

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	25/02/2023 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 19:55 (SGT)
Exact Location of Accident	Near CV26+C7 Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8311E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN LEONG HUA(CHEN LONGHUA)
NRIC No	S7538987F
Email Address	INTEGRA9181@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87777280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	HYBRID 1.8S CVT
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	1797

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10917107

DRIVER

Name of Driver	TAN LEONG HUA(CHEN LONGHUA)
NRIC No	S7538987F
Date Of Birth	22/12/1975
Occupation	Indoor

Date Of Driving Pass	16/03/1995
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87777280
Alt. Phone Number	-
Email Address	INTEGRA9181@HOTMAIL.COM
Address	APT BLK 420C NORTSHORE DRIVE #17-643 S 823420
Address complement	-
Postcode	-
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	LIM YU XIN
Gender	Female

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 SKECTH PLAN

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	SMJ4904J
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	LIM YU XIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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

veh A: SMC 8311E

veh B: SMJ 4904J

Describe Circumstance of the Accident

On 18/02/2023 at about 7.55pm. I was driving my car, bearing the registration number JMC 8311E, from CTE towards TPE as I was heading for home.

After from CTE and exit the busy tunnel at lane one towards TPE, I saw the car in front had stopped. So I also slow down my car and was going slowly to a stop. But at a sudden, a loud bang came from behind and due to the hard impact, my car continued to move forward. The car in front of me had already moved off, my car did not hit the front of the car.

I then stopped my car when it rolled forward for a few seconds as I was advised there might be a 2nd impact.

I alighted from my car and checked the rear of my car was damaged. Then I saw one car behind me bearing the registration number JMC 4904J, the said car front portion was badly damaged. There was no visible injured on that car driver or his passenger.

At that time was one passenger in my car sitting on the front passenger seat. She suffered back pain and laceration at head as should pain. She went to Singkong General Hospital on the same night. She was given 15 days medical leave by the doctor with follow up at the hospital for the head injury.

Also can refer to police report. Report no: T/20230219/7021

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/20230219/7021

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

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Report No. T/20230219/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2023 15:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN LEONG HUA			Address: 420C NORTHSHORE DRIVE #17-843 SINGAPORE 823420		
ID Type / ID No.: NRIC NO / S7538987F			Contact No.: Home/Office: Mobile: 87777280		
Nationality: SINGAPORE CITIZEN			Email: INTEGRA9181@HOTMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 22/12/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 18/02/2023 19:55	Type of Location: Straight Road	
Location: SELETAR AEROSPACE LINK					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SMC8311E	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Yellow	Slightly Damaged	2
SMJ4904J	Car	HONDA	FIT	White	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230219/7021

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

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Report No. T/20230219/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC8311E	AVIVA LTD	10917107	22/06/2019	21/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LEONG HUA	ID No.	S7538987F
Related Vehicle	SMC8311E (Car)	Contact No.	87777280
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	LIM YU XIN	ID No.	S8015912I
Related Vehicle	SMC8311E (Car)	Contact No.	96235104
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	18/02/2023	Date	19/02/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	AHMED FAHEEM BIN MOHAMED YAHYA	ID No.	S9243221A
Related Vehicle	SMJ4904J (Car)	Contact No.	96978187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



SINGAPORE
POLICE FORCE



T/20230219/7021

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

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Report No. T/20230219/7021

CONTINUATION OF REPORT

Brief Details.

On 18/02/2023 at about 7.55pm, I was driving my car, bearing the registration number SMC8311E, from CTE towards TPE as I was heading for home. After from CTE, and exit the baby tunnel at lane one towards TPE, I saw the car in front had stopped. So I also slow down my car and was going to stop behind the car. Out of a sudden, a loud bang came from behind and due to the hard impact, my car continued to move forward. The car in front of me had already moved off and as such, my car did not hit the front car. I then stopped my car after it rolled forward for a few seconds as I was afraid that there might be a 2nd impact. I alighted from my car and checked the rear of my car and bumper was damaged. The car bearing the registration number SMJ4904J, was behind my car and the front portion of the car was badly damaged. There were no visible injuries on both the driver and the passenger of the said car. My partner who was sitting at the front passenger seat, had suffered dizziness and complaint of pain of her shoulders and the back of the body. Her head had hit against the door frame due to the impact of the accident. On 18/2/2023, at about 8 plus pm, I have brought my partner to Sengkang General Hospital for medical examination, and she was given 5 days medical leave by the doctor, from 19/2/2023 to 23/2/2023. She was discharged from SKGH on the next day at about 11.40am.

My car had in-car camera at the front of the car. I would retrieve the necessary footage of the incident. My car did not install with rear dash cam.



SINGAPORE
POLICE FORCE

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



T/20230219/7021

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Report No. T/20230219/7021

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

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

Date/Time:
19/02/2023 15:56

Classification Of Case: