

# 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 ..... 29/10/2022 12:00 (SGT)  
Reported by ..... Both  
Date of Accident ..... 28/10/2022 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KRANJI EXPRESSWAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL6014P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN CHUAN PENG  
NRIC No ..... SXXXX665Z  
Email Address ..... TANCHUAN\_PENG@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-93898762  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5105713983-03

### DRIVER

Name of Driver ..... TAN CHUAN AN  
NRIC No ..... SXXXX664A  
Date Of Birth ..... 30/05/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/11/2017
Driving experience .....	4 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93898761
Alt. Phone Number .....	-
Email Address .....	JIMTANCA@OUTLOOK.COM
Address .....	APT BLK 630 WOODLANDS RING ROAD #10-222
Address complement .....	-
Postcode .....	730630
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	GOJERK PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHEMENT

#### 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 .....	SJJ2109L
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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 CHUAN AN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect

 29/10/22  
Policyholder's Signature / Date & Time

 29/10/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

   
Witnessed by Reporting Centre Personnel

**SKETCH PLAN****IMPORTANT NOTICE**

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

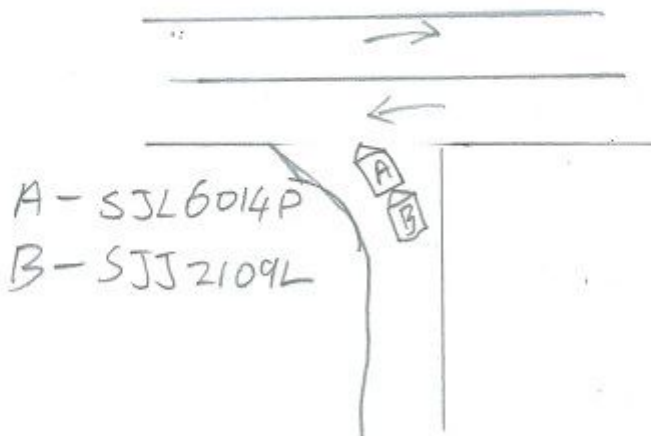
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

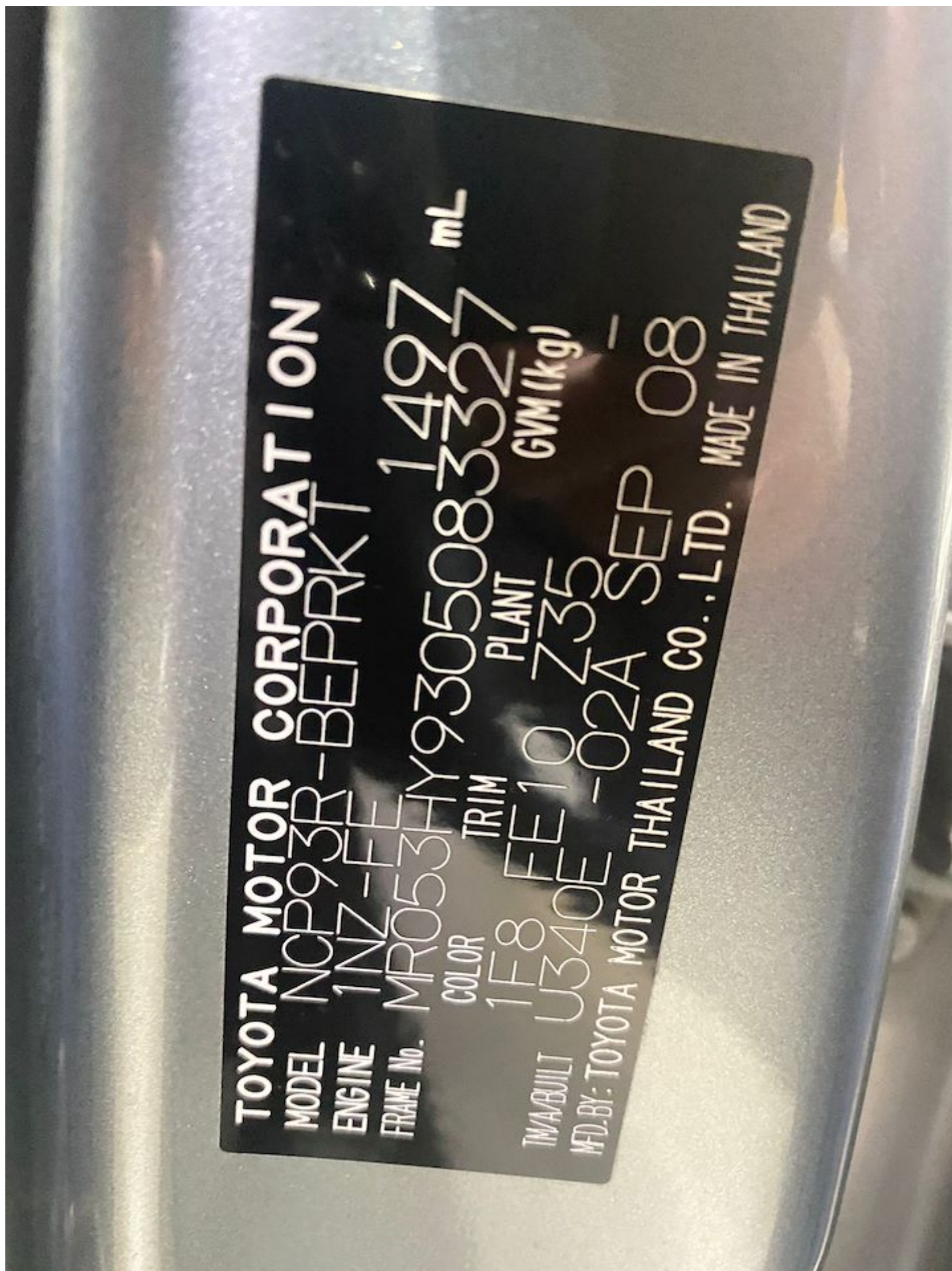
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

























































**SINGAPORE  
POLICE FORCE**



T/20221028/2078

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20221028/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2022 18:48	Vide Report No.:	Station Diary No.: 80
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**Informant's Particulars**

Name of Informant: TAN CHUAN AN			Address: APT BLK 630 WOODLANDS RING ROAD #10-222 SINGAPORE 730630	
ID Type / ID No.: NRIC NO / S8414664A			Contact No.: Home/Office: Mobile: 93898761	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 30/05/1984	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Grab Driver			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: 28/10/2022 14:30	Type of Location: Bend
Location:  KRANJI EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
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
SJJ2109L	Car				No Damage	0
SJL6014P	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20221028/2078

3 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20221028/2078

**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:

L/

SC2 SHAHID ISHMAEL ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/10/2022 18:48

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20221028/2078

2 of 3

Report No. T/20221028/2078

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**

Driver Name	TAN CHUAN AN		ID No.	S8414664A
Related Vehicle	SJL6014P (Car)		Contact No.	93898761
Hospital/Clinic	MyDoctor @Admiralty Pte Ltd		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2022	Date Discharge	28/10/2022	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Name	Unknown		ID No.	S6902851I
Related Vehicle	NIL		Contact No.	98539121
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 28/10/2022 at about 1430hrs I was driving my vehicle SJL6014P on the KJE when I was about to turn into Chua Chu kang Drive. I went into the bend and there was a vehicle (SJJ2109L) rear ended me. Both of us then stopped at the side and exchanged contacts. My rear bumper is dented and I have pain in my upper back to my neck and feeling giddy. Her vehicle did not suffer any damage according to what I seen.

I wish to state that I do not have a rear camera.

I wish to state that I have a 3 day MC.

I wish to state that no traffic police or ambulance came to my scene.

I wish to state that this report is for insurance purposes as well.

I wish to state that I was working as a Gojek rider at the point of time and I had a passenger.

RedMart strives to provide our customers the best quality services and ensure that our operations adhere to the  
**MyDoctor@Admiralty Pte Ltd** requirement.

Blk 693 Woodlands Ave 6 #01-03 Singapore 730693  
Tel: 6909 8365  
UEN: 201841527R



Patient: **TAN CHUAN AN (CHEN QUANAN)**  
IC: S8414664A  
ID: 980630022607

Date : 28 Oct 2022  
MC: #57844

### Medical Certificate

This is to certify that the patient is Unfit for Work/Duty from 28 October 2022 to 30 October 2022 for 3 days.

**MY DOCTOR @ADMIRALTY**  
Blk 693 Woodlands Ave 6  
#01-03 Singapore 730693  
Tel: 6909 8365 Fax: 6909 8367

Dr See Ju Yaw  
MCR No. M08874E  
MBBS (Singapore)  
MRCS (Surg) (RCS, Edinburgh,  
United Kingdom), M Med (Surg)  
(NUS, Singapore)  
FRCS (RCS, Edinburgh, United  
Kingdom)

**Note:**

This medical certificate is valid only when affixed with the clinic stamp above. No signature is required.

This medical certificate is not valid for absence from court.









**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY0522AT0003 Vehicle Registration No: SJL6014P  
 Name (as shown in NRIC): TAN CHUAN PENG NRIC/FIN/Passport No: S8414665Z  
 (~~Vehicle Owner~~/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 630 WOODLANDS RING ROAD #10-222 Singapore (730630 )  
 Contact (Tel): 93898762 Mobile No.: \_\_\_\_\_  
 Email Address: TANCHUAN\_PENG@HOTMAIL.COM  
 Date of Accident: 28/10/2022 Time of Accident: 14:30  
 Place of Accident: KRANJI EXPRESSWAY  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NUMBER

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

   
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: