

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	22/10/2022 03:01 (SGT)
Reported by	Both
Date of Accident	20/10/2022 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LYNWOOD GROVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5249A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YAN TING
NRIC No	S8316878A
Email Address	yttan.inbox@gmail.com
Mobile Phone No	(Phone) +65-93898195
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200 AMG LINE PREMIUM
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	1332

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11090465

DRIVER

Name of Driver	TAN YAN TING
NRIC No	S8316878A
Date Of Birth	02/06/1983
Occupation	Indoor

Date Of Driving Pass	04/07/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93898195
Alt. Phone Number	-
Email Address	yttan.inbox@gmail.com
Address	HDB Eunus Spring, 137 Bedok Reservoir Road 470137
Address complement	#10-1441
Postcode	470137
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?	Yes
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 POLICE REPORT: T/20221020/7068 LODGED AT TRAFFIC POLICE

Brief Details

ON 20/10/2022 AT ABOUT 16:34HRS, I WAS DRIVING MY VEHICLE - SML5249A, ALONG BRADDELL ROAD HEADING TOWARDS SERANGOON. BEFORE LYNWOOD GROVE, FRONT VEHICLE BRAKED AND I BRAKED AS WELL. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMA6755G HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. SUBSEQUENTLY, I FELT GREAT PAIN AND DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT HEALTHPLUS CLINIC & SURGERY, AND WAS GIVEN 3 DAYS MC.

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	SMA6755G
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS PLUS (AUTO)
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)	2

PASSENGER 1

Name	Passenger 1
Gender	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YAN TING
Gender	Female
Phone No	(Phone) +65-93898195
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	39
Injuries Sustained	-
Injured person in which vehicle?	SML5249A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

SKETCH PLAN

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 - (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;
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 (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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Reporting officer
Aizam Bin Atan

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

Sketch Plan

Lynwood Grove		Braddell Road
Vehicle A: SML5349A	△ A	
Vehicle B: SMA6755G	△ B	

Describe Circumstances of the Accident

REFER AS IN POLICE REPORT.

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 Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel













































**SINGAPORE
POLICE FORCE**



T/20221020/7068

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

1 of 3

Report No. T/20221020/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2022 22:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN YAN TING		Address: 137 BEDOK RESERVOIR ROAD #10-1441 SINGAPORE 470137	
ID Type / ID No.: NRIC NO / S8316878A		Contact No.: Home/Office: Mobile: 93898195	
Nationality: SINGAPORE CITIZEN		Email: YTTAN.INBOX@GMAIL.COM	
Sex: Female	Age: 39	Date of Birth: 02/06/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Deputy Director		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 16:35	Type of Location: T-Junction
Location: LYNWOOD GROVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SMA6755G	Car	TOYOTA			Slightly Damaged	1
SML5249A	Car	MERCEDES BENZ	A200 AMG LINE PREMIUM	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221020/7068

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

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Report No. T/20221020/7068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML5249A	AVIVA LTD	11090465	11/09/2021	23/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YAN TING	ID No.	S8316878A
Related Vehicle	SML5249A (Car)	Contact No.	93898195
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/10/2022	Date	20/10/2022
No. of Days granted Medical Leave	03	Degree of	Serious

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**SINGAPORE
POLICE FORCE**



T/20221020/7068

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

3 of 3

Report No. T/20221020/7068

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
20/10/2022 22:16

Classification Of Case: