

# 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 .....	05/10/2022 10:18 (SGT)
Reported by .....	Both
Date of Accident .....	04/10/2022 08:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	THOMSON RD TWDS THOMSON LANE B4 SLF COMPLEX
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM6204S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN YU SHENG
NRIC No .....	SXXXX541D
Email Address .....	wayne_tan@hotmail.sg
Mobile Phone No .....	(Phone) +65-90281070
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Accent
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 .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00125902202

### DRIVER

Name of Driver .....	TAN YU SHENG
NRIC No .....	SXXXX541D
Date Of Birth .....	10/07/1990
Occupation .....	Indoor

Date Of Driving Pass .....	21/01/2014
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90281070
Alt. Phone Number .....	-
Email Address .....	wayne_tan@hotmail.sg
Address .....	BLK 231 ANG MO KIO AVE 3
Address complement .....	#08-1236
Postcode .....	560231
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLS REFER TO THE POLICE EPORT:T/20221004/7022

#### 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 .....	YP9170C
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMC62B
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 YU SHENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SMM6204S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Thomson Road towards Thomson Lane before SLF complex



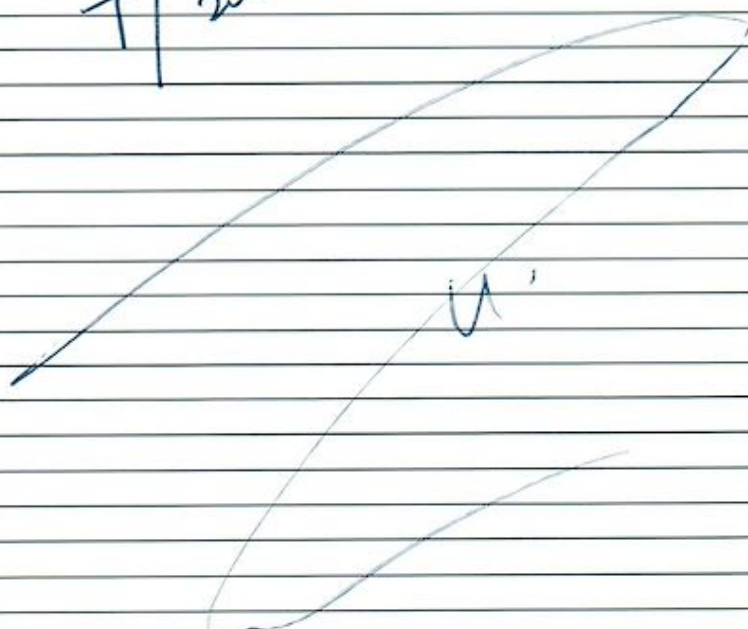
(A) SMM6204 S

(B) YPA170C

(C) SMC62B

## Describe Circumstances of the Accident

attached TR report:  
T/ 2022 1004/7022




Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## Declaration

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





**SINGAPORE  
POLICE FORCE**



T/20221004/7022

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

2 of 3

Report No. T/20221004/7022

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM6204S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001259 02202	06/07/2022	05/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YU SHENG	ID No.	S9024541D
Related Vehicle	SMM6204S (Car)	Contact No.	90281070
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/10/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 04/10/2022 at about 0845 hours at along Thomson Road towards Thomson Lane before SLF Complex. I was travelling on the center lane at the above mentioned road and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle to hit onto the front vehicle (C) in front of me. When I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved. After the accident, I went to consult a doctor and was given 04 days MC for my injury.

- (A) SMM6204s  
(B) YP9170C  
(C) SMC62B























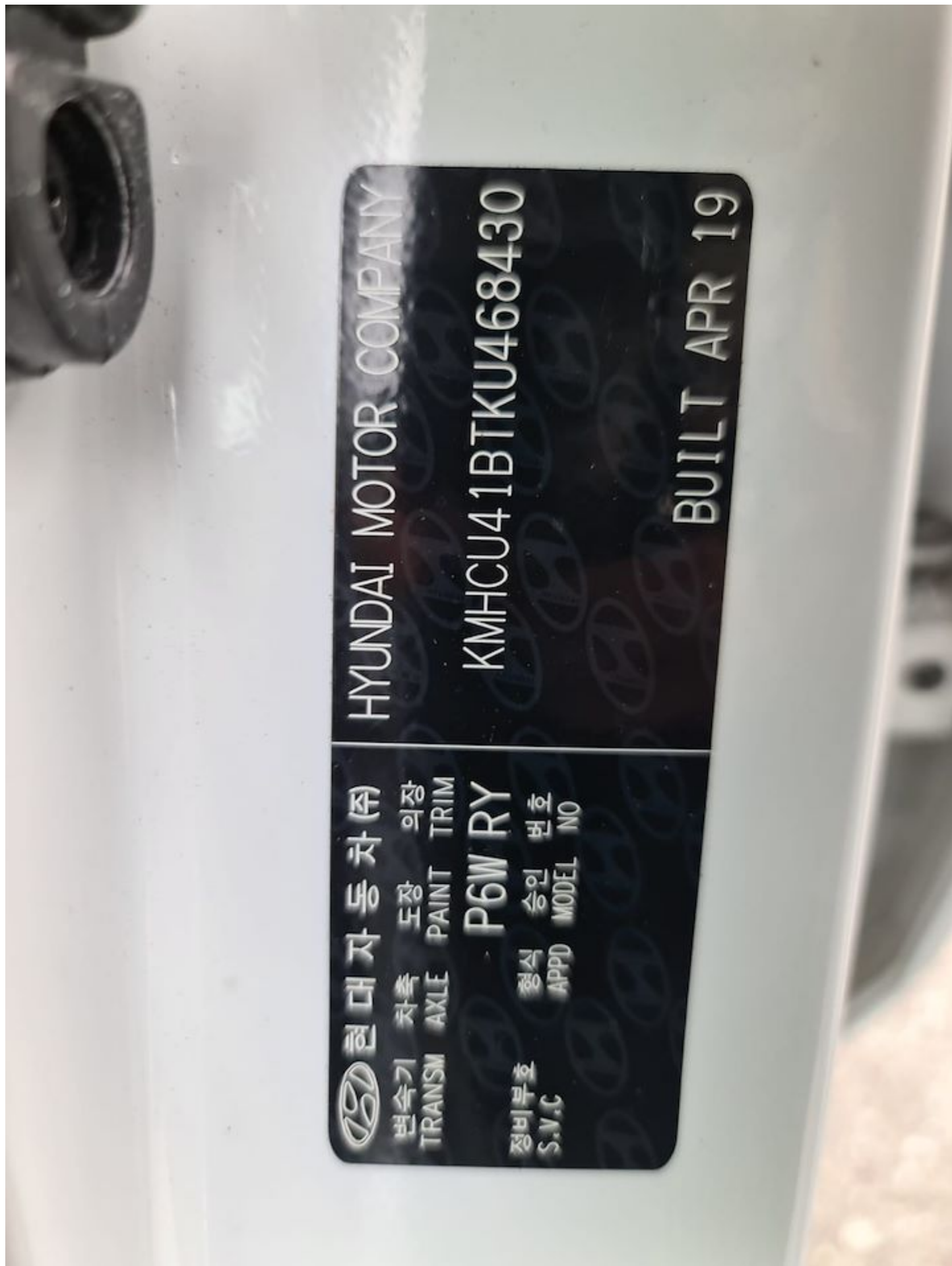














**SINGAPORE  
POLICE FORCE**



T/20221004/7022

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

1 of 3  
Report No. T/20221004/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2022 12:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN YU SHENG			Address: 231 ANG MO KIO AVENUE 3 #08-1236 SINGAPORE 560231		
ID Type / ID No.: NRIC NO / S9024541D			Contact No.: Home/Office: Mobile: 90281070		
Nationality: SINGAPORE CITIZEN			Email: wayne_tan@hotmail.sg		
Sex: Male	Age: 32	Date of Birth: 10/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: sales executive			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2022 08:45	Type of Location: Straight Road
Location:  THOMSON ROAD TOWARDS THOMSON LANE BEFORE SLF COMPLEX				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC62B	Car					0
SMM6204S	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	White		0
YP9170C	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20221004/7022

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

Report No. T/20221004/7022

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM6204S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001259 02202	06/07/2022	05/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YU SHENG	ID No.	S9024541D
Related Vehicle	SMM6204S (Car)	Contact No.	90281070
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/10/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 04/10/2022 at about 0845 hours at along Thomson Road towards Thomson Lane before SLF Complex. I was travelling on the center lane at the above mentioned road and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle to hit onto the front vehicle (C) in front of me. When I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved. After the accident, I went to consult a doctor and was given 04 days MC for my injury.

- (A) SMM6204s
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- (C) SMC62B





**SINGAPORE  
POLICE FORCE**



T/20221004/7022

3 of 3

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

Report No. T/20221004/7022

**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 /  
TAN JEOK LENG  
Contact No.: 65476151

NP168

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

Date/Time:  
04/10/2022 12:09

Classification Of Case: