

# 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	13/01/2023 15:46 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 10:05 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TWDS PIE (TUAS)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7774G
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 car
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119742081-02-000042

### DRIVER

Name of Driver	TAN BEE TIONG
NRIC No	S6903139J
Date Of Birth	25/01/1969
Occupation	Indoor

Date Of Driving Pass	27/09/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83578856
Alt. Phone Number	-
Email Address	SUPREMELEASINGS@GMAIL.COM
Address	BLK 601B PUNGGOL CENTRAL #08-604
Address complement	-
Postcode	822601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	UNKNOWN
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

REFER TO POLICE REPORT: T/20230113/7029.

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	SHC5098A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	TAN BEE TIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNF7774G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to your insurer/claims adjuster.
2. This form must be **completed by the Policyholder and/or the Authorised 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 year and acceptance of this form by insurance companies is 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 members of the GIA Road Traffic Management Centre established by the Special Investigation Board of Singapore (SIB) for archiving and that copies of this report will be available upon application by interested parties.
7. By the signing of this return to the Insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available there-also.
8. **Consent under The Personal Data Protection Act (PDPA)**

I understand, acknowledge, appreciate and consent that

- (a) My insurer, my workshop, use the General Insurance Association of Singapore ("GIA") employees permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information or provided by me or possessed by my insurer, collectively the "Personal Information", to analyse and transfer such Personal Information to all insurer(s) and 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' lawyer/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 audits relating 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 the external copy of envelope/the packages, and/or;
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (b) My insurer(s), who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firm, may be 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 or may be processed by any of the Insurers and/or GIA to their third party service providers or agent/sub-agent their lawyer/law firm, 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 (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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;



*[Handwritten Signature]*

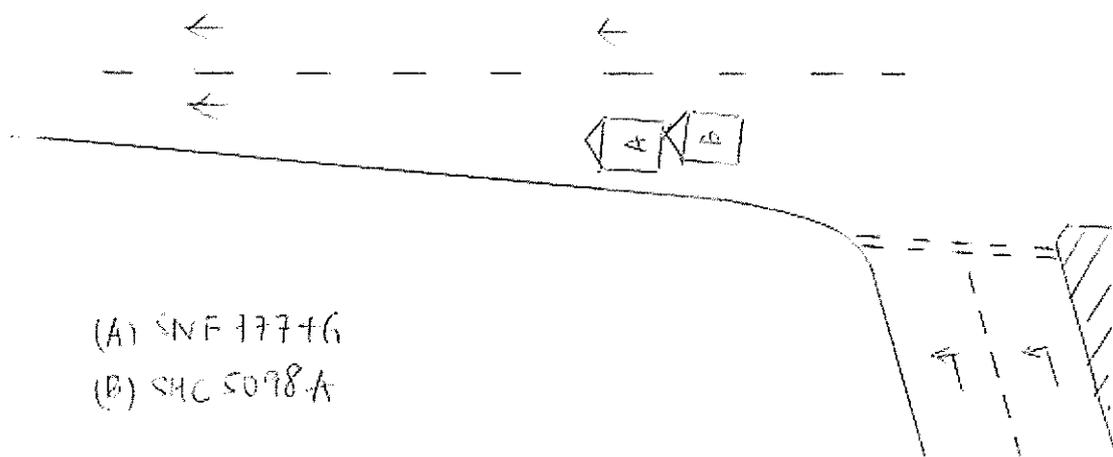
Policyholder's Signature  
Date & Time

Insurer's Signature  
If driver is not the policyholder  
Date & Time

Appointing Dealer/Person's Signature  
Name  
NRIC No./ID No.

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop \_\_\_\_\_  
v/a email / fax  
Signature: \_\_\_\_\_

SKETCH PLAN



(A) SNF 777TG

(B) SHC 5098A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report  
NO: T/20230113/7029

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time



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

Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.



**SINGAPORE  
POLICE FORCE**



T202301137029

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

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Report No. T202301137029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2023 13:09	Victim Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN BEE TIONG		Address 601B PUNGGOL CENTRAL #08-604 SINGAPORE 822601	
ID Type / ID No.: NRIC NO / S6903139J		Contact No.: Home/Office: Mobile 83578856	
Nationality: SINGAPORE CITIZEN		Email: JOHNTAN2501@GMAIL.COM	
Sex: Male	Age: 53	Date of Birth: 25/01/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2023 10:05	Type of Location: Straight Road
Location:  SERANGOON ROAD TOWARDS PIE (TUAS)				
Weather: Clear		Road Surface: Dry		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	Condition	No of
SHC5098A	Car					0
SNF7774G	Car					1

**Details of Person Involved**

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



SINGAPORE  
POLICE FORCE



T/20230113/7029

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

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Report No. T/20230113/7029

## CONTINUATION OF REPORT

Driver			
Name	TAN BEE TIONG	ID No.	S6903139J
Related Vehicle	SNF7774G (Car)	Contact No	83578856
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/01/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 13/01/2023 AT ABOUT 1005HRS AT ALONG SERANGOON ROAD TOWARDS PIE (TUAS). I WAS TRAVELLING ON THE EXTREME LEFT LANE AND SLOW DOWN DUE TO HEAVY TRAFFIC. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS MC FOR MY INJURY.

## Vehicles involving in the situation:

- (A) SNF7774G  
(B) SHC5098A



**SINGAPORE  
POLICE FORCE**



T:20230113-7029

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

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Report No T:20230113:7029

**CONTINUATION OF REPORT**

Sketch 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

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 13/01/2023 13:09
Classification Of Case:

NP166