

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	21/09/2022 17:17 (SGT)
Reported by	Both
Date of Accident	21/09/2022 11:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ2677T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THAM GUANG YU CALVIN
NRIC No	S8836008G
Email Address	CALVIN.THAM88@GMAIL.COM
Mobile Phone No	(Phone) +65-98449722
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01031788

DRIVER

Name of Driver	THAM GUANG YU CALVIN
NRIC No	S8836008G
Date Of Birth	11/09/1988
Occupation	Indoor

Date Of Driving Pass	02/05/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98449722
Alt. Phone Number	-
Email Address	CALVIN.THAM88@GMAIL.COM
Address	75 ANCHORVALE CRESCENT #06-10
Address complement	-
Postcode	544662
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 - Head to Rear
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)	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	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

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	W/TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ7371U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	THAM GUANG YU CALVIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ2677T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ7371U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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:

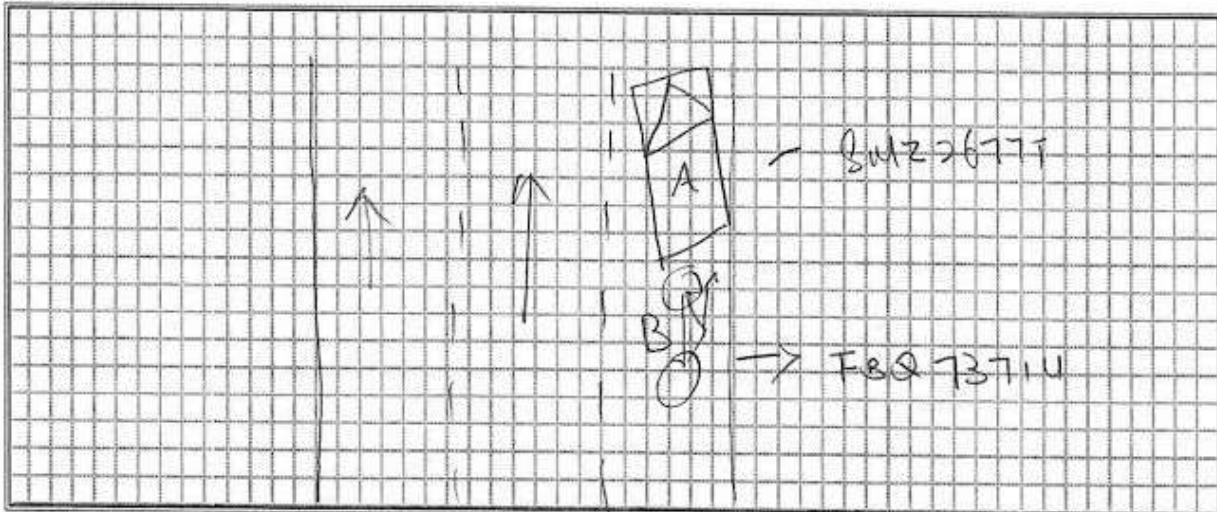
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



Attach Police report no. T/20220921/7025

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

Policyholder's Signature / Date & Time

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





















**SINGAPORE
POLICE FORCE**



T/20220921/7025

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

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Report No. T/20220921/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2022 14:30		Vide Report No.: L/20220921/0051		Station Diary No.:	
Informant's Particulars					
Name of Informant: THAM GUANG YU, CALVIN			Address: 75 ANCHORVALE CRESCENT #06-10 SINGAPORE 544662		
ID Type / ID No.: NRIC NO / S8836008G			Contact No.: Home/Office: Mobile: 98449722		
Nationality: SINGAPORE CITIZEN			Email: CALVIN.THAM88@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 11/09/1988	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/09/2022 11:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ7371U	Motorcycle					0
SMZ2677T	Car	SUZUKI	JIMNY 1.5 GLX AT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220921/7025

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

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Report No. T/20220921/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ2677T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01031788	19/04/2022	18/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM GUANG YU, CALVIN	ID No.	S8836008G
Related Vehicle	SMZ2677T (Car)	Contact No.	98449722
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Slight

Brief Details.

I was travelling on the first lane along cte/sle towards woodlands lampost 179F. The cars in front e-brake because there was an accident in front and I e-brake as well. The next moment I know a motorcyclist hit me from the back. I called the ambulance and police to the scene.

I have passed my SD card to the police officer who came.



**SINGAPORE
POLICE FORCE**

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



T/20220921/7025

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Report No. T/20220921/7025

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 / TPIB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

NP168

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

Date/Time:
21/09/2022 14:30

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: _____ Vehicle Registration No: SM226777
 Name (as shown in NRIC): THAM GUANG YU CALVIN NRIC/FIN/Passport No: 99999008 G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 78 ANCHORVALE CRESCENT #106-10 Singapore (544,662)
 Contact (Tel): _____ Mobile No.: 98449722
 Email Address: CALVIN.THAM88@GMAIL.COM
 Date of Accident: 21/09/2022 Time of Accident: 1100
 Place of Accident: SLE
 Insurance Company: DAI

(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:

EMAIL: CALVIN.THAM88@GMAIL.COM

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5336 Fax: 6741 7208
 Email: claims@procarcare.com.sg

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: