

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 17/10/2022 12:44 (SGT)
Reported by Driver
Date of Accident 15/10/2022 11:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI BEFORE ENG NEO
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6338R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANSLAND SINGAPORE PTE. LTD.
Company Reg No 2XXXXX629C
Email Address carrie@transland.com.sg
Mobile Phone No (Phone) +65-91383665
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00002462201

DRIVER

Name of Driver TAN CHIAP NAM
NRIC No SXXXX045J
Date Of Birth 10/07/1954
Occupation Outdoor

Date Of Driving Pass	11/04/1979
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92326600
Alt. Phone Number	-
Email Address	carrie@transland.com.sg
Address	BLK 548B SEGAR ROAD #06-676
Address complement	-
Postcode	672548
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT J/20221017/7020

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6750S
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)	-

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' 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

PIE reward charge	1	A/CB6338R B/FB26750S
	2	
	3	
	4	
	5	

Describe Circumstances of the Accident

I was driving along PIE toward Changi at the 5 lane traffic
 was on the 4 lane. I checked my blind spots is clear
 before I swiped to 3rd lane. My vehicle have fully
 into the 3rd lane and I felt a impact from my right
 so I stopped completely and ~~and~~ alerted I saw
 motor cycle have cut into my lane and collided onto
 my front right side of my vehicle.

Police Report J/20221017/7020

Declaration

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



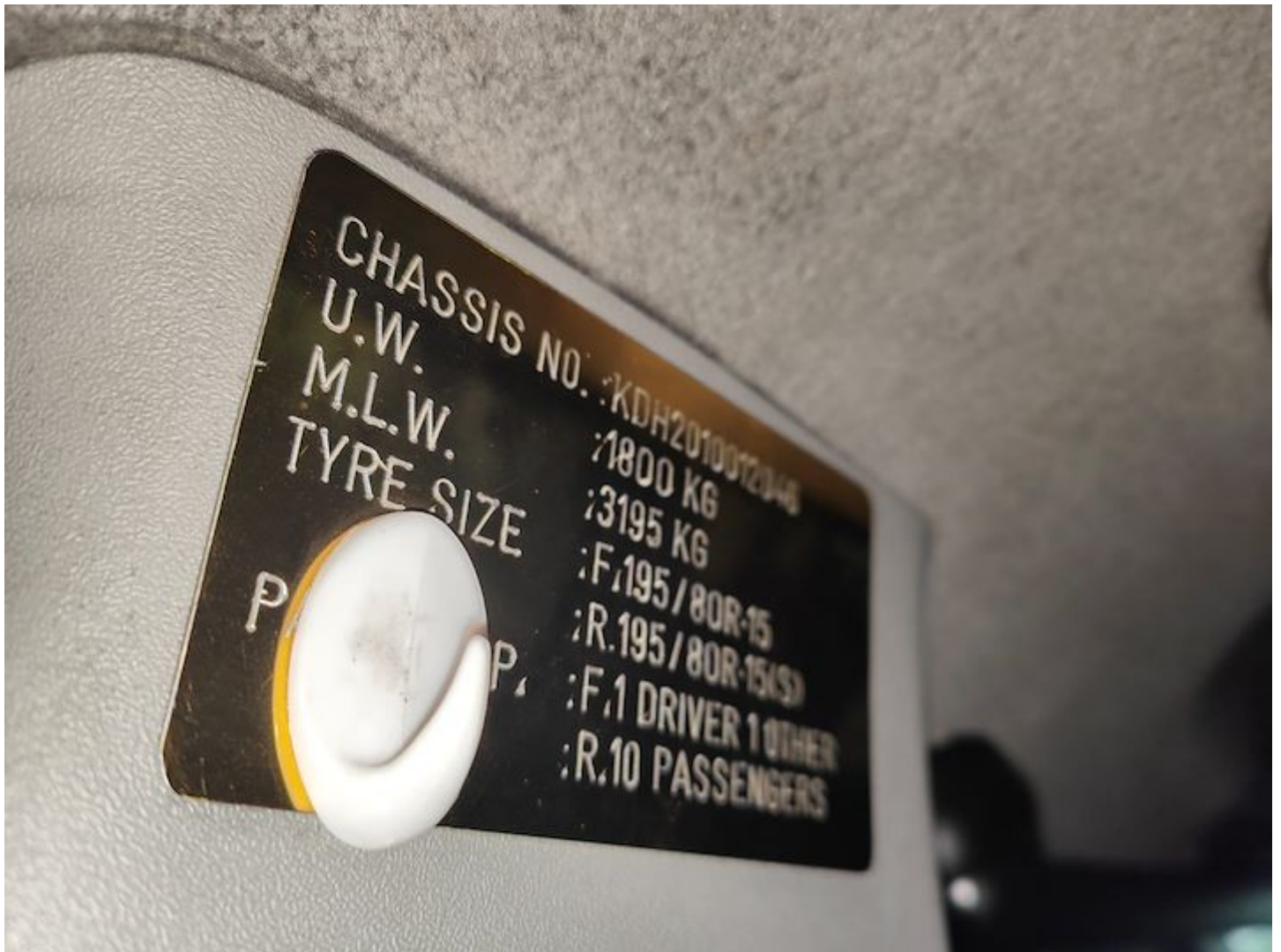
Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 17/10/2022

Witnessed by Reporting Centre Personnel


















**SINGAPORE
POLICE FORCE**


J/20221017/7020

1 of 2

POLICE REPORT (NP299)

Report No. J/20221017/7020

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 17/10/2022 11:43	Vide Report No.		Station Diary No.	
Name Of Informant TAN CHIAP NAM	Address 548B SEGAR ROAD #06-676 SINGAPORE 672548			
ID Type / ID No. NRIC NO / S0147045J	Contact No. Home/Office:	Mobile: 92326600		
Nationality SINGAPORE CITIZEN	Email Address alexbeh.pc@gmail.com			
Occupation Bus driver	Sex Male	Age 68	Date of Birth 10/07/1954	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 15/10/2022 11:00 - 15/10/2022 11:00	Location Of Incident 548B SEGAR ROAD #06-676 SINGAPORE 672548			

Brief details.

I was driving along pie toward changi on the 5 lane traffic ON the 4 lane ,before i change lane i checked my blind spot is clear I swiped to the 3rd lane and my vehicle have in the 3rd lane completely i felt a impact from my right so i stooped my vehicle and alighted I saw a motorcycle FBL 6750 S have cut into my lane and collided onto my front right side of my vehicle. The rider and the passenger felt toward road and was injured and sent to hospital by ambulance.

IO Sufian 65476247

E/20221015/0083

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: 17/10/2022 11:43
Officer In-Charge Of Case;	Classification Of Case.



**SINGAPORE
POLICE FORCE**



J/20221017/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: J/20221017/7020

Subjects Involved			
Victim			
Person Name	TAN CHIAP NAM		
ID Type	NRIC NO	ID No	S0147045J
Gender	Male	Age	68
Race	Chinese	Language	English
Occupation	Bus driver	Address	548B SEGAR ROAD #06-676 SINGAPORE 672548
Mobile No	92326600	Is Informant A Victim?	Yes
Person Name	TAN CHIAP NAM (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
17/10/2022 11:43

Classification Of Case: