

## 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 ..... 13/09/2022 12:42 (SGT)  
Reported by ..... Both  
Date of Accident ..... 11/09/2022 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS PIE CHANGI BEFORE EXIT TO  
MACPHERSON  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKA8044K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN JIA HAO  
NRIC No ..... SXXXXX529G  
Email Address ..... YOUCANREACHME@LIVE.COM  
Mobile Phone No ..... (Phone) +65-81888581  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... 1300

#### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... PNPV2017-00009308-04

#### DRIVER

Name of Driver ..... TAN JIA HAO  
NRIC No ..... SXXXXX529G  
Date Of Birth ..... 23/11/1981

Occupation .....	Indoor
Date Of Driving Pass .....	21/05/2009
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81888581
Alt. Phone Number .....	-
Email Address .....	YOUCANREACHME@LIVE.COM
Address .....	BLK 407 SIN MING AVE #03-217
Address complement .....	-
Postcode .....	570407
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	ESTHER TEO KA HIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SD CARD WITH TRAFFIC POLICE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ3913U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	TAN JIA HAO
Gender .....	Male
Phone No .....	(Phone) +65-81888581
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN IN THE LEFT ARM, SHOULDER AND WAS GIVEN 5 DAYS MC
Injured person in which vehicle? .....	SKA8044K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ESTHER TEO KA HIAN
Gender .....	Female
Phone No .....	(Phone) +65-98339478
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY AND PHYSICAL COMFORT AND WAS GIVEN 3 DAYS MC
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

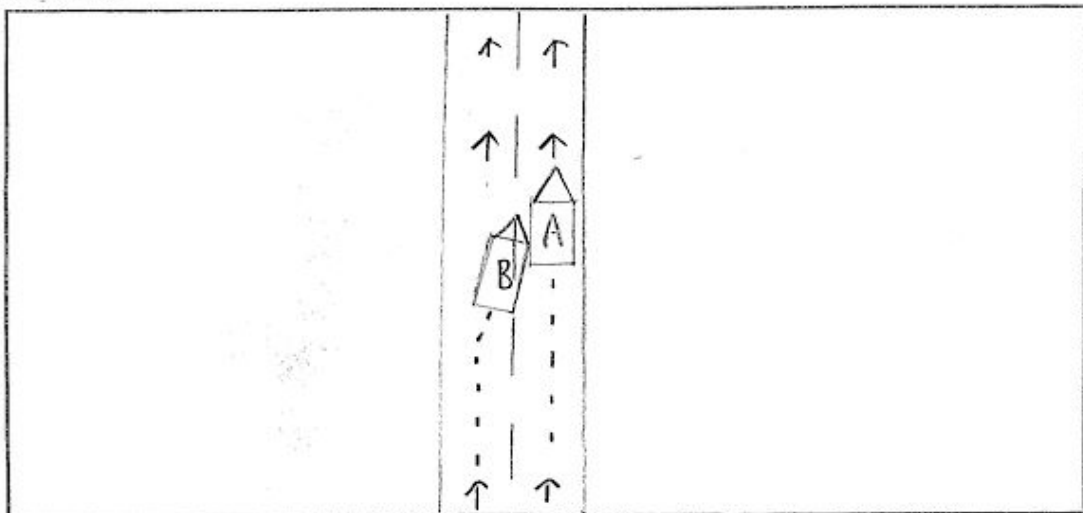
FWD


Vehicle: SKA 8044k  
12/09/2022


## 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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  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.

## Sketch Plan



  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

12/09/2022  
ALLIUM MOTOR COMPANY

Date of accident: 11/9/22 Time: 2100 Location: Slip Road towards Pie Changi  
 My Vehicle A: SA8049K Vehicle B: YQ3913U Vehicle C: — before exit to macpherson

SKETCH PLAN

Describe Circumstances of the Accident.

Refer to police report

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

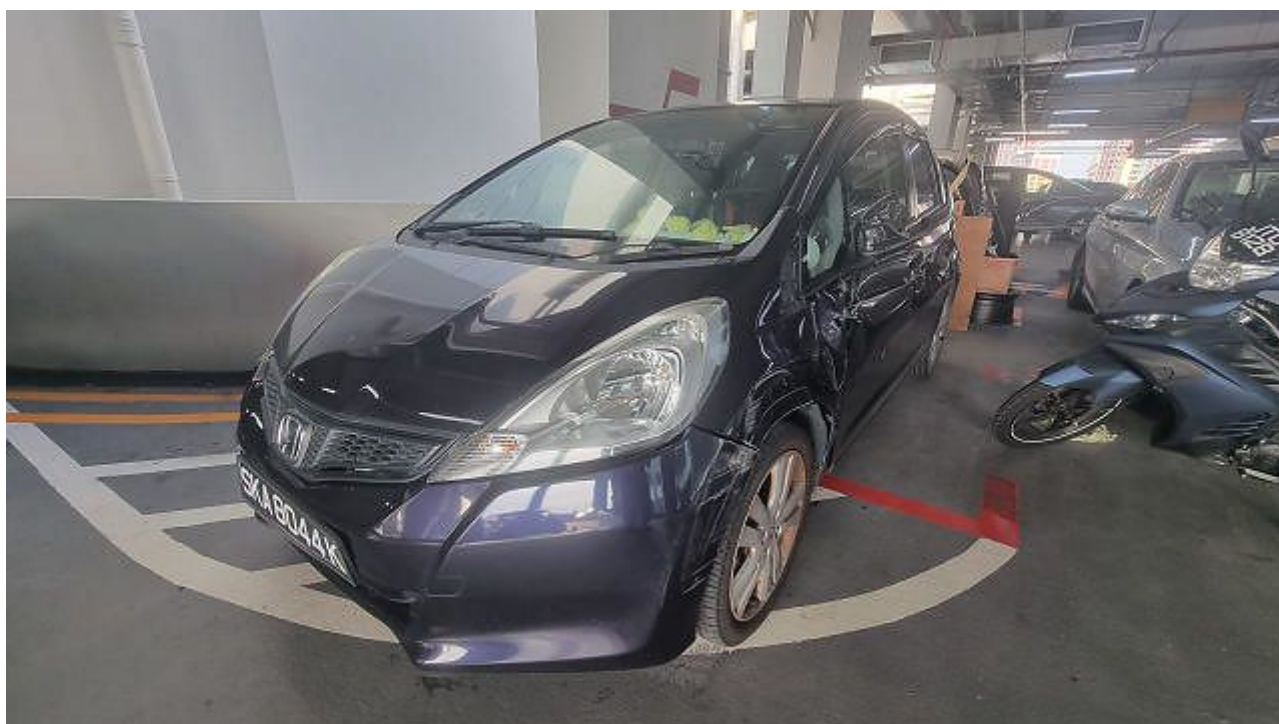
[Signature]  
 Policyholder's Signature / Date & Time

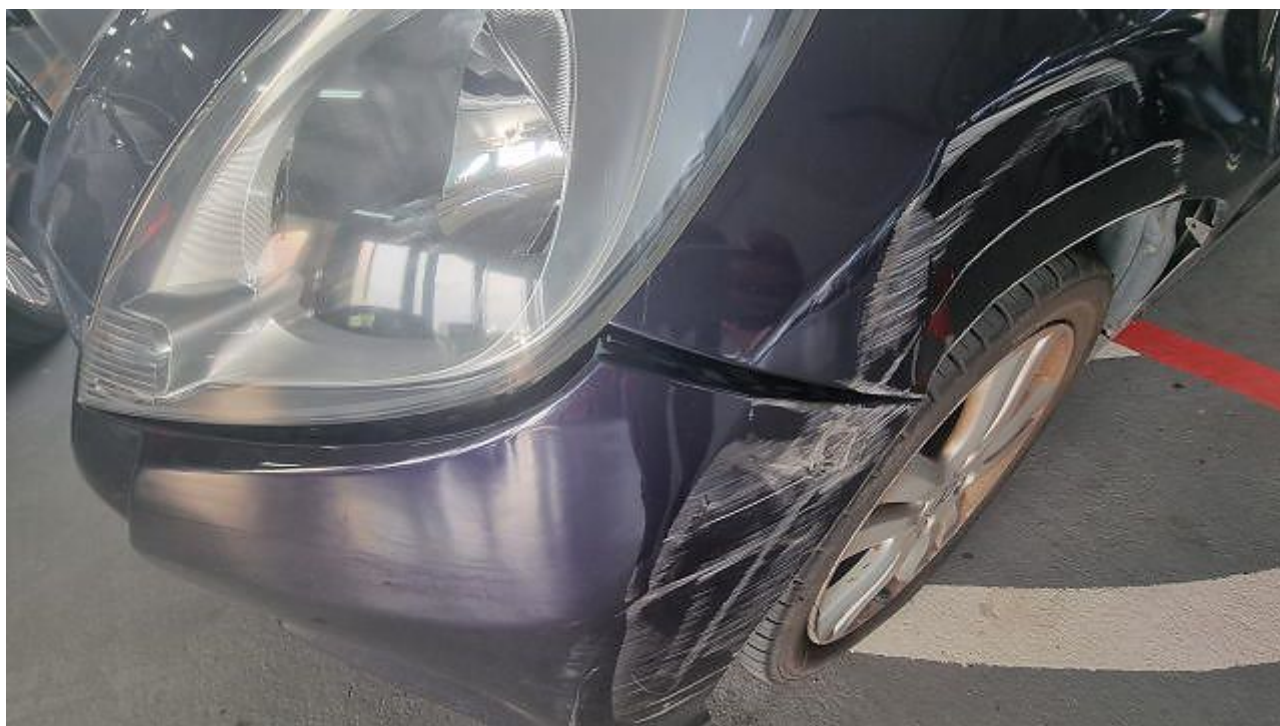
[Signature]  
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 12/09/2022  
 Witnessed by Reporting Centre Personnel

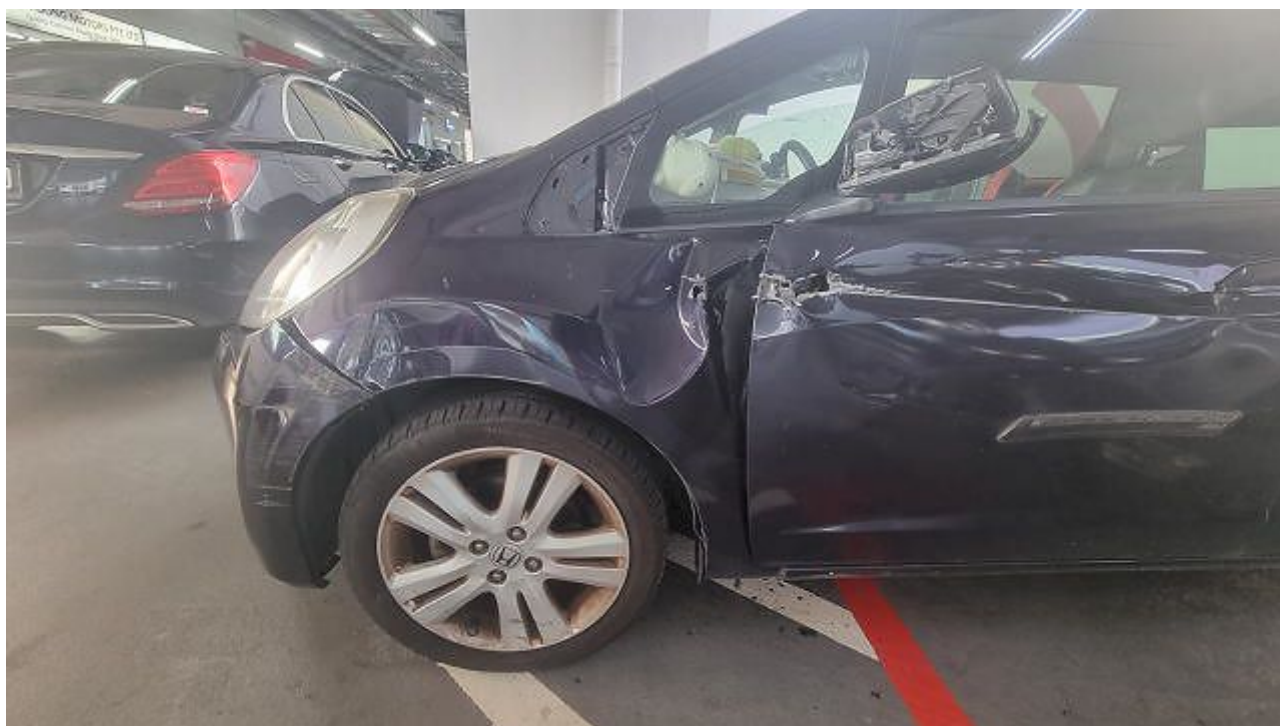
AH LIM MOTOR COMPANY



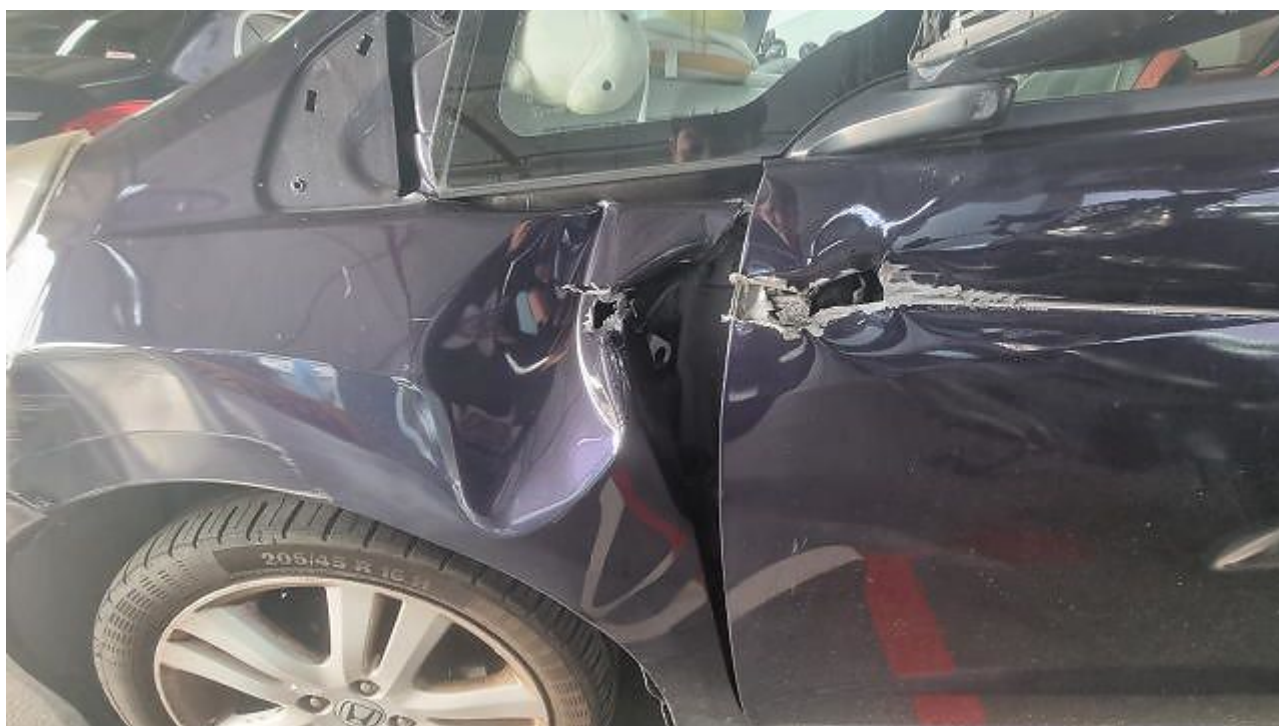


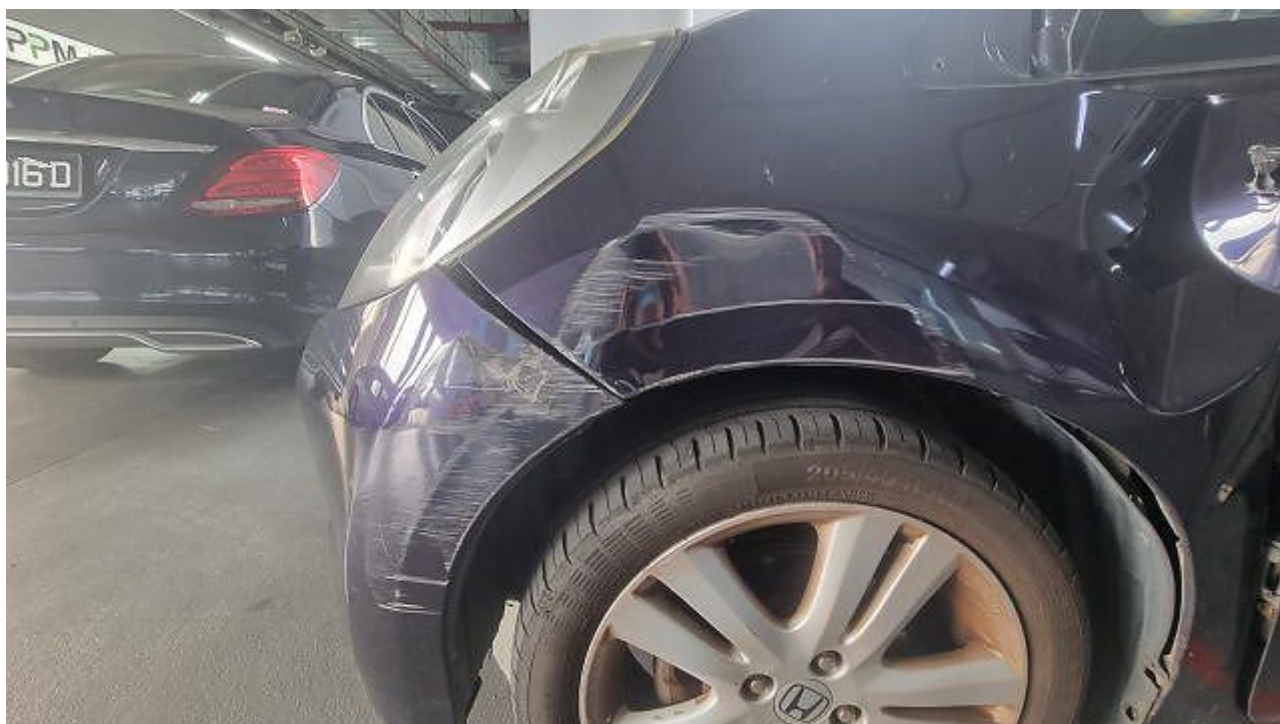










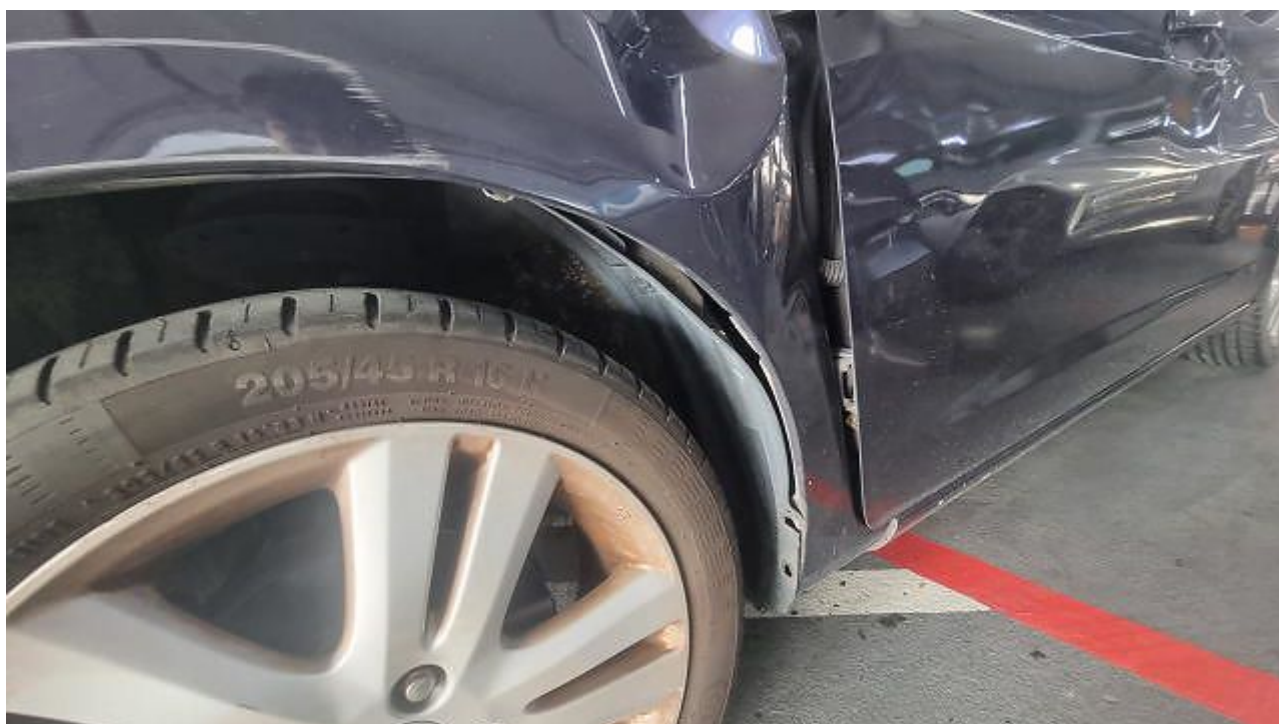






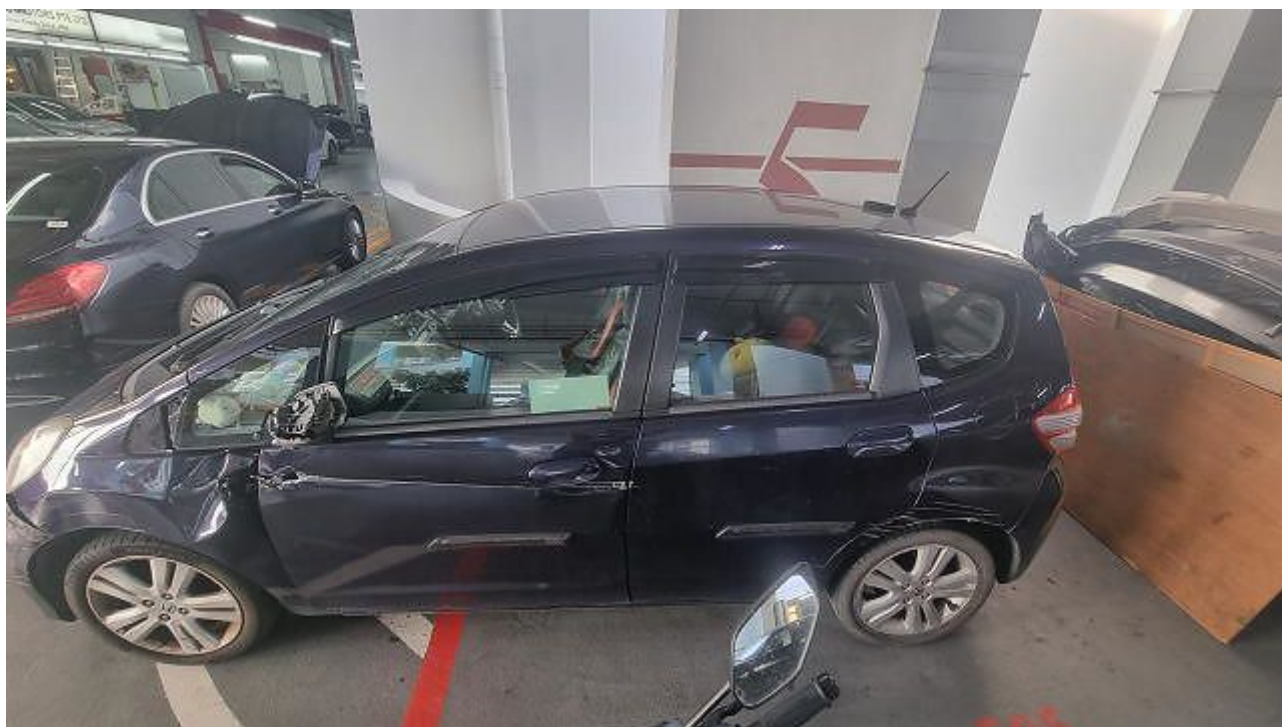


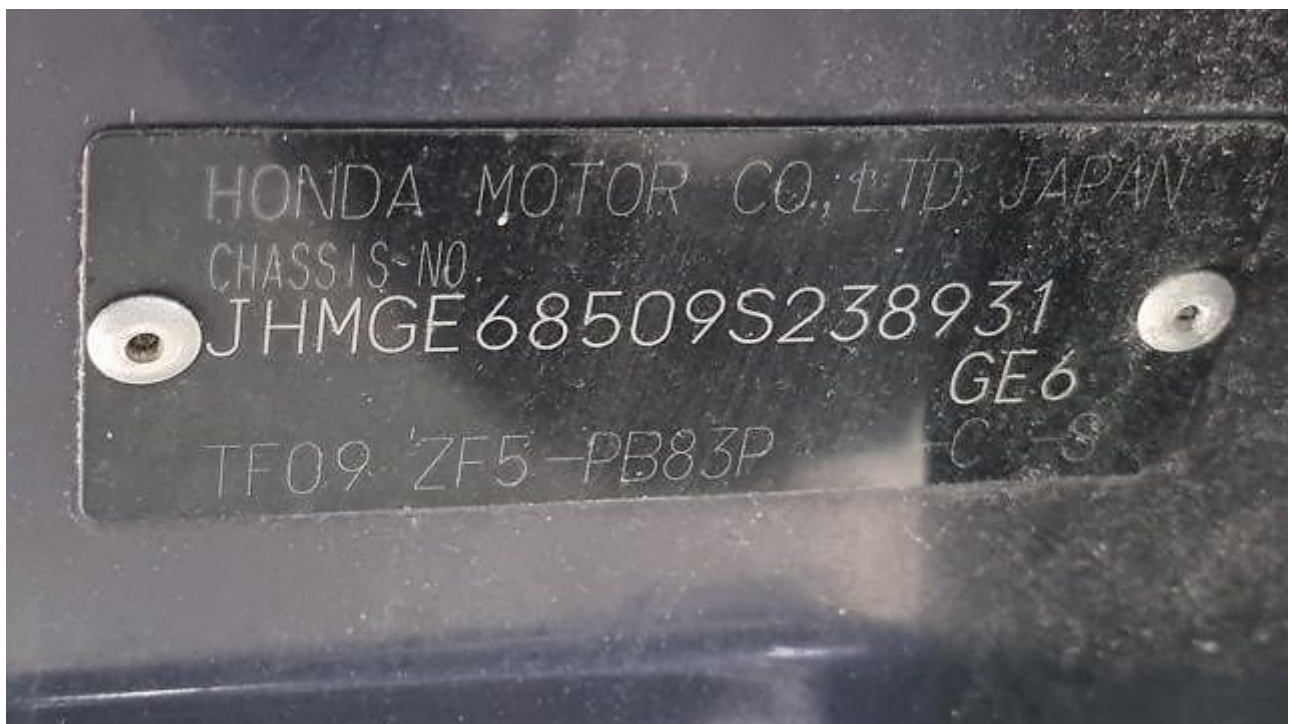














**SINGAPORE  
POLICE FORCE**



T/20220911/2082

1 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20220911/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2022 23:09		Vide Report No.: G/20220911/0256		Station Diary No.: 74	
<b>Informant's Particulars</b>					
Name of Informant: TAN JIAHAO			Address: APT BLK 407 SIN MING AVENUE #03-217 SINGAPORE 570407		
ID Type / ID No.: NRIC NO / S8138529G			Contact No.: Home/Office: Mobile: 81888581		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 23/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2022 21:00	Type of Location: Slip Road from CTE into PIE
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SKA8044K	Car	HONDA	HONDA JAZZ 1.3L A	Purple	Slightly Damaged	1
	Lorry					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA8044K	FWD Singapore Pte. Ltd	PNPV2017-00009308-04	01/04/2022	31/03/2023





**SINGAPORE  
POLICE FORCE**



T/20220911/2082

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20220911/2082

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Esther Teo Ka Hian	ID No.	S8510886G
Related Vehicle	SKA8044K (Car)	Contact No.	98339478
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN JIAHAO	ID No.	S8138529G
Related Vehicle	SKA8044K (Car)	Contact No.	81888581
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	Unknown Driver	ID No.	NIL
Related Vehicle	(Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/09/2022 at about 2100hrs, I had been along the slip road along CTE towards PIE in my vehicle(SKA8044K) on the right lane of a 2 lane road. During that time, I noticed a lorry behind me vehicle on the left lane which attempted to make a lane change into my lane, but collided into the left side of my vehicle instead. Instead of making any attempts to cease the collision with my car, the lorry continued attempting to make the lane change to the right by overtaking my vehicle instead, causing more damages. Due to the accident, I attempted to sound my horn at the lorry to make it stop, but the driver refused and continued driving off. I thereafter stopped at a safe location, before calling the police regarding the matter. I was then attended to by traffic police vide G/20220911/0256 and instructed to



**SINGAPORE  
POLICE FORCE**



T/20220911/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 4  
Report No. T/20220911/2082

**CONTINUATION OF REPORT**

follow up actions.

Due to the accident, my vehicle suffered damages all along the left side. I do have in-car camera footage of the incident, and I have passed the SD card to the traffic police officer.



**SINGAPORE  
POLICE FORCE**



T/20220911/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

4 of 4  
Report No. T/20220911/2082

**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:  
E /  
SGT 2 LEE QI, THEODORE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/09/2022 23:09

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



E/20220913/7012

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20220913/7012

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-3910000

Date/Time Report Made 13/09/2022 11:24		Vide Report No.		Station Diary No.	
Name Of Informant TAN JIAHAO		Address 407 SIN MING AVENUE #03-217 SINGAPORE 570407			
ID Type / ID No. NRIC NO / S8138529G		Contact No. Home/Office: Mobile: 81888581			
Nationality SINGAPORE CITIZEN		Email Address YOUCANREACHME@LIVE.COM			
Occupation self employed		Sex Male	Age 40	Date of Birth 23/11/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 11/09/2022 21:00		Location Of Incident PAN ISLAND EXPRESSWAY			

**Brief details.**

this is an additional to the police report to report no t20220911/2082 vide report no g/20220911/0256

my passenger due to the trauma and shock of the incident being unable to sleep the entire night as well as some fragments from the impact hitting her face and some redness has seek medical attention the following morning at a clinic near her place. After inspection by the physician, she was found to have some physical discomfort and was given 3 days MC. I had my sleep affected as well, because of the atrocity of the person trying to escape and failing to stop to render assistance. I also had some stiffness along my arm and shoulder and went to the nearest A&E at the hospital at my place and was given 5

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: 13/09/2022 11:24
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220913/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220913/7012

days mc.

Subjects Involved			
Victim			
Person Name	TAN JIAHAO		
ID Type	NRIC NO	ID No	S8138529G
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	self employed	Address	407 SIN MING AVENUE #03-217 SINGAPORE 570407
Mobile No	81888581	Is Informant A Victim?	Yes
Person Name	TAN JIAHAO (Informant)		

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: 13/09/2022 11:24
Officer In-Charge Of Case:	Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1B229C0006 Vehicle Registration No: SKA8044K  
 Name (as shown in NRIC): TAN JIA HAO NRIC/FIN/Passport No: S8138529G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 407 SIN MING AVE #03-217 Singapore (570407)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8188 8581  
 Email Address: YOU CAN REACH ME@LIVE.COM  
 Date of Accident: 11/09/2022 Time of Accident: 21:00  
 Place of Accident: SLIP ROAD TOWARDS PIE CHANGI BEFORE EXIT TO MACPHERSON  
 Insurance Company: FWD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend the passenger name from ESTER TEO to ESTHER TEO KA HIAN.

SD card is with the traffic police and the driver was not convey to hospital by ambulance.

Addcident is under hit and run.

OPERATOR

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:





**SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP**

Ref: Report No: 16/2022 091110256

I, Sgt 3 Poojy Zaid  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

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

hereby acknowledge receipt of the below mentioned items of:

- 1 1 x Sensing 3243 SP4A
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Pan Jiahao, S81385296  
(Name, NRIC or Passport No. / Rank and No.)

of Sgt 8044 K.  
(Address / Police Station / NPC / NPP)

on 11/04/2019 at 2208  
(Date) (Time)

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

Received by:

[Signature]  
(Signature)  
Pan Jiahao, S81385296  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
(Signature)  
Sgt 3 Poojy Zaid  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_