

# 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 ..... 31/10/2022 10:05 (SGT)  
Reported by ..... Both  
Date of Accident ..... 29/10/2022 09:00 (SGT)  
Exact Location of Accident ..... Simei St 3, Singapore  
Additional Location Information ..... SIMEI STREET 3 TOWARDS SIMEI ROAD BEFOR SIMEI  
STREET 1 SINGAPORE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJS5932J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JORDAN TAN JIE  
NRIC No ..... S9523327I  
Email Address ..... JORDAN\_TANJIE@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96565637  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... TOYOTA / VIOS E AUTO  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MT/01091749

### DRIVER

Name of Driver ..... TAN SZE HUI  
NRIC No ..... S1701481A  
Date Of Birth ..... 31/05/1965

Occupation .....	Indoor
Date Of Driving Pass .....	09/05/1994
Driving experience .....	28 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83664755
Alt. Phone Number .....	-
Email Address .....	JORDAN_TANJIE@HOTMAIL.COM
Address .....	APT BLK 225 PASIR RIS STREET 21 #08-60
Address complement .....	-
Postcode .....	510225
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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

#### 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 .....	XE4383H
-----------------------------------	---------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	BAMBANG SURYA WIJAYA BIN MASKAM
NRIC No .....	S7537799A
Contact Number .....	(Phone) +65-96545518
Address .....	703 BEDOK RESERVOIR ROAD #07-3502
Address complement .....	-
Postcode .....	470703
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 SZE HUI
Gender .....	Male
Phone No .....	(Phone) +65-96565637
Address .....	APT BLK 225 PASIR RIS STREET 21 #08-60
Address Complement .....	-
Post Code .....	510225
Approximate Age Years Old .....	-
Injuries Sustained .....	LOWER BACK CHEST
Injured person in which vehicle? .....	SJS5932J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

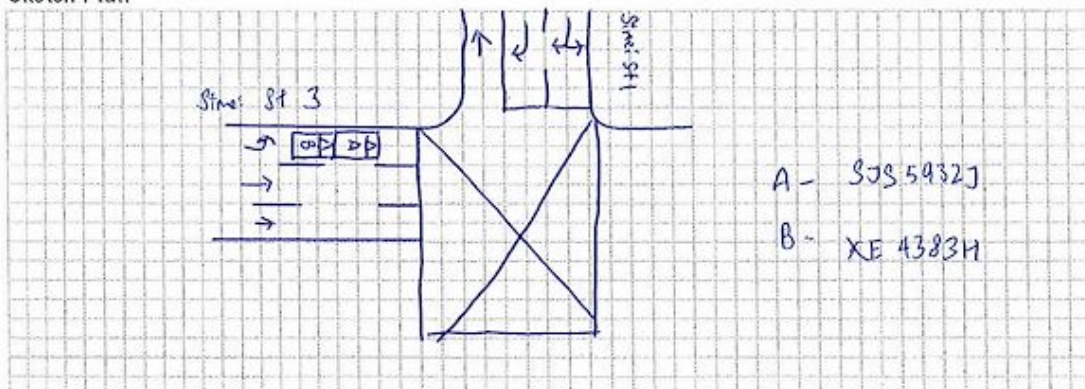
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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. 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: JORDAN  
 Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature]  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_

### Sketch Plan



**Describe Circumstances of the Accident**

As per police report No. T/2022/029/2061

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

JORDAN

Policyholder's Signature / Date & Time

DAAN

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

Witnessed by Reporting Centre Personnel







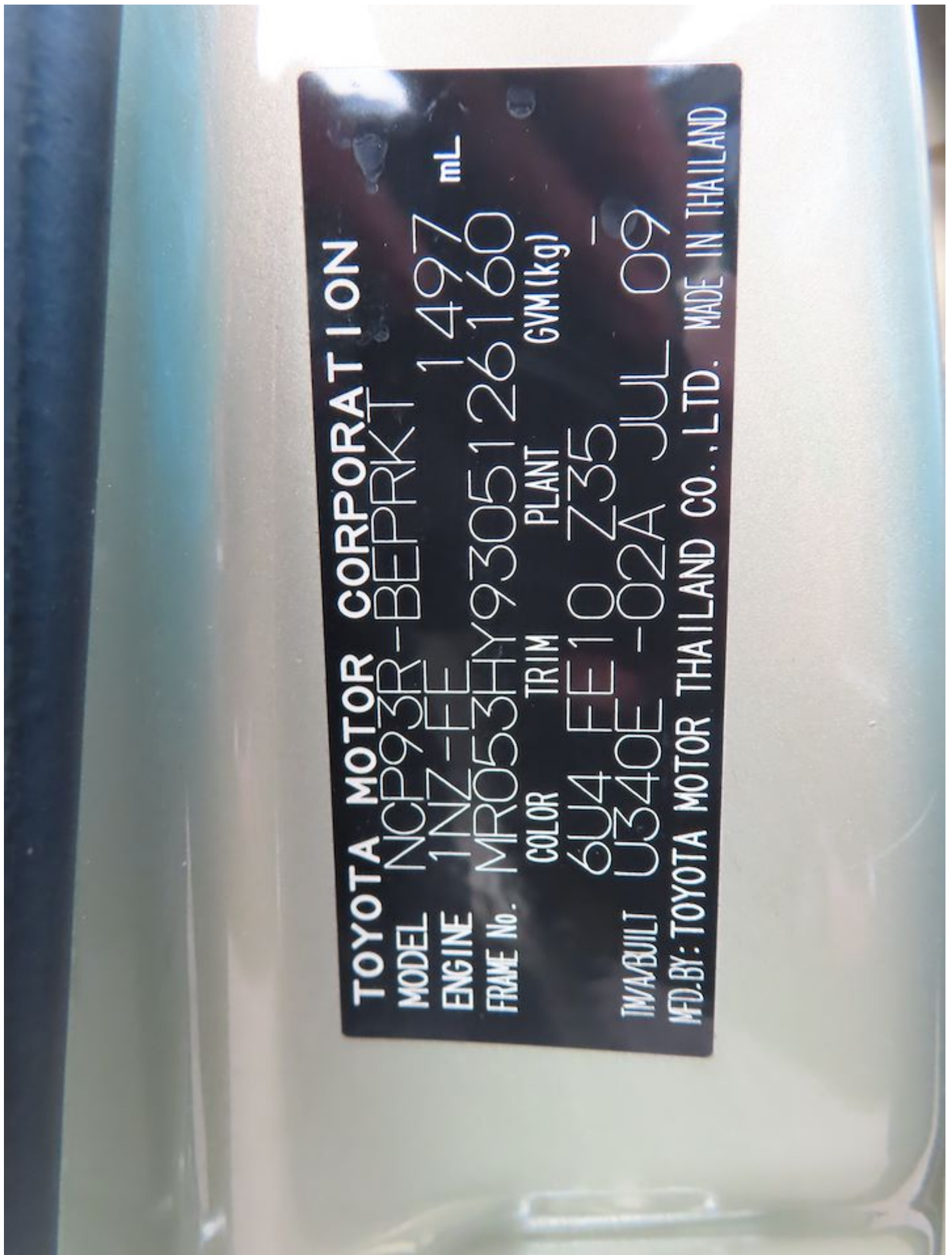


















**SINGAPORE  
POLICE FORCE**



T/20221029/2061

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20221029/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2022 14:08	Vide Report No.:	Station Diary No.: 49
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: TAN SZE HUI			Address: APT BLK 225 PASIR RIS STREET 21 #08-60 SINGAPORE 510225	
ID Type / ID No.: NRIC NO / S1701481A			Contact No.: Home/Office: Mobile: 83664755	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 31/05/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales manager			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2022 09:00	Type of Location:
Location:  SIMEI STREET 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS5932J	Car				Seriously Damaged	0
XE4383H	Lorry				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE  
POLICE FORCE**



T/20221029/2061

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20221029/2061

**CONTINUATION OF REPORT**

Driver			
Name	TAN SZE HUI	ID No.	S1701481A
Related Vehicle	SJS5932J (Car)	Contact No.	83664755
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2022	Date Discharge	29/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the above date, time and location, I was caught in an accident with a big truck. I was stationary along Simei St 3 and Simei St 1, and suddenly I heard a loud bang and strong impact from the rear. The big truck had collided at my rear side that causes a severe damage to my car. There was no government property damage, however I was injured.





# SINGAPORE POLICE FORCE



T/20221029/2061

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20221029/2061

## 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:

G /  
SR STAFF SGT  
NORSALELAWATI BINTE  
SHARIFUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/10/2022 14:08

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168