

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 | 21/02/2023 16:19 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 11/02/2023 11:30 (SGT) |
| Exact Location of Accident | Tampines Ave 5, Singapore |
| Additional Location Information | TOWARDS PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJW6904M |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN WEI SIONG, CEDRIC |
| NRIC No | SXXXX724F |
| Email Address | ce3dric88@gmail.com |
| Mobile Phone No | (Phone) +65-96385160 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Insight |
| 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 | 1339 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNA00090882201 |

DRIVER

| | |
|----------------------|-----------------------|
| Name of Driver | TAN WEI SIONG, CEDRIC |
| NRIC No | SXXXX724F |
| Date Of Birth | 26/10/1988 |
| Occupation | Indoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 10/10/2011 |
| Driving experience | 11 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96385160 |
| Alt. Phone Number | - |
| Email Address | ce3dric88@gmail.com |
| Address | BLK 601B TAMPINES AVENUE 9 #12-826 |
| Address complement | - |
| Postcode | 522601 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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/20230212/7008

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 | WITH TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLW1575M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE TUCK MENG |
| Contact Number | (Phone) +65-96169690 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SKP7918S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE SIAK WAN |
| Contact Number | (Phone) +65-97509196 |
| 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 WEI SIONG, CEDRIC |
| Gender | Male |
| Phone No | (Phone) +65-96385160 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SJW6904M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

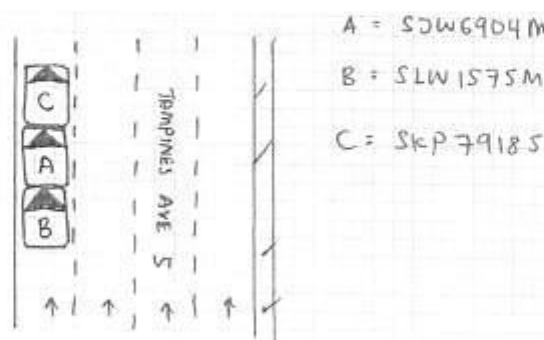
IMPORTANT NOTICE

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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.
- B. 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.


 Policyholder's Signature / Date & Time
Sketch Plan



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

 21/02/2023
 Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident


- REFER TO POLICE REPORT -
T/20230212/7008



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

























**SINGAPORE
POLICE FORCE**



T/20230212/7008

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

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Report No. T/20230212/7008

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 12/02/2023 09:37 | | Vide Report No.: G/20230211/0108 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN WEI SIONG, CEDRIC | | | Address: 601B TAMPINES AVENUE 9 #12-826 SINGAPORE 522601 | | |
| ID Type / ID No.: NRIC NO / S8842724F | | | Contact No.: Home/Office: Mobile: 96385160 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: CE3DRIC88@GMAIL.COM | | |
| Sex: Male | Age: 34 | Date of Birth: 26/10/1988 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Badminton Coach | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/02/2023 11:30 | Type of Location: Lamp Post 57/1 |
| Location: TAMPINES STREET 11 | | | | |
| Weather: Cloudy | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance; Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------------------|------------------|--------|---------------------|-------|
| SJW6904M | Car | HONDA | Honda Insight | Silver | Totally Damaged | 1 |
| SKP7918S | Car | MERCEDES BENZ | GLA180 | White | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20230212/7008

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

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Report No. T/20230212/7008

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|---------|-------|-------------------|--------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of |
| SLW1575M | Car | MAZDA | Mazda 3 | Blue | Seriously Damaged | 3 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | TAN WEI SIONG, CEDRIC | | ID No. S8842724F |
| Related Vehicle | SJW6904M (Car) | | Contact No. 96385160 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Vehicle Owner | | | |
| Name | LEE SIAK WAN | | ID No. NIL |
| Related Vehicle | SKP7918S (Car) | | Contact No. 97509196 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Passenger | | | |
| Name | GRAB PASSENGER 1 (MALE) | | ID No. NIL |
| Related Vehicle | SLW1575M (Car) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |



**SINGAPORE
POLICE FORCE**



T/20230212/7008

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

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Report No. T/20230212/7008

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|---------------------------|-----------|--|
| Name | GRAB PASSENGER 2 (FEMALE) | | ID No. NIL |
| Related Vehicle | SLW1575M (Car) | | Contact No. NIL |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Vehicle Owner | | | |
| Name | LEE TUCK MENG | | ID No. NIL |
| Related Vehicle | SLW1575M (Car) | | Contact No. 96169690 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

Accident happened at Tampines Ave 5 Towards PIE at Lamp Post 57/1
Along the road towards PIE beside Tampines Round Market and Food Centre

SD card with Traffic Police. Only 3 photos uploaded. Can send in if requested by IO.

I was filtering from lane 3 to 4 towards PIE due to a road works which causes lane closure at Lane 3 and forcing vehicles to merge into one lane.

After filtering into Lane 4, the front car jam brake suddenly and I brake also. Everything happen in a sudden and I was hit by the rear car.

Ambulance was called in due to the 2 passenger in the last car with one being injured and send to hospital (Grab Passenger 2 - Female)



**SINGAPORE
POLICE FORCE**

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



T/20230212/7008

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Report No. T/20230212/7008

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 /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

NP168

Signature Of Informant:

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

Date/Time:
12/02/2023 09:37

Classification Of Case: