

# 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 .....	24/02/2023 15:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/02/2023 06:42 (SGT)
Exact Location of Accident .....	Pioneer Rd North, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD256R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHOON YEE
NRIC No .....	S8684637C
Email Address .....	TANCHOONYEE_86@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97724992
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5122039137-01

### DRIVER

Name of Driver .....	TAN CHOON YEE
NRIC No .....	S8684637C
Date Of Birth .....	26/01/1986
Occupation .....	Indoor

Date Of Driving Pass .....	27/05/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97724992
Alt. Phone Number .....	-
Email Address .....	TANCHOONYEE_86@HOTMAIL.COM
Address .....	21 SENGKANG EAST AVE #12-20
Address complement .....	-
Postcode .....	544809
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 .....	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 .....	TAN PEI YIN LINDA
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

ON 24/02/2023 AT ABOUT 0642HRS, I WAS DRIVING MY CAR (SLD256R) STATIONARY ALONG PIONEER ROAD NORTH IN THE RIGHT MOST LANE WITH 1 PASSENGER INSIDE MY CAR WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN IN MY FAVOUR. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT, MY CAR BEING PUSHED FORWARD AND THEN COLLIDED ONTO REAR PORTION OF THE VEHICLE STATIONARY IN FRONT OF MY CAR. WHILE I CAME OUT TO INSPECT MY VEHICLE, I THEN REALISED THAT I WAS INVOLVED IN A 4 VEHICLES CHAIN COLLISION ACCIDENT. ME AND MY PASSENGER WIL GO TO SEEK FOR MEDICAL ASSISTANCE IF FEEL ANY PAIN OR DISCOMFORT AFTER THIS. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (PA8332U)'S INSURANCE FOR MY ACCIDENT DAMAGES.

#### 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 ..... PA8332U  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-90031368  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... LIM KOK HWEE  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBK1983A  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-92376107  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE C  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... GBG5417M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-81283373  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE D  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TAN CHOON YEE  
Gender ..... Male  
Phone No ..... -

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD256R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	TAN PEI YIN LINDA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD256R
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 speed up the claims process.
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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.

## 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.

*Low Jia*



*Low Jia*

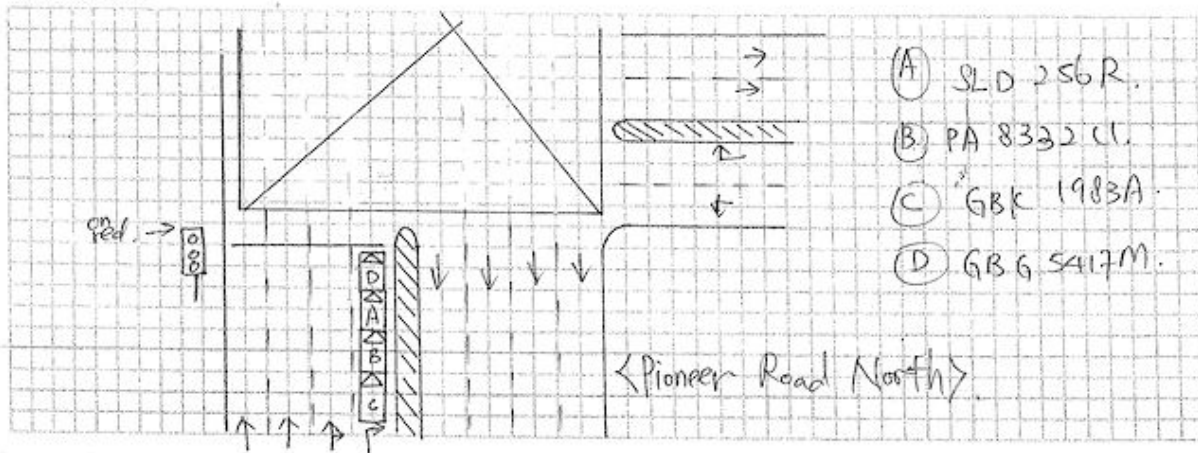
24/02/2023 9.45am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

On 24/02/2023 @ about 0642hrs, I was driving my car (SLD256R) stationary along Pioneer Road North in the right most lane with 1 Passenger inside my car waiting for the traffic light turn green in my favour. Out of sudden, I felt an impact from behind due to the huge impact my car being push forward and then collided onto rear portion of the vehicle stationary in front of my car. While I come out to inspect my vehicle then I realized that I was involving 4 vehicles chain collision accident as following sort:

1st car: GBG 5417M (D)

2nd car: SLD 256R (A)

3rd car: PA 8332U (B)

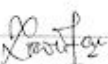
4th car: GBK 1983A (C)

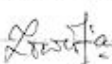
Me & my passenger will go to seek for medical assist if feel any pain / discomfort after this. Hence, I hereto lodge this report to claim against Veh.B (PA 8332U)'s Insurance for my accident damages.

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 24/02/2023 9.45am  
Policyholder's Signature / Date & Time

 24/02/2023 9.45am  
Driver's Signature (If driver is not the policyholder) / Date & Time

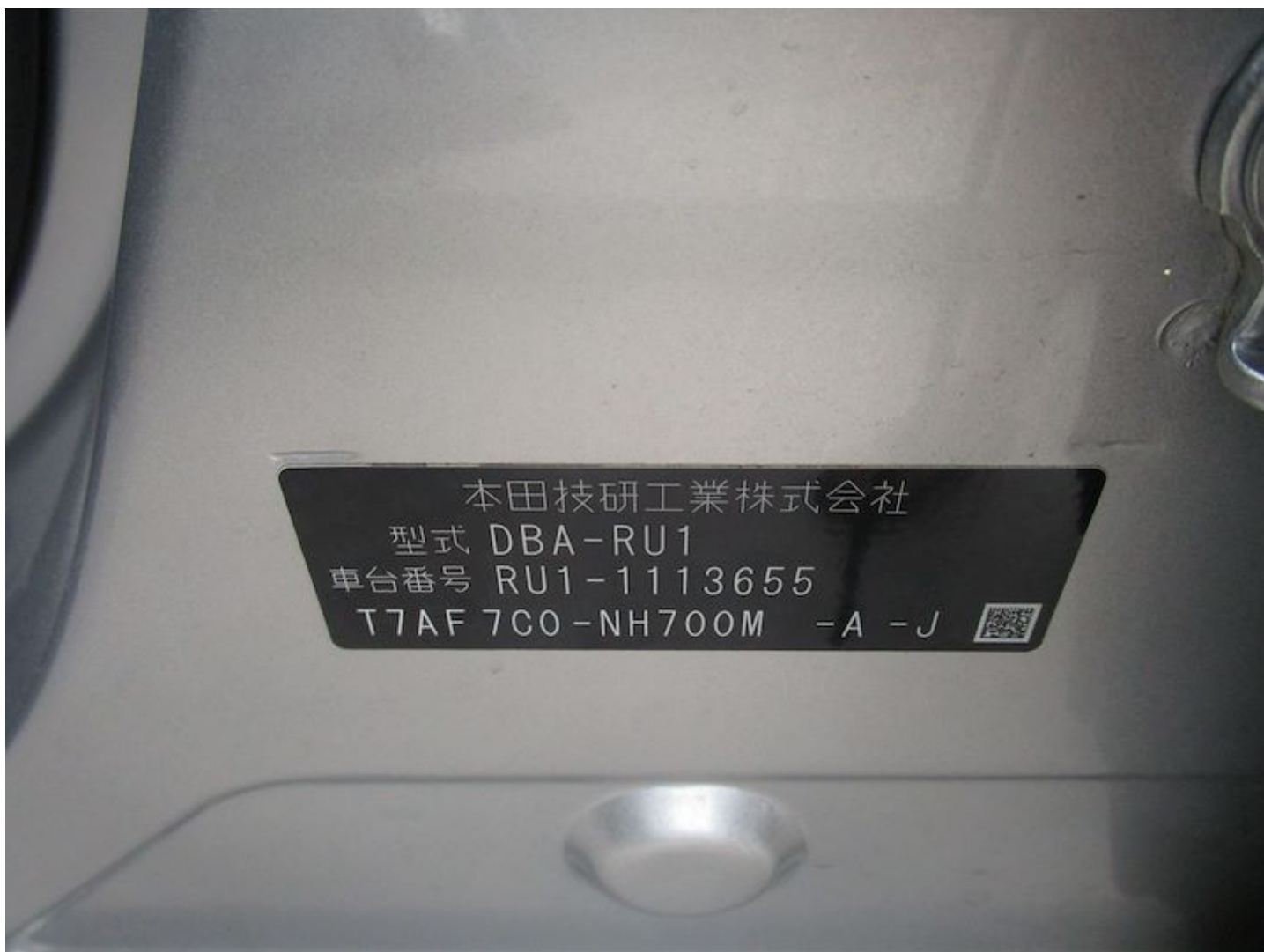
Witnessed by Reporting Centre Personnel























**SINGAPORE  
POLICE FORCE**



T/20230301/7002

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

1 of 4

Report No. T/20230301/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2023 07:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN CHOON YEE			Address: 21 SENGKANG EAST AVENUE #12-20 SINGAPORE 544809		
ID Type / ID No.: NRIC NO / S8684637C			Contact No.: Home/Office: Mobile: 97724992		
Nationality: MALAYSIAN			Email: CHOONYEE126@GMAIL.COM		
Sex: Female	Age: 37	Date of Birth: 26/01/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2023 06:40	Type of Location: Straight Road
Location:  JURONG WEST STREET 91				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
GBG5417M	Van	FIAT				0
GBK1983A	Lorry					0
PA8332U	Van	TOYOTA				0
SLD256R	Car	HONDA	VEZEL 1.5X CVT	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20230301/7002

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

2 of 4

Report No, T/20230301/7002

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD256R	NTUC Income Insurance Co-Operative Limited	5122039137-01	31/05/2022	30/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TAN PEI YIN (LINDA)	ID No.	S8535544I
Related Vehicle	SLD256R (Car)	Contact No.	91128967
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/02/2023	Date	24/02/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	TAN CHOON YEE	ID No.	S8684637C
Related Vehicle	SLD256R (Car)	Contact No.	97724992
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/02/2023	Date	25/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 24/02/2023 @ 0642hrs, i was driving my car SLD256R stationary along Pioneer Road North in the right most lane with 1 passenger inside my car waiting for traffic light to turn green in my favour. Out of sudden, i felt an impact from behind. Due to the huge impact my car was pushed forward and collided onto rear portion of the vehicle stationary in front of my car. i came out from the car to realize i was involved in 4 vehicles chain collision accident as following sort

- 1st vehicle: GBG5417M (D)
- 2nd vehicle: SLD256R (A)
- 3rd vehicle: PA8332U (B)
- 4th vehicle: GBK1983A (C)

My passenger (Linda) had sought medical attention due to back pain and nausea, she was given 5 days MC from date 24/02/2023 to 28/02/2023. I also seek medical attention and given 3 days MC. We will follow up with medical treatment as necessary.



**SINGAPORE  
POLICE FORCE**



T/20230301/7002

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

3 of 4

Report No, T/20230301/7002

**CONTINUATION OF REPORT**

Hence i hereto lodge this report to claim against vehicle (B) PA8332U's insurance for my accident damages.



**SINGAPORE  
POLICE FORCE**



T/20230301/7002

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

4 of 4

Report No. T/20230301/7002

**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

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/03/2023 07:58
Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X232 0000C Vehicle Registration No: SLD 256R  
 Name (as shown in NRIC): Tan Chuan Yee NRIC/FIN/Passport No: S 8684637C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 21 Sengkang East Ave #12-20 Singapore (544809)  
 Contact (Tel): — Mobile No.: 9772 4992  
 Email Address: choonyee126@gmail.com  
 Date of Accident: 24/02/2023 Time of Accident: 06:40hrs  
 Place of Accident: Along Pioneer Road North  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Injury: Yes (2 Pax).  
1.) Tan Chuan Yee - Hp: 97724992 (3 days MC)  
2.) Tan Pei Yin (Linda) - Hp: 91128967 (5 days MC)

Attached Police Report no: T/2023 0301/7002.

Policyholder / Driver's Signature

Date: 01/03/23

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

STARIC Addendum Form





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5122039137-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLD256R

Chassis Number

: RU11113655

2. Name of Policyholder

: TAN CHOON YEE

3. Effective Date of Insurance

: 31 May 2022

4. Expiry Date of Insurance

: 30 May 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN CHOON YEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 25 May 2022 16:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive