

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 15:25 (SGT)
Reported by	Both
Date of Accident	03/01/2023 13:10 (SGT)
Exact Location of Accident	Margaret Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9535B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YOU REN
NRIC No	S6938807H
Email Address	sinindoygn@gmail.com
Mobile Phone No	(Phone) +65-96524166
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126513018

DRIVER

Name of Driver	TAN YOU REN
NRIC No	S6938807H
Date Of Birth	31/10/1969
Occupation	Outdoor

Date Of Driving Pass	15/10/1987
Driving experience	35 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96524166
Alt. Phone Number	-
Email Address	sinindoygn@gmail.com
Address	BLK 923 JURONG WEST STREET 92
Address complement	#07-17
Postcode	640923
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	NE NI AUNG HTAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT

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	VIDEO WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP4003M
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 YOU REN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP9535B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	NE NI AUNG HTAY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP9535B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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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 lodgment 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:

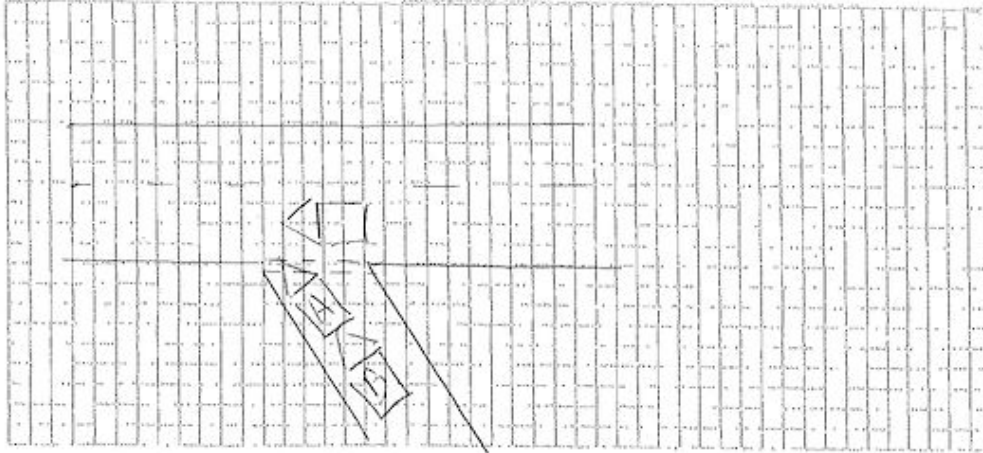
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NUC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Singapore Police Report

Attach Scene Photo

DECLARATION

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

X- *Mud*

Policyholder's Signature
Date & Time

Additional Signatures: 01

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRC/FIN No.:



















**SINGAPORE
POLICE FORCE**



T/20230103/2109

1 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20230103/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 23:57		Vide Report No.:		Station Diary No.: 211	
Informant's Particulars					
Name of Informant: TAN YOU REN			Address: APT BLK 923 JURONG WEST STREET 92 #07-17 SINGAPORE 640923		
ID Type / ID No.: NRIC NO / S6938807H			Contact No.: Home/Office: Mobile: 96524166		
Nationality: SINGAPORE CITIZEN			Email: SININDOYGN@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 31/10/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2023 13:10	Type of Location: Y-Junction
Location: MARGARET DRIVE				
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
SJP4003M	Car	TOYOTA		Grey	Slightly Damaged	0
SMP9535B	Car	TOYOTA	SIENTA HYBRID 7- SEATER 1.5G CVT	Black	Slightly Damaged	1

Details of Vehicle Insurance

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



T/20230103/2109

2 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20230103/2109

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP9535B	NTUC Income Insurance Co-Operative Limited	5126513018	30/03/2022	23/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	BEH CHON SIANG		ID No.	G2361790R
Related Vehicle	SJP4003M (Car)		Contact No.	83532939
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	TAN YOU REN		ID No.	S6938807H
Related Vehicle	SMP9535B (Car)		Contact No.	96124166
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/01/2023		Date Discharge	03/01/2023
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	NE NI AUNG HTAY		ID No.	S7167306E
Related Vehicle	SMP9535B (Car)		Contact No.	91977837
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/01/2023		Date Discharge	03/01/2023
No. of Days granted Medical Leave	03		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20230103/2109

3 of 4

Report No. T/20230103/2109

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT**Brief Details.**

On 03/01/2022 at about 1312hrs, I was driving my vehicle SMP9535B with my wife (Ne Ni Aung Htay, S7167306E, HP: 91977837) who was seated in the passenger seat. I was driving along Margaret Drive opposite of Masjid Jamek Queenstown and had stopped at the double broken white line. I had planned to turn left into Tanglin Road. Due to this, the vehicle was stationery as I looked out for traffic along the main road.

Just as I was to turn into Tanglin Road, a vehicle from behind collided into me, causing my car to roll forward. Both my wife and I felt pain on the neck and back and were dizzy for a few minutes but did not call for any ambulance.

Both the driver of the other vehicle (SJP4003M) and myself alighted to take pictures of the vehicles and exchanged contacts. I observed my rear bumper to be damaged, and slight scratch marks on the other vehicle. The other driver was not injured.

I wish to state that I have an in-car camera and it was working at that point of time. It had recorded the whole incident, which showed the other drivers suddenly accelerating and colliding into my vehicle at a minor road.

Traffic police did not come down to my incident. Both my wife and I had gone to see a doctor after the incident and were given 3 days MC. I am lodging this report for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20230103/2109

4 of 4

Report No. T/20230103/2109

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /

SGT 2 LIM ZHI QI, SARAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2023 23:57

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168

