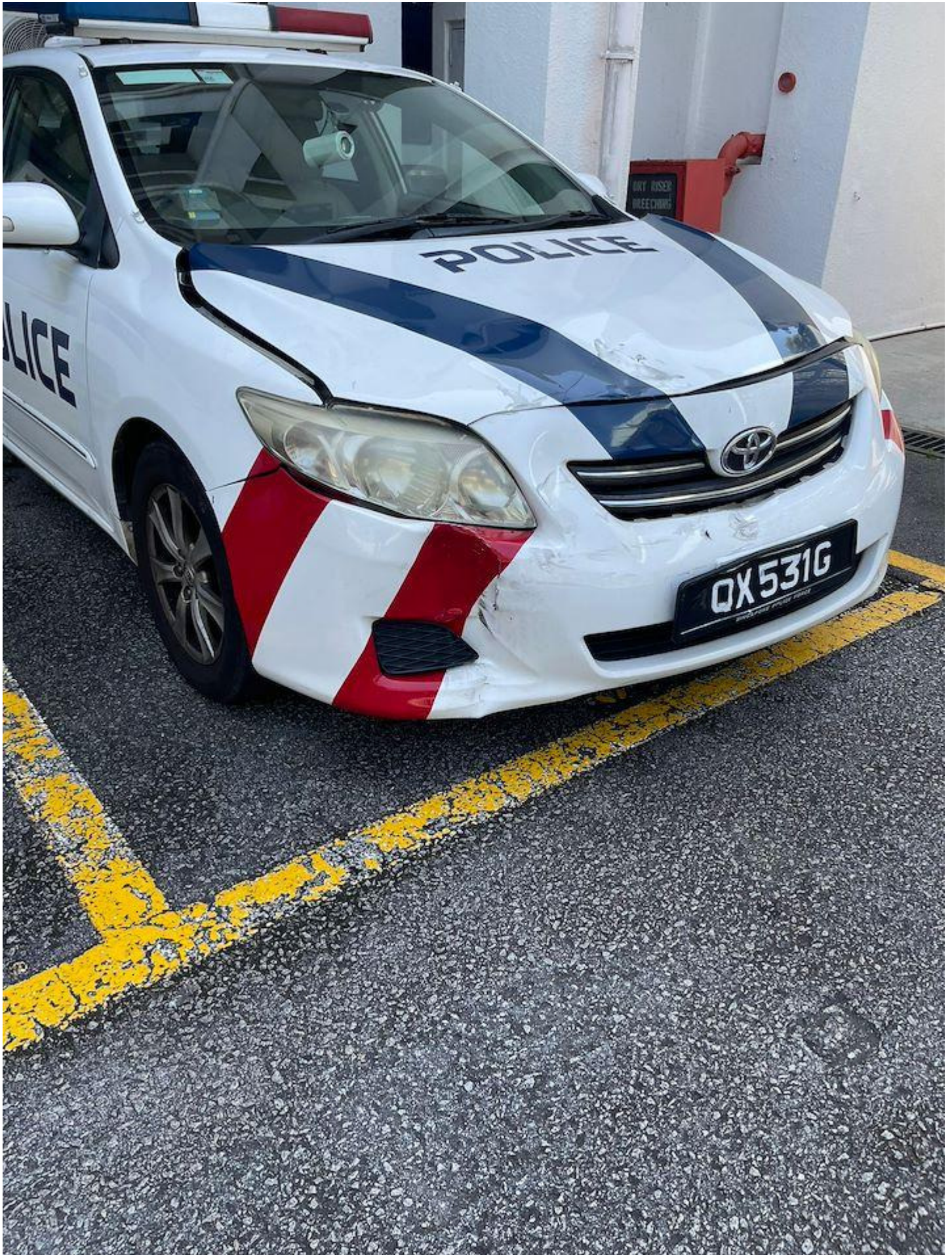


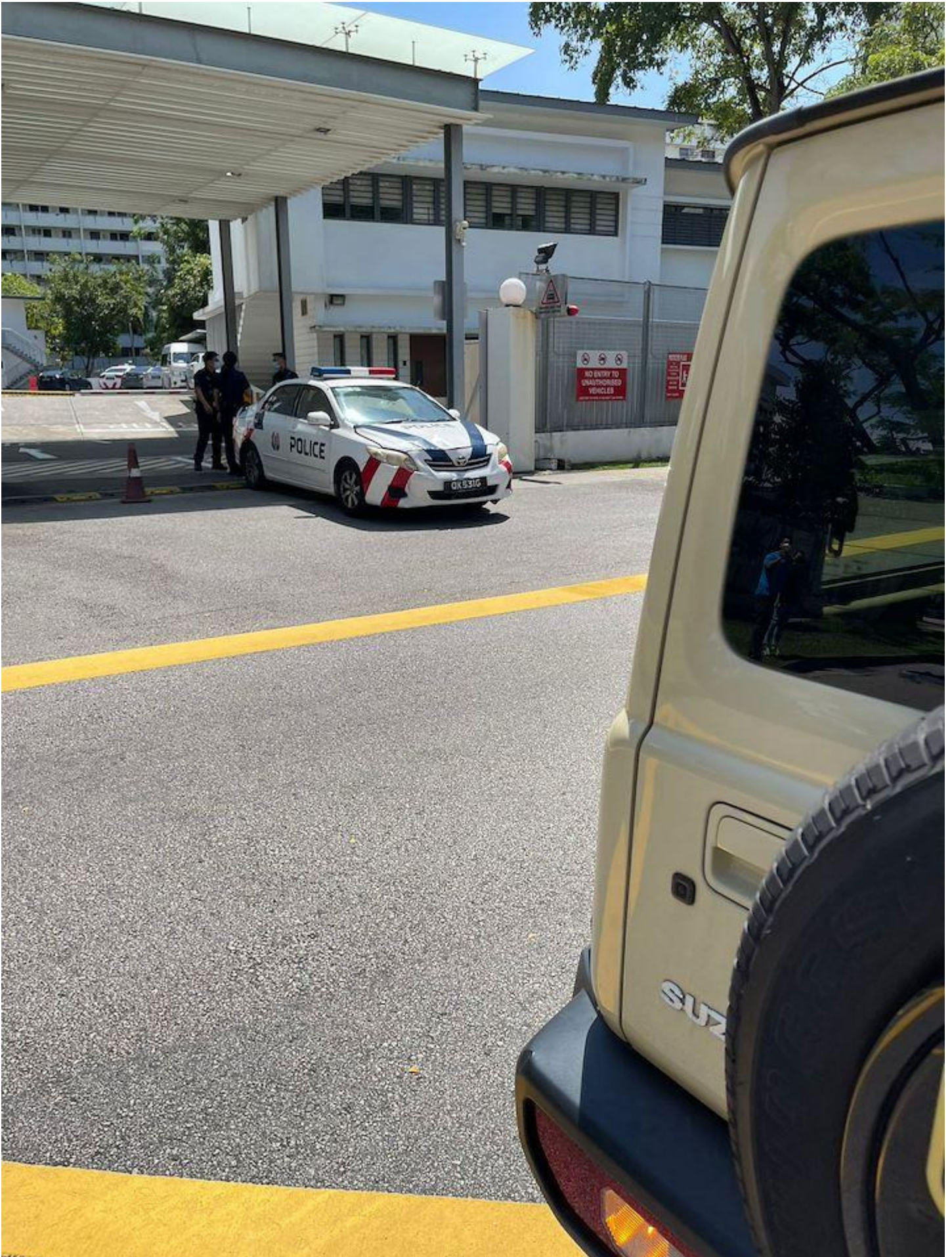
















**SINGAPORE
POLICE FORCE**



T/20220709/2045

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20220709/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2022 14:24	Police Report No.: D/20220709/0060	Station Diary No.: 67
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Informant's Particulars

Name of Informant: TAN SOW WAN		Address: 52 OEI TIONG HAM PARK SINGAPORE 267057	
ID Type / ID No.: NRIC NO / S1415680A		Contact No.: Home/Office: Mobile: 91476044	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 62	Date of Birth: 12/03/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retired		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 09/07/2022 11:55	Type of Location: T-Junction
Location: CLEMENTI AVENUE 5			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX531G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	2
SMN5506Y	Car	SUZUKI	JIMNY SIERRA 1.5JC AUTO	Beige	Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20220709/2045

CONTINUATION OF REPORT

Passenger			
Name	KELVIN TAN JOON MING	ID No.	S7918094G
Related Vehicle	QX531G (Car)	Contact No.	93881380
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SHANNON ANG HAN WEI	ID No.	S9914310Z
Related Vehicle	QX531G (Car)	Contact No.	86687919
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD MIQDAD BIN FISALL	ID No.	T0020043I
Related Vehicle	QX531G (Car)	Contact No.	98585057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN SOW WAN	ID No.	S1415680A
Related Vehicle	SMN5506Y (Car)	Contact No.	91476044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220709/2045

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Report No. T/20220709/2045

CONTINUATION OF REPORT

Brief Details.

On 09/07/2022 at around 1155hrs, I was travelling from Clementi Ave 5 towards Clementi Ave 2 at the 1st lane of 2 lanes road. While approaching to the T-junction outside Clementi Division and the traffic light was in red ahead near to Blk 378 Clementi Ave 5, the 2nd lane was congested but I was on the 1st lane at the right of the road which there was no vehicle in front so I continued moving forward to stop at the traffic. However, while my car was crossing into yellow box of the junction, a police car suddenly appeared in front of me making a right turn to the opposite direction and the police car collided into the left side of my car.

After the traffic accident happened, I stopped my car and the patrol police officer advised me to step out from my vehicle to be check on my conditions. Subsequently, I was told by the patrol police officer to drive my car into the police station for safer place.

I observed that the front left corner bumper was dented of my car.

I wish to state that I am not injured and there is in-built car camera in my car. The Traffic Police had took my memory card from my in-car camera and I was advised by the Traffic Police officer to proceed to police station to file a Road Traffic Accident report under TP in-charge case IO Fidah tel: 65476202.



**SINGAPORE
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T/20220709/2045

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Report No. T/20220709/2045

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: D / SGT 3 ZAMBREE BIN SA'AT	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / DDGVT / Other SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476209	

Signature Of Informant:	
Date/Time: 09/07/2022 14:24	
Classification Of Case:	



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20220709/0060

I, SSS T100104 Haziq
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE SANDISK ULTRA 16GB MICRO SD CARD
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from TAN SOW WAN, S1415680A
(Name, NRIC or Passport No. / Rank and No.)

of SMN 5506 Y
(Address / Police Station / NPC / NPP)

on 09.07.2022 at 1300 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
S1415680A
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
SSS T100104
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: IO FIDAH, TEL: 6547 6202

