

## 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 ..... 19/09/2022 15:22 (SGT)  
Reported by ..... Both  
Date of Accident ..... 17/09/2022 22:08 (SGT)  
Exact Location of Accident ..... Stamford Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFN8413U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TIMOTHY TAN POEY CHONG  
NRIC No ..... S7182587F  
Email Address ..... TIMTANRSP@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97429465  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A5  
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 ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2000640099-01

#### DRIVER

Name of Driver ..... TIMOTHY TAN POEY CHONG  
NRIC No ..... S7182587F  
Date Of Birth ..... 24/08/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	18/11/2000
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97429465
Alt. Phone Number .....	-
Email Address .....	TIMTANRSP@GMAIL.COM
Address .....	73 FARRER DRIVE
Address complement .....	#06-02
Postcode .....	259280
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 .....	Side Swipe
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) .....	3
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 .....	ASHLEIGH WEN MIN TAN
Gender .....	Female

#### PASSENGER 2

Name .....	JOYS WIRAATMADJA
Gender .....	Female

#### 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

PLEASE REFER TO THE BELOW SKETCH PLAN & POLICE REPORT (T/20220912/7052)

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM8849E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KRIS
Contact Number .....	(Phone) +65-82188800
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

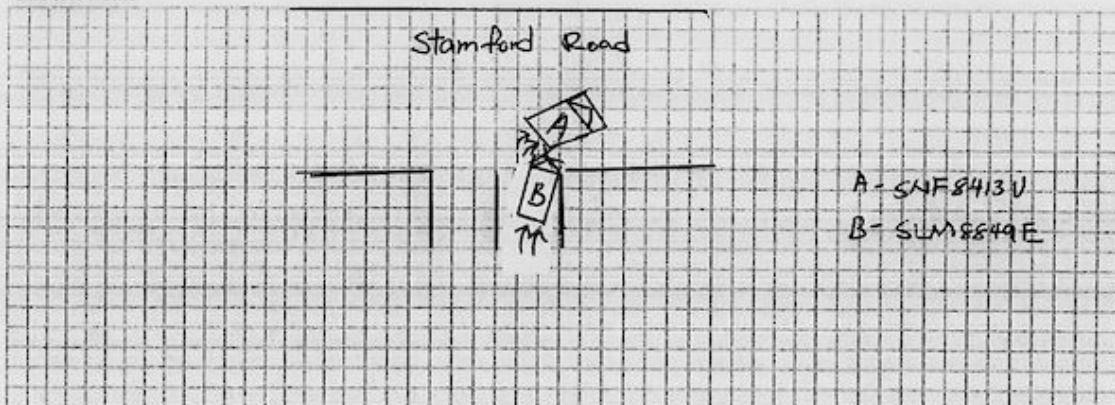
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Please refer to the below sketch plan & ~~police~~ police report 67/20220917 7052

**Declaration**

We declare the foregoing particulars are true in every respect.



19-SEP 2022 13:54 HRS

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel











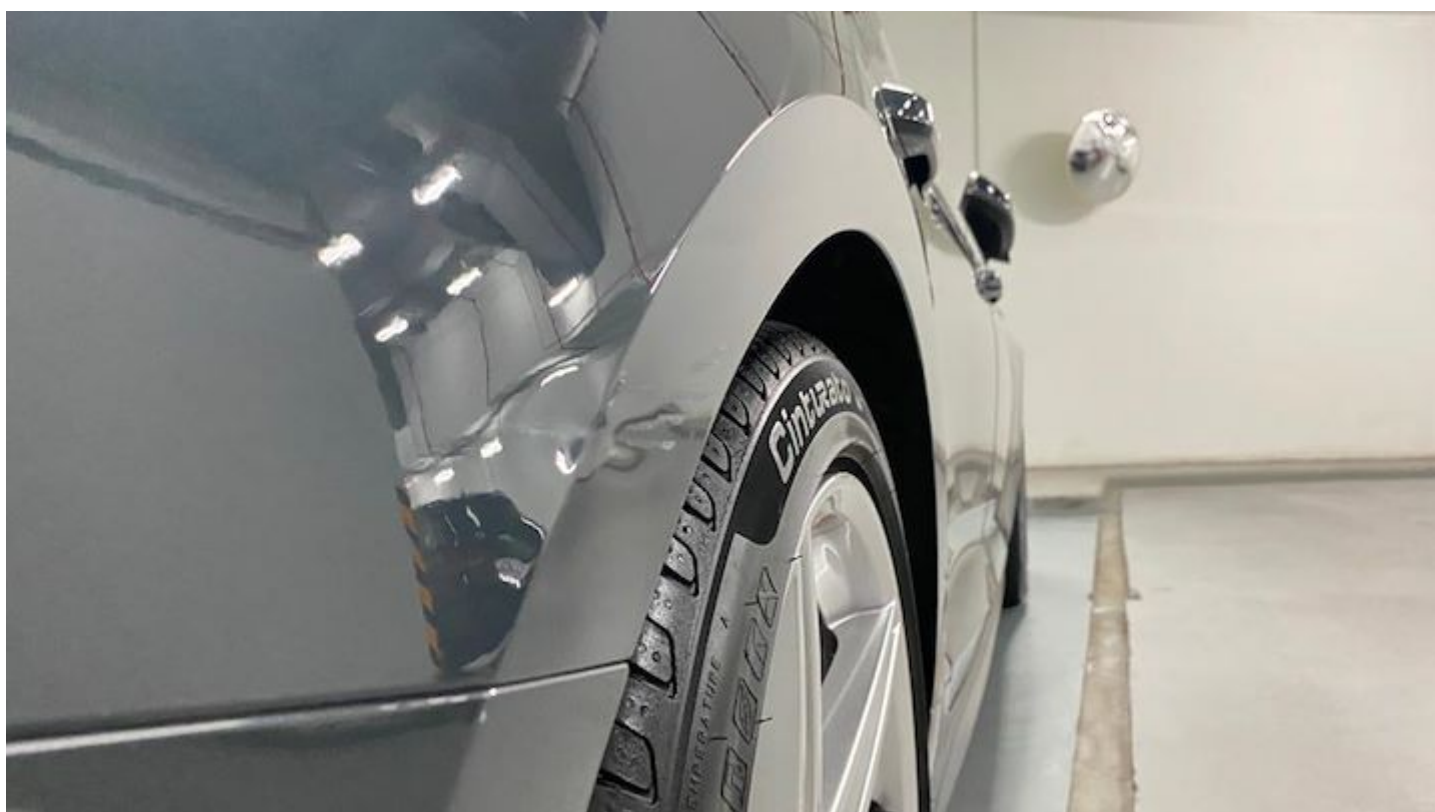


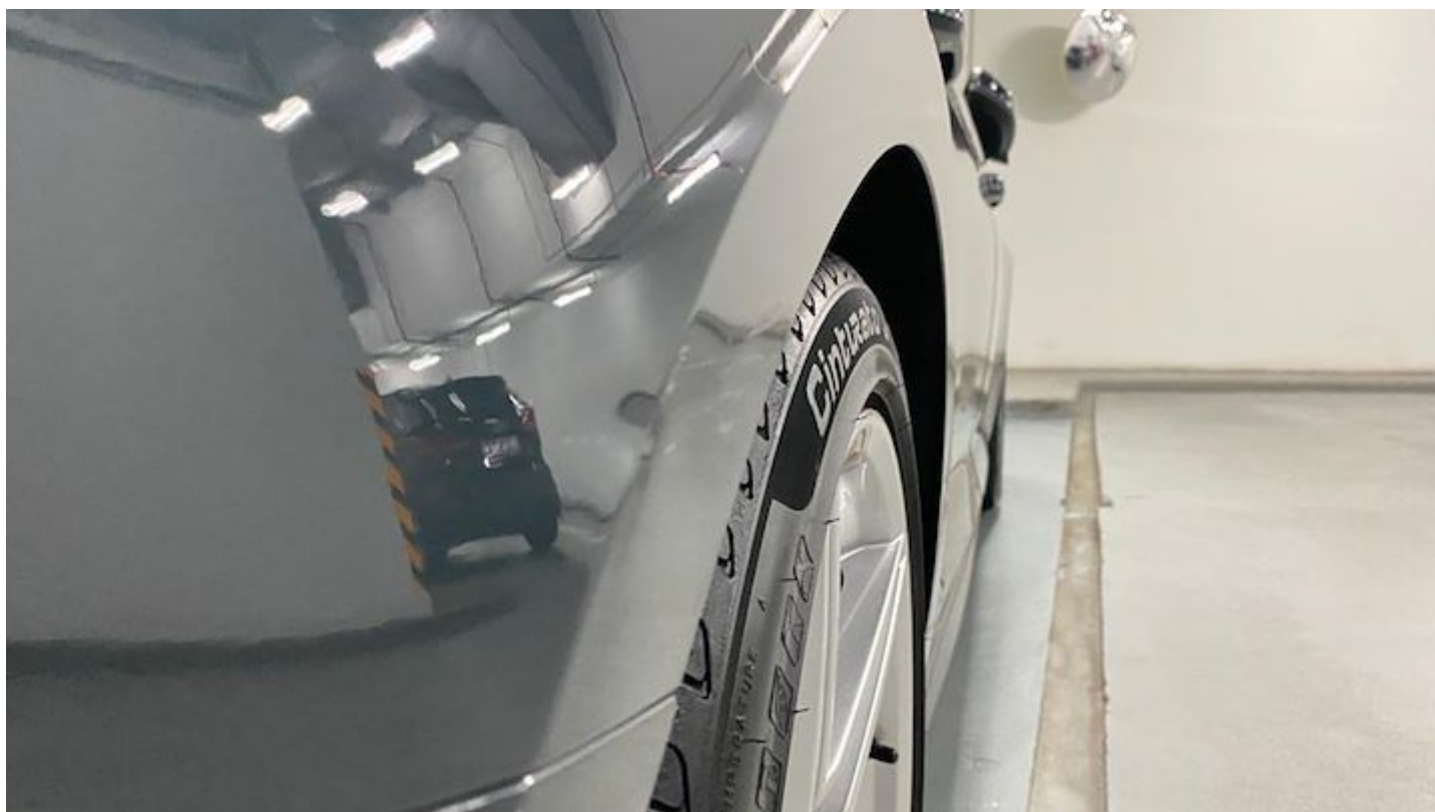
























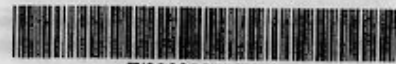











**SINGAPORE  
POLICE FORCE**


T/20220917/7052

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

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Report No. T/20220917/7052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2022 23:20			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: TIMOTHY TAN POEY CHONG			Address: 73 FARRER DRIVE #06-02 SINGAPORE 259280		
ID Type / ID No.: NRIC NO / S7182587F			Contact No.: Home/Office: Mobile: 97429465		
Nationality: MALAYSIAN			Email: TIMTANRSP@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 24/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2022 22:08	Type of Location:
Location:  stamford road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SFN8413U	Car	AUDI	A5	Grey	Slightly Damaged	2
SLM8849E	Car	KIA		Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220917/7052

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

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Report No. T/20220917/7052

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFN8413U	ALLIANZ GLOBAL CORPORATE & SPECIALTY AG SINGAPORE	SP2000640099-01	27/11/2021	26/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIMOTHY TAN POEY CHONG		ID No. S7182587F
Related Vehicle	SFN8413U (Car)		Contact No. 97429465
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	ASHLEIGH WEN MIN TAN		ID No. T0570802D
Related Vehicle	SFN8413U (Car)		Contact No. 86843213
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	JOYS WIRAATMADJA		ID No. S7182588D
Related Vehicle	SFN8413U (Car)		Contact No. 97425968
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20220917/7052

Police Station Of Origin:  
Traffic Police  
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Report No. T/20220917/7052

**CONTINUATION OF REPORT****Brief Details.**

1. My car (SFN8413U) was exiting from Raffles City Shopping Centre (Private car drop off area outside Coffee Bean Outlet) with heavy traffic and many cars in the driveway waiting to exit onto Stamford Rd. 2. As I exited onto Stamford Road, a car (SLM8849E) came up very close on my driver's rear end resulting in scrape contact as we exit onto Stamford Road. 3. Scrape car body damage to my vehicle rear bumper, rear side panel and rear tyre. 4. Corresponding scrape car damage to the other vehicle (SLM8849E). 5. Both drivers exchanged NRIC and Drivers Licence. Other Car Driver's Name is Ryan Tan Jun Rong S9430506C.



**SINGAPORE  
POLICE FORCE**

T/20220917/7052

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

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Report No. T/20220917/7052

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
TAY CHUN KEEN  
Contact No.: 65476436

This report is lodged at Bukit Timah NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
17/09/2022 23:20

Classification Of Case: