

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	15/12/2022 11:31 (SGT)
Reported by	Both
Date of Accident	14/12/2022 15:05 (SGT)
Exact Location of Accident	Rochor Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2281X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON HONG
NRIC No	S7035308C
Email Address	kelvynatan@hotmail.com
Mobile Phone No	(Phone) +65-98892544
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008732201

DRIVER

Name of Driver	TAN BOON HONG
NRIC No	S7035308C
Date Of Birth	13/10/1970
Occupation	Outdoor

Date Of Driving Pass	24/12/1992
Driving experience	30 YEARS
Gender	Female
Mobile Number	(Phone) +65-98892544
Alt. Phone Number	-
Email Address	kelvynatan@hotmail.com
Address	BLK 227 LORONG 8 TOA PAYOH #11-144
Address complement	-
Postcode	310227
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)	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	SEAN TAN MING ZHENG
Gender	Male

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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20221215/7011

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	SMN7094E
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 BOON HONG
Gender	Female
Phone No	(Phone) +65-98892544
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SNA2281X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SEAN TAN MING ZHENG
Gender	Male
Phone No	(Phone) +65-98892544
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS NJURIES
Injured person in which vehicle?	SNA2281X
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.

 14/12/22
Policyholder's Signature / Date & Time

Sketch Plan

 14/12/22
Driver's Signature (If driver is not the policyholder) / Date & Time

ROCKY FL/DRIVER

 15/12/2022
Witnessed by Reporting Centre Personnel

A = SNA 2281X
B = SMN 7094E

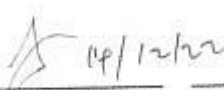


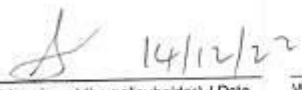
Describe Circumstances of the Accident


On 14.12.2022 at about 15:05 hrs. I was travelling
 I was stationary due with front traffic.
 at Rochor Flyover. Suddenly, I felt an impact. The vehicle (SUN
 7094E) collision rear portion onto my vehicle (SNA 2581X)

Declaration

We declare the foregoing particulars are true in every respect.

 14/12/22
 Policyholder's Signature / Date &
 Time

 14/12/22
 Driver's Signature (If driver is not the policyholder) / Date
 & Time

 15/12/2022
 Witnessed by Reporting Centre
 Personnel







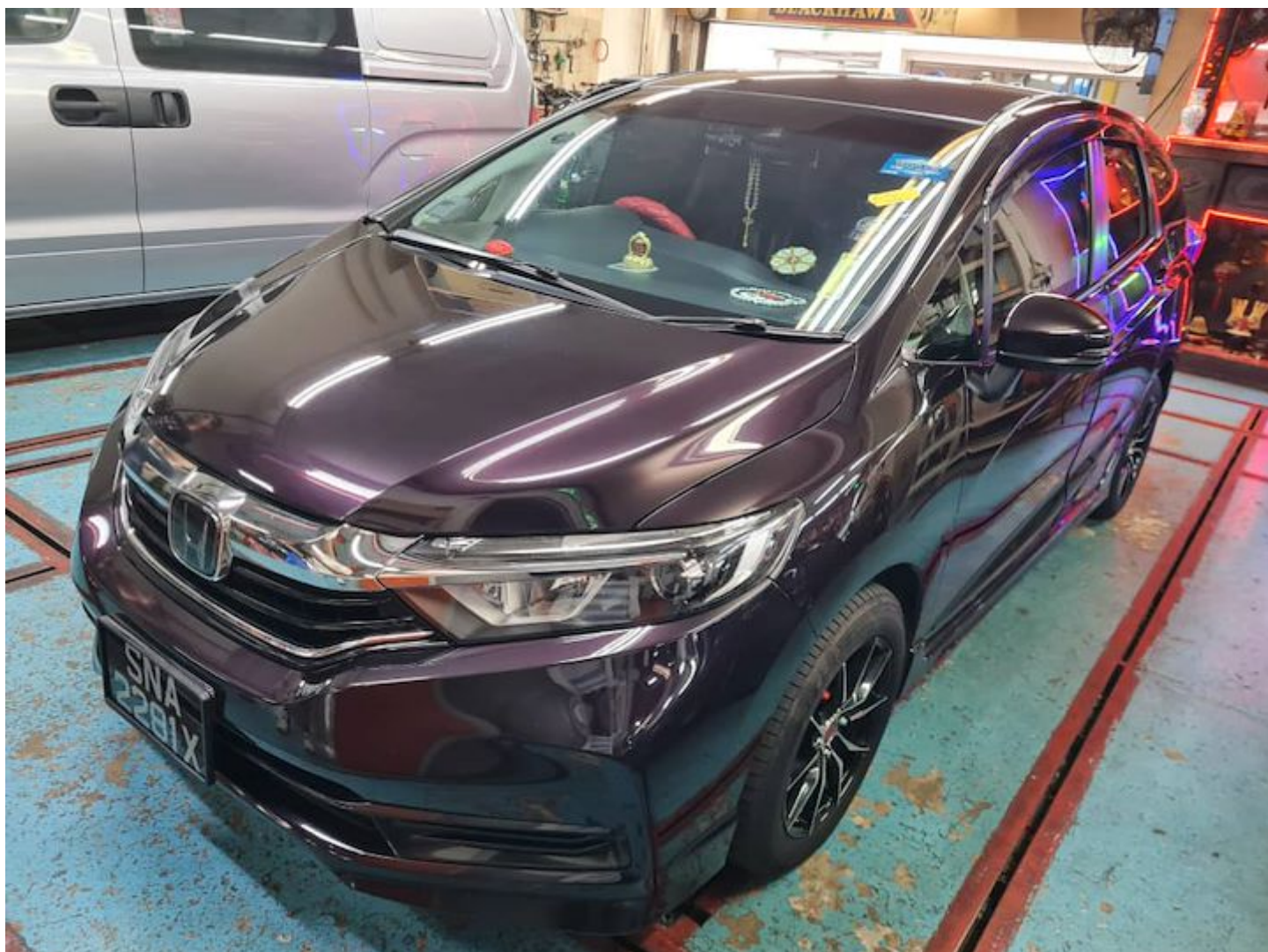








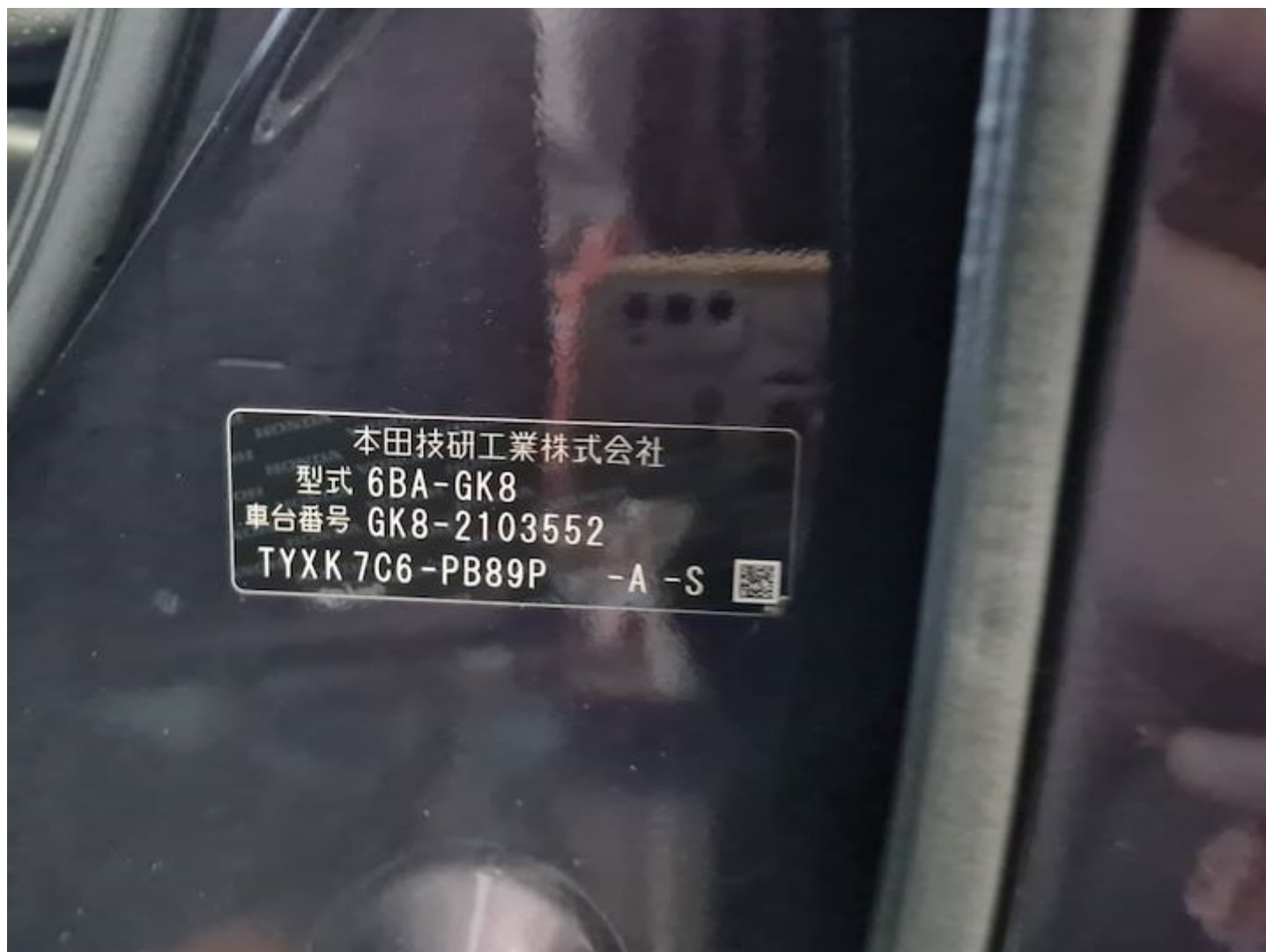





















**SINGAPORE
POLICE FORCE**

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



T/20221215/7011

1 of 4

Report No.: T/20221215/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2022 12:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN BOON HONG			Address: 227 LORONG 8 TOA PAYOH #11-144 SINGAPORE 310227		
ID Type / ID No.: NRIC NO / S7035308C			Contact No.: Home/Office: Mobile: 87772544		
Nationality: SINGAPORE CITIZEN			Email: KELVYNATAN@HOTMAIL.COM		
Sex: Female	Age: 52	Date of Birth: 13/10/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2022 15:00	Type of Location: Flyover
Location: TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
SMN7094E	Car			White		0
SNA2281X	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Purple	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221215/7011

2 of 4

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

Report No. T/20221215/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA2281X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000087 32201	11/06/2022	10/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM MENG YAN ANDREA		ID No.	S9228779C
Related Vehicle	SMN7094E (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	TAN BOON HONG		ID No.	S7035308C
Related Vehicle	SNA2281X (Car)		Contact No.	87772544
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/12/2022		Date	15/12/2022
No. of Days granted Medical Leave	05		Degree of	Serious
Passenger				
Name	SEAN TAN MING ZHENG		ID No.	T0433219E
Related Vehicle	SNA2281X (Car)		Contact No.	98892544
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/12/2022		Date	15/12/2022
No. of Days granted Medical Leave	05		Degree of	Serious

**SINGAPORE
POLICE FORCE**

T/20221215/7011

3 of 4

Report No. T/20221215/7011

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

CONTINUATION OF REPORTBrief Details.

ON 14.12.2022 AT ABOUT 1500HRS. I WAS TRAVELLING AT ROCHOR FLYOVER. I WAS STATIONARY DUE WITH THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT, THE VEHICLE (SMN 7094E) COLLISION ONTO REAR PORTION OF MY VEHICLE (SNA 2281X).

I HAD ONE PASSENGER (SEAN TAN MING ZHENG) IN MY VEHICLE (SNA 2281X).

I FELT PAIN ON MY BACK AND RIGHT THIGH AFTER THE ACCIDENT. I WENT TO "OUR FAMILY PHYSICIAN CLINIC & SURGERY" TO SEE DOCTOR AND I WAS GIVEN 5 DAYS MC FROM THE DOCTOR. MY PASSENGER (SEAN TAN MING ZHENG) FELT PAIN ON HIS BACK AFTER ACCIDENT AND HIS GOT 5 DAYS MC FROM THE CLINIC.

**SINGAPORE
POLICE FORCE**

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



T/20221215/7011

4 of 4

Report No. T/20221215/7011

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 / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:
15/12/2022 12:17

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S655500200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822CF0005 Vehicle Registration No: SNA 2281X
Name (as shown in NRIC): Tan Boon Hong NRIC/FIN/Passport No: S7035308C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Blk 227 Lor 8 T Pagar #11-144 Singapore (310227)
Contact (Tel): 9889 2544 Mobile No.: _____
Email Address: kelvynatan@hotmail.com
Date of Accident: 14.12.2022 Time of Accident: 1500hrs
Place of Accident: Rochor Flyover
Insurance Company: China Taiping

(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:

- Injury add 1 passenger (Sean Tan Ming Zheng)
- Add police report no: T/2022.12.15/7011

Policyholder / Driver's Signature
Date:

15/12/2022
Reporting Centre Personnel's Signature
Name: Basel Watar
NRIC/FIN No.: _____
Date: