

# 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 ..... 16/09/2021 16:51 (SGT)  
Date of Accident ..... 16/09/2021 08:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE TOWARDS BKE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD4142J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN WEI KWAN  
NRIC No ..... S7521399I  
Email Address ..... KWAN95483@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-97939925  
Alternative Phone No ..... +65-97939925

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117740285-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN WEI KWAN  
NRIC No ..... S7521399I

Date Of Birth .....	17/07/1975
Occupation .....	Indoor
Date Of Driving Pass .....	07/05/1999
Driving experience .....	22 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97939925
Alt. Phone Number .....	+65-97939925
Email Address .....	KWAN95483@YAHOO.COM
Address .....	90 EDGEDALE PLAINS #03-22
Address complement .....	-
Postcode .....	S828685
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? .....	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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kebun Baru Neighbourhood Police Post
Police Station Address .....	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : T/20210916/2034

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS2757U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	SJQ8116P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	SKK9271L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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

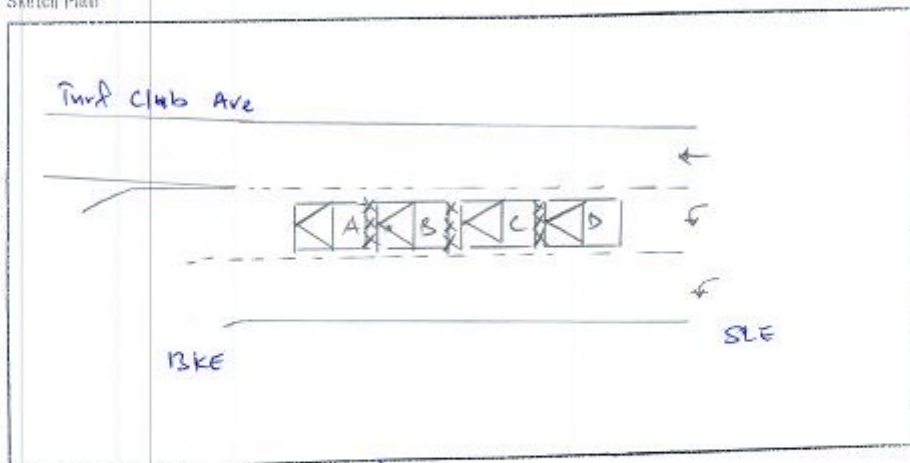
Name of injured person .....	TAN WEI KWAN
Gender .....	Male
Phone No .....	(Phone) +65-97939925
Address .....	90 EDGEDALE PLAINS #03-22
Address Complement .....	-
Post Code .....	S828685
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD4142J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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5. Any data 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 claim;
    - (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 living 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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT REPORT

Date of accident: 16/9/2021 Time: 8:25am Location: SLE Towards BKE  
 My Vehicle A: SLD4142J Vehicle B: SLG2757U Vehicle C: SJR8116P  
 Vehicle D: SKK9271L

SKETCH PLAN


Describe Circumstances of the Accident:

Refer to police report no: T/20210916/2034.

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

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

ANTIMANITO.COM.PH














**SINGAPORE  
POLICE FORCE**


T/20210916/2034

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Report No. T/20210916/2034

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/09/2021 12:40	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: TAN WEI KWAN			Address: 90 EDGEDALE PLAINS #03-22 SINGAPORE 828685		
ID Type / ID No.: NRIC NO / S7521399I			Contact No.: Home/Office: Mobile: 97939925		
Nationality: SINGAPORE CITIZEN			Email: kwan95483@yahoo.com		
Sex: Male	Age: 46	Date of Birth: 17/07/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2B,2A,3,4		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2021 08:15	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Lamp Post Number: 645				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One 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
SJQ8116P	Car				Seriously Damaged	0
SKK9271L	Car				Seriously Damaged	0
SLD4142J	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	0
SLS2757U	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210916/2034

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20210916/2034

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD4142J	NTUC Income Insurance Co-Operative Limited	5117740285-01	16/06/2021	15/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI	ID No.	S8710934H
Related Vehicle	SJQ8116P (Car)	Contact No.	91688417
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

Name	KHOO HOCK LAI, WILLIAM	ID No.	S7347122B
Related Vehicle	SKK9271L (Car)	Contact No.	96534570
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 WEI KWAN	ID No.	S7521399I
Related Vehicle	SLD4142J (Car)	Contact No.	97939925
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	16/09/2021	Date Discharge	16/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL




**SINGAPORE  
POLICE FORCE**


T/20210916/2034

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Report No. T/20210916/2034

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

**CONTINUATION OF REPORT**

Driver			
Name	SIM HEE KAY	ID No.	S1533046E
Related Vehicle	SLS2757U (Car)	Contact No.	96740293
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 the stated date and time, I was travelling slowly along SLE towards BKE in the middle lane due to heavy traffic. The vehicle in front of me jammed brake, so I followed to step on the brakes. Suddenly, I felt an impact from the rear. When I alighted to check on my vehicle, I found that it was a 4 cars chain collision.

I was also injured due to this accident impact.




**SINGAPORE  
POLICE FORCE**


T/20210916/2034

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Report No. T/20210916/2034

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560111  
Tel No: 1800-4589999

**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  
F /  
Sgt 2 SOW ZHIJIE

SIGNATURE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/09/2021 12:40

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168