

# 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 .....	07/09/2022 15:42 (SGT)
Reported by .....	Both
Date of Accident .....	06/09/2022 15:25 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKN5622T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN ENG HONG
NRIC No .....	S1233457E
Email Address .....	fullstop423@gmail.com
Mobile Phone No .....	(Phone) +65-96212265
Alternative Phone No .....	-

### 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 .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5128407086

### DRIVER

Name of Driver .....	TAN ENG HONG
NRIC No .....	S1233457E
Date Of Birth .....	10/10/1957
Occupation .....	Indoor

Date Of Driving Pass .....	25/03/1977
Driving experience .....	45 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96212265
Alt. Phone Number .....	-
Email Address .....	fullstop423@gmail.com
Address .....	BLK 944 JURONG WESTG STREET 91
Address complement .....	#08-499
Postcode .....	640944
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 .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT

#### 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 .....	VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS4209Y
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3

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 .....	SKX7835E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
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 3

Vehicle Registration Number .....	SMA5551J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	C-hr
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 .....	JAYWALKER - KID
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLAN

**IMPORTANT NOTICE**

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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

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

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

Sketch Plan

A : SKN15622 T  
B : SLS 4209 Y  
C : SKX 7835 E  
D : SMA 5551 J


Describe Circumstance of the Accident


Refer to the police report

**Declaration**

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

  
 Policyholder's Signature / Date & Time

  
 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/20220906/2095

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Report No. T/20220906/2095

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2022 20:22	Vide Report No.: D/20220906/0069	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: TAN ENG HONG			Address: APT BLK 944 JURONG WEST STREET 91 #08-499 SINGAPORE 640944	
ID Type / ID No.: NRIC NO / S1233457E			Contact No.:	Mobile: 96172953
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 64	Date of Birth: 10/10/1957	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				Type of Location:
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/09/2022 03:25	Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SKN5622T	Car	HONDA	VEZEL 1.5X CVT	Silver	Seriously Damaged	0
SKX7835E	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey	Slightly Damaged	0
SLS4209Y	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220906/2095

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Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

Report No. T/20220906/2095

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA5551J	Car	TOYOTA	C-HR 1.2 TURBO LUXURY (AUTO	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN5622T	NTUC Income Insurance Co-Operative Limited	5128407086	09/07/2022	08/07/2023

**Brief Details.**

On 06/09/2022 at about 1520hrs, I was driving my car (SKN5622T) on the first lane from the right along AYE towards Tuas before Clementi Ave 6 Exit. While I was driving, I saw a child about 13 years old years of age running across the highway towards the center divider, as I notice him and slowed down as I did not want to hit him but the car (SMA5551J) in-front of me failed to slow down in time and hit the child. The collision between the SMA5551J and child caused the vehicle to come to a complete stop which resulted me coming to complete stop. Which subsequently that cause a chain which involves a total of 4 vehicles including my own (SKN5622T), SMA5551J, SKX7835E and SLS4209Y the collision caused me to rear-end SMA5551J as a result. The driver of SMA5551J called the ambulance after traffic had slowed down as the kid was injured and required conveyance to the hospital. After exchanging of particulars, I went to seek for medical assistance after the accident as I felt pain and discomfort around my back area due the impact of the collision, I went to Chong Family Clinic Pte Ltd located at Blk 442 Clementi Ave 4 3 #01-113 and receive three days MC. My Car towed away to a workshop. I have an in-vehicle camera which may have capture the incident.

**Particulars of the drives involved:**

- 1) Ho Shuet Fung, S7804098Z, 90886760 (SMA5551J)
- 2) Carolyn Ho Ching Ching, S8082780F, 93259310 (SKX7835E)
- 3) Eddy Teo Beng Siong, S7119194Z, 91590321 (SLS4209Y)





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999



T/20220906/2095

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Report No. T/20220906/2095

**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 1 TINAGARAAN S/O  
ANNAMALAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Signature Of Informant:

Date/Time:  
06/09/2022 20:22

Classification Of Case:

NP168