

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 witholding 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.

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 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 27/12/2022 13:17 (SGT) Reported by Date of Accident 24/12/2022 09:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG T-JUNCTION AT YIO CHU KANG AND JALAN KELULUT TOWARDS BUANGKOK DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SLM3353B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AT CARS Company Reg No 5XXXX136W Email Address thg958@gmail.com Mobile Phone No (Phone) +65-91456703 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto

CC 1798

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00017162202

DRIVER

Name of Driver TAN HOCK GUAN NRIC No SXXXX535Z Date Of Birth 22/03/1958

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 14/07/1976 46 YEARS AND 5 MONTHS Male (Phone) +65-91456703 - thg958@gmail.com BLK 831 HOUGANG CENTRAL # 04-516 530831 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT- T/2022	1224/7011
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	FBE1939K -

Vehicle Model

Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Motorcycle
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)	_

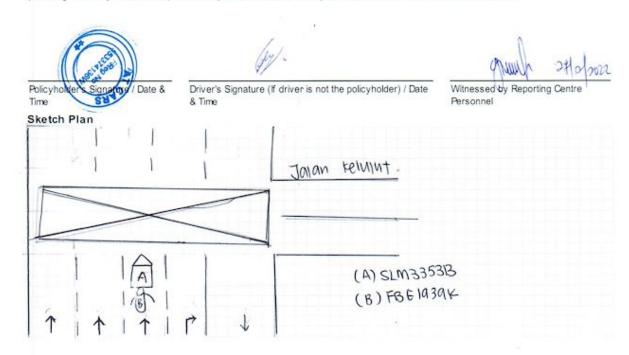
SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.



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te: Please note	hat your insurer may have 14 days time frame for you to submit an Own Damage Claim u ensive policy. Please check your policy for more information.	nder yo

Declaration

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

Policyholder's Styreture / Date & Time

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221224/7011

CONTINUATION OF REPORT

Rider				Winds.	No. of Lot	
Name	Unknown Rider			ID No).	NIL
Related Vehicle	FBE1939K (Motorcy	/cle)		Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	Serio	us
Driver				Community		N. BARRELL INC.
Name	TAN HOCK GUAN			ID No		S1334535Z
Related Vehicle	SLM3353B (Car)			Conta	ct No.	91456703
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

On 24/12/2022 at about 0950 hours at along T- Junction of Yio Chu Kang and Jalan Kelulut towards Buangkok Drive.

I was travelling on the second lane and slow down due to heavy traffic, the front vehicle slow down and stop, hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicles involving in the situation:

- (A) SLM3353B
- (B) FBE1939K

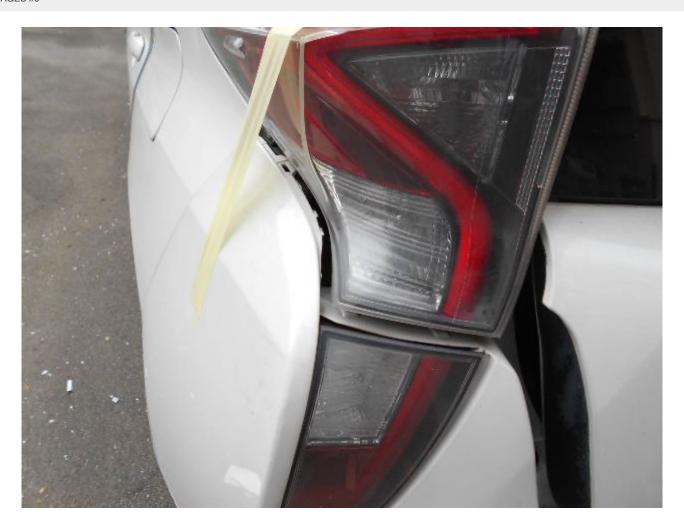




































Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221224/7011

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 22 11:59	Made:	Vide Report No.: F/20221224/0106	Station Diary No.:
Informa	nt's Partic	ulars		
400 TO 100 TO 10	Informant: CK GUAN		Address: 831 HOUGANG CENT	FRAL #04-516 SINGAPORE 530831
ID Type NRIC NO	/ ID No.:) / S13345	35Z	Contact No.: Home/Office:	Mobile: 91456703
Nationali SINGAP	ty: ORE CITIZ	EN	Email: thg958@gmail.com	
Sex: Male	Age: 64	Date of Birth: 22/03/1958	Type of Informant: Driver	
Race: Chinese		(C) —	Language: English	Institution / School Name:
Occupat PRIVATI	ion: E HIRER		Driving Licence Inform Class:	Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2022 09:50	Type of Location: T-Junction
Location: JALAN KELU	LUT			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	ion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBE1939K	Motorcycle					0
SLM3353B	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221224/7011

CONTINUATION OF REPORT

Rider			THE PERSON	- And the	=/Apr	
Name	Unknown Rider			ID No.		NIL
Related Vehicle	FBE1939K (Motorcy	cle)		Contac	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL	0-1	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Serio	us
Driver				A PROPERTY OF		
Name	TAN HOCK GUAN			ID No.		S1334535Z
Related Vehicle	SLM3353B (Car)			Contac	ct No.	91456703
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

On 24/12/2022 at about 0950 hours at along T- Junction of Yio Chu Kang and Jalan Kelulut towards Buangkok Drive.

I was travelling on the second lane and slow down due to heavy traffic, the front vehicle slow down and stop, hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicles involving in the situation:

- (A) SLM3353B
- (B) FBE1939K





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221224/7011

CONTINUATION OF REPORT

Sketch	Plan
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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2022 11:59
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

NP168





	ADDENDU	JM	
()	PARTICULARS OF PERSON MAKING THE AMENDMENTS	5:	
	Original Report No: SN09 22CR 0007	_ Vehicle Registration No: _	SLM 33538
	Name (as shown in NRIC): TAN HOCK GUAN	_ NRIC/FIN/Passport No: _	81334535Z
	(*Vehicle Driver/Policyholder) (*) Please delete as appr	ropriate	
	Address: BIK 831 Haugeney Central # 04-516		Singapore (6308 3)
	Contact (Tel):	_ Mobile No.: _ 9145 6=	103
	Email Address: thgg58 @ gmeil com	_	
	24/12/2022	Time of Accident:	9:50
	Place of Accident:	ukang Road and Jule	n kelulut Towards
	Buengkok Drive Laipin	an and	
)	
3)	ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	and would like to include a	additional information o
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