

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	09/02/2023 15:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/02/2023 09:47 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHUFU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5169J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIM TOW
NRIC No	S1566594G
Email Address	TANKIMTOW4661@GMAIL.COM
Mobile Phone No	(Phone) +65-91687707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	HONDA / FREED HYBRID 1.5G AUTO
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	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003892699

DRIVER

Name of Driver	TAN KIM TOW
NRIC No	S1566594G
Date Of Birth	21/09/1962
Occupation	Outdoor

Date Of Driving Pass	07/02/1980
Driving experience	43 YEARS
Gender	Female
Mobile Number	(Phone) +65-91687707
Alt. Phone Number	-
Email Address	TANKIMTOW4661@GMAIL.COM
Address	APT BLK 523 HOUGANG AVENUE 6
Address complement	#03-123
Postcode	530523
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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	GBL5594H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE YUE HANG
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

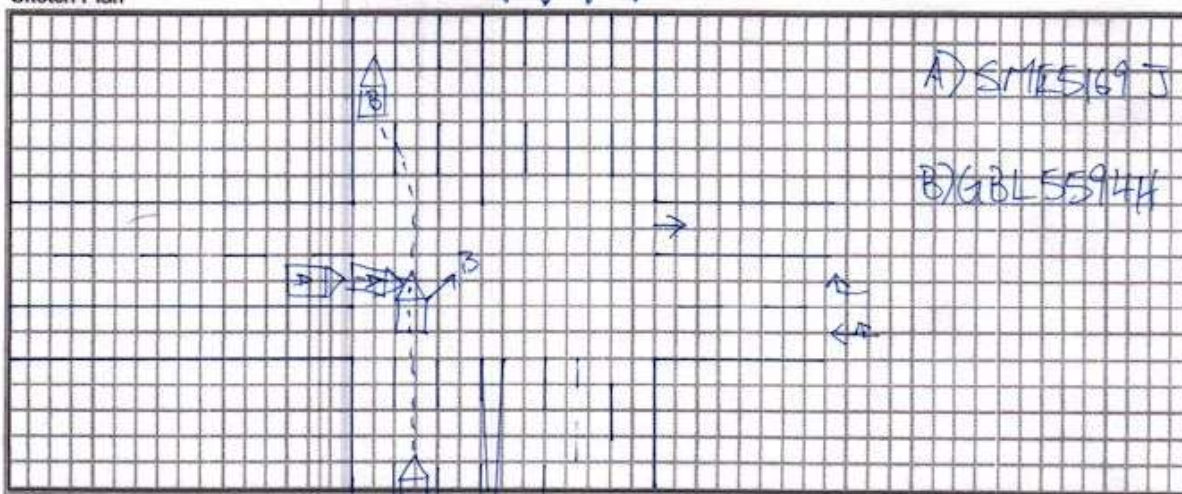
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

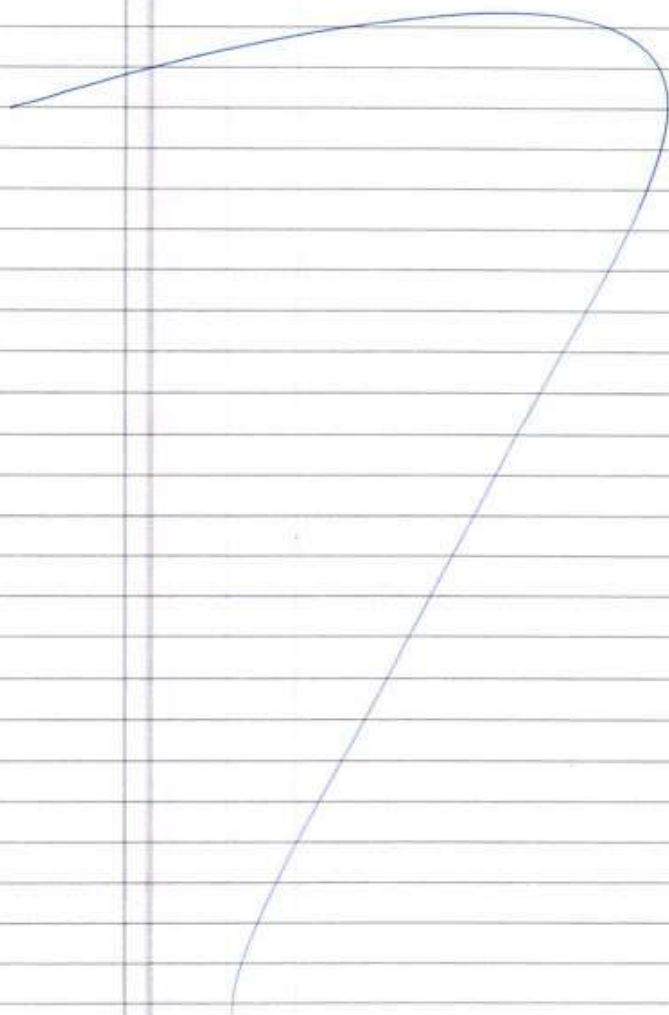
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident


Refer police report



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

 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)





















**SINGAPORE
POLICE FORCE**



T/20230208/2007

1 of 4

Report No. T/20230208/2007

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2023 09:31	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: TAN KIM TOW	Address: APT BLK 523 HOUGANG AVENUE 6 #03-123 SINGAPORE 530523		
ID Type / ID No.: NRIC NO / S1566594G	Contact No.: Home/Office: Mobile: 91687707		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 60	Date of Birth: 21/09/1962	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/02/2023 09:45	Type of Location: X-Junction
Location: SHUNFU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL5594H	Van				Slightly Damaged	0
SME5169J	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20230208/2007

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Tel No: 1800-4519999

Report No: T/20230208/2007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5169J	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2003892699	22/12/2022	21/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE YUE HANG		ID No.	S9141452Z
Related Vehicle	GBL5594H (Van)		Contact No.	NIL
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 KIM TOW		ID No.	S1566594G
Related Vehicle	SME5169J (Car)		Contact No.	91687707
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	07/02/2023		Date Discharge	07/02/2023
No. of Days granted Medical Leave		02	Degree of Injury	Slight

Brief Details.

On 07/02/2023 at 0947hrs, I was driving my vehicle SME5169J along Shunfu Road. When I was approaching the junction of Shunfu Road and Marymount Road, I saw that the right arrow light was green so I continued driving to turn right into Marymount Road. While I was turning midway through the yellow box, one van GBL5594H suddenly dashed through the red light from the Marymount Road on the right. I applied emergency brake but could not stop in time. The van then sideswiped my front bumper. Both of us came out of the vehicle to make a check and exchange particulars. There were scratches and dents on my front bumper. I was also feeling dizzy so I called for ambulance.

Subsequently, ambulance and traffic police arrived. Traffic police took my particulars and informed me that they will tow my vehicle. I was then conveyed to Tan Tock Seng Hospital. I was also feeling pain on my neck and my left hand. Doctor then gave me 2 days of MC from 07/02/2023 to 08/02/2023. MC no. 1366219595.



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T/20230208/2007

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CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20230208/2007

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569929
Tel No: 1800-4519999

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Report No. T/20230208/2007

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:

F /

SGT 2 NICHOLAS WONG WEN
EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/02/2023 09:31

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

NP168

