

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	04/01/2023 17:30 (SGT)
Reported by	Both
Date of Accident	03/01/2023 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV3808Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JUNWEN, BENJAMIN
NRIC No	SXXXX766I
Email Address	benjamin_tan632@hotmail.com
Mobile Phone No	(Phone) +65-91874076
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00033412200

DRIVER

Name of Driver	TAN JUNWEN, BENJAMIN
NRIC No	SXXXX766I
Date Of Birth	16/05/1990
Occupation	Indoor

Date Of Driving Pass	13/07/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91874076
Alt. Phone Number	-
Email Address	benjamin_tan632@hotmail.com
Address	4 CHOA CHU KANG GROVE #06-10
Address complement	-
Postcode	688239
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	AFTER RAIN
Road Surface	Wet

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	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 POLICE REPORT T/20230104/7023

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	GBE6560K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 JUNWEN, BENJAMIN
Gender	Male
Phone No	(Phone) +65-91874076
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV3808Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

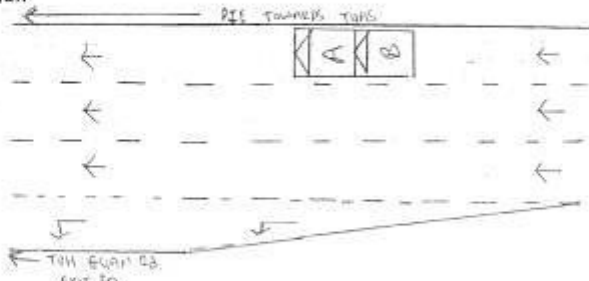
SKETCH PLAN

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 (PCPA)
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
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Sketch Plan



VEH A: SHY 3808Y
VEH B: GBC 65 68K

Describe Circumstances of the Accident:

Refer to Police Report T 20230104 7023

Car will be repairing at C.S. ONG AUTO PTE LTD.

Declaration

We declare the foregoing particulars are true in every respect.

Be

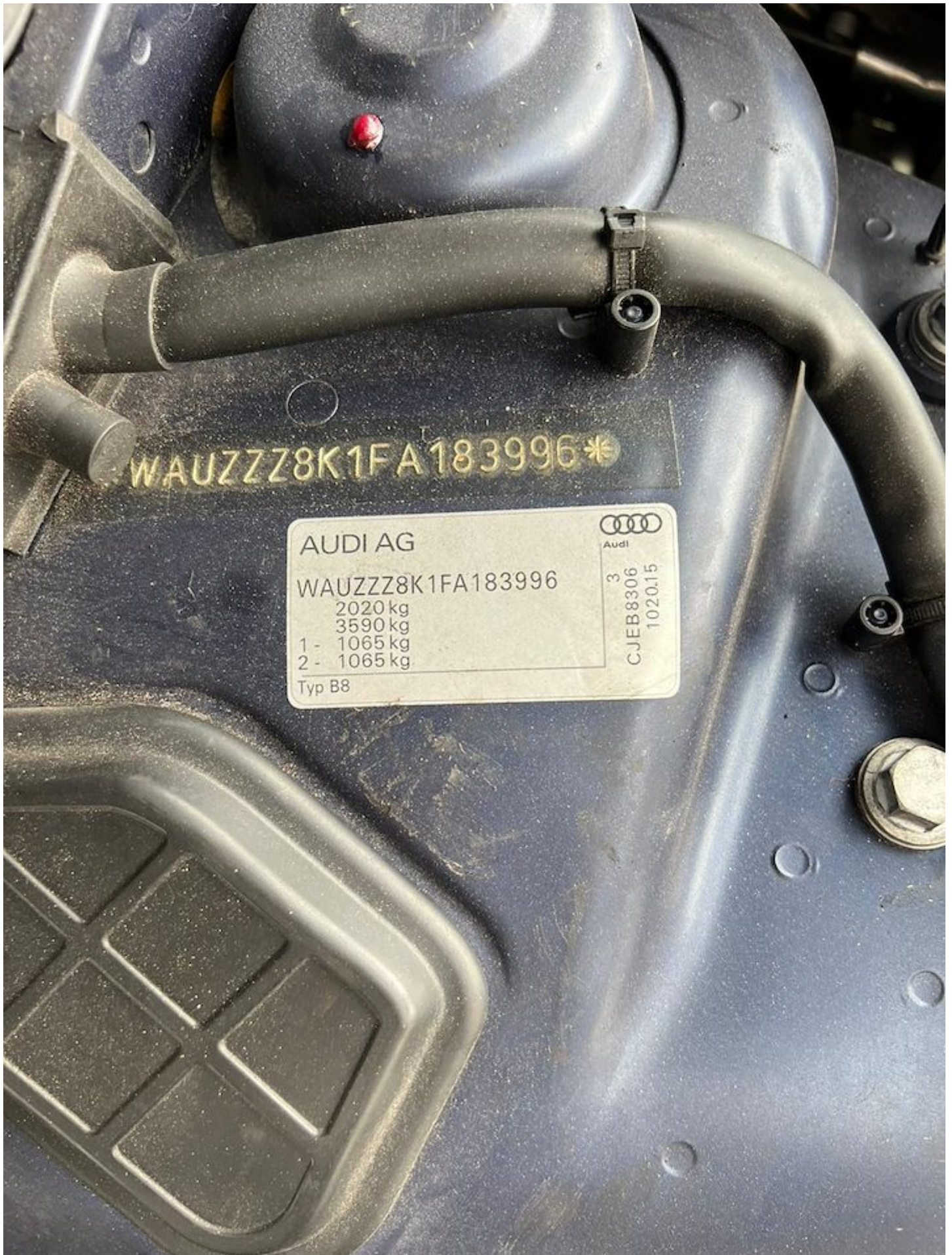
Policyholder's Signature / Date & Time

Be

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

Be 08/01/2023

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**

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



T/20230104/7023

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Report No: T/20230104/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2023 15:30 Vide Report No.: Station Diary No.:

Informant's Particulars			
Name of Informant: TAN JUNWEN, BENJAMIN		Address: 4 CHOA CHU KANG GROVE #06-10 SINGAPORE 688239	
ID Type / ID No.: NRIC NO / S90167661		Contact No.: Home/Office: Mobile: 91874076	
Nationality: SINGAPORE CITIZEN		Email: BENJAMIN_TAN632@HOTMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 16/05/1990	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Marketing executives		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2023 18:20	Type of Location: Straight Road
Location: PIE TOWARDS TUAS BEFORE TOH GUAN RD EXIT				
Weather: After rain wet road		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SMV3808Y	Car	AUDI	A4 1.8 TFSI MU ATTRACTIO N	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



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Report No. T/20230104/7023

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV3808Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000334 12200	26/01/2022	25/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN JUNWEN, BENJAMIN	ID No.	S9016766I
Related Vehicle	SMV3808Y (Car)	Contact No.	91874076
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SMV3808Y along PIE towards Tuas before Toh guan exit when I had gradually come to a stop due to traffic conditions.

Moments after coming to a complete stop, a massive impact hit my vehicle's rear.

I was caught completely by surprise by the unexpected impact. My body lurched forward and was restrained by my seat belt as a result.

Upon alighting I realised that vehicle number GBE6560K collided onto my vehicle rear portion .
The next following morning, I woke up with aches over my neck, shoulders, chest, lower back and wrists.

I sought treatment at UNIHEALTH 24 HR CLINIC Jurong East and was given 5 days mc .

**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230104/7023

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
04/01/2023 15:30

Classification Of Case: