

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 14/10/2022 09:48 (SGT)
Reported by Both
Date of Accident 12/10/2022 11:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information Boundary Road slip road into Upper Serangoon Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK4652D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JASON TAN TIAN ANN
NRIC No S1592003C
Email Address jasonpac63@gmail.com
Mobile Phone No (Phone) +65-91000608
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
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 2000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5128551221

DRIVER

Name of Driver JASON TAN TIAN ANN
NRIC No S1592003C
Date Of Birth 25/09/1963
Occupation Indoor

Date Of Driving Pass	31/07/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91000608
Alt. Phone Number	-
Email Address	jasonpac63@gmail.com
Address	17 FERNSVALE CLOSE
Address complement	#05-35
Postcode	S797478
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?	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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	File size exceeding limit

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6468X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LOK VUI HING
NRIC No	S7966768D
Contact Number	(Phone) +65-84656698
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	JASON TAN TIAN ANN
Gender	Male
Phone No	(Phone) +65-91000608
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKK4652D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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

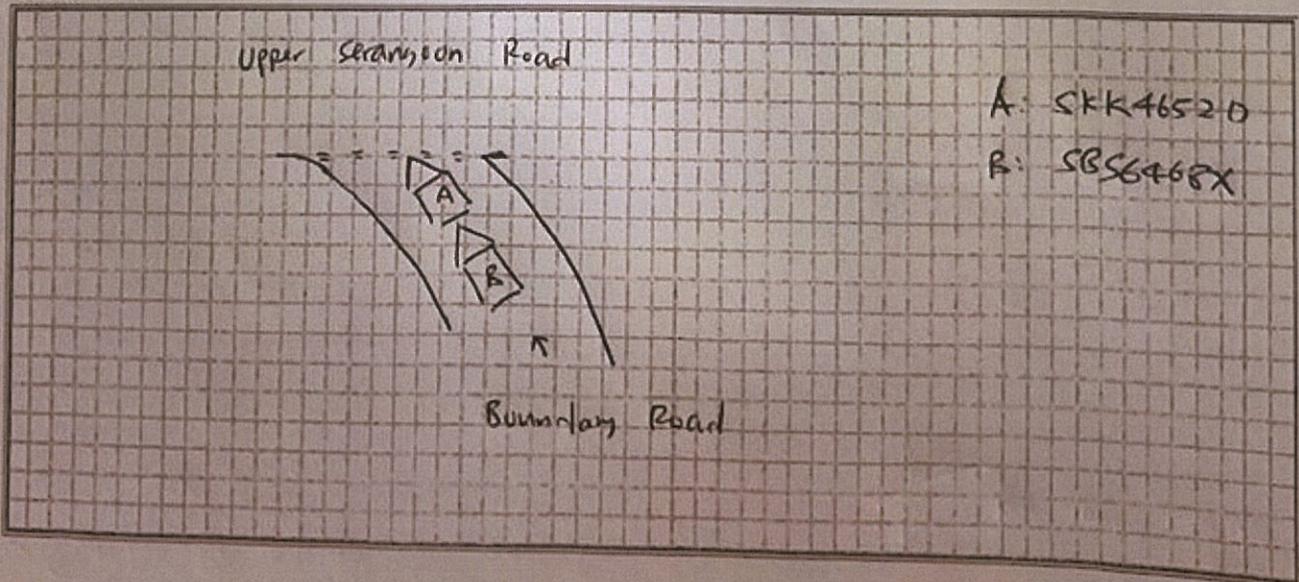
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 14/10/2022 0940hk
 Sketch Plan

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

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

Lee Chong Chiam

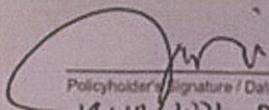


Describe Circumstance of the Accident

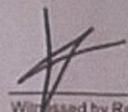
Refer to police report : T/20221013/2088

Declaration

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


Policyholder's Signature / Date & Time
19/10/2022 0940hrs

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


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















**SINGAPORE
POLICE FORCE**



T/20221013/2088

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20221013/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2022 19:35	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars

Name of Informant: JASON TAN TIAN ANN		Address: 17 FERVALE CLOSE #05-35 SINGAPORE 797478	
ID Type / ID No.: NRIC NO / S1592003C		Contact No.:	Mobile: 91000608
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 25/09/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		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: 12/10/2022 11:55	Type of Location: Filter Lane
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
SBS6468X	Bus/Coach/Mi nibus				Slightly Damaged	0
SKK4652D	Car	AUDI	Q5 2.0 TFSI QU (PI)	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK4652D	NTUC Income Insurance Co-Operative Limited	5128551221	19/07/2022	18/07/2023



**SINGAPORE
POLICE FORCE**



T/20221013/2088

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221013/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOK VUI HING	ID No.	S7966768D
Related Vehicle	SBS6468X (Bus/Coach/Minibus)	Contact No.	84656698
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
Driver			
Name	JASON TAN TIAN ANN	ID No.	S1592003C
Related Vehicle	SKK4652D (Car)	Contact No.	91000608
Hospital/Clinic	VITACARE FAMILY CASE @ SELETAR PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2022	Date Discharge	12/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/10/2022 at about 1155hrs, I was driving (V1: SKK4652D) at Boundary Road. I was at the slip road, waiting to exit to Upper Serangoon Road. Suddenly, I felt an impact to the rear of my vehicle. I got out and saw that the vehicle that collide to the rear of my vehicle was a SBS Bus (V2: SBS6468X).

We both exchanged our particulars and took photos of some of the damages. The damages to my vehicle were scratches on my right rear lamp, rear booth and bumper. There were dent marks on my booth and bumper as well. There was no Police or ambulance on scene. After all that, both of us just drove off. I have dash camera installed in my car.

In the evening, I started feeling pain on my neck and back. Hence, I went to Vitacare Family Clinic @ Seletar Pte Ltd. I was given 3 days MC dated from 12 October 2022 to 14 October 2022. I was also requested to go for X-ray for my spine. As of right now, I only feel pain in my back area and have yet to receive results for my X-ray.

That is all.



**SINGAPORE
POLICE FORCE**



T/20221013/2088

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538778
Tel No: 1800-4890999

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Report No. T/20221013/2088

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221013/2088

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221013/2088

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:

F /

SGT 2 NURUL IZZAH BINTE
MOHAMED SALLEH

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
13/10/2022 19:35Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168

