

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	06/03/2023 18:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/03/2023 14:08 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	JUNCTION WITH XILIN AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3171J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG GENG SHAO, JASON
NRIC No	SXXXX868C
Email Address	jason_2152@hotmail.com
Mobile Phone No	(Phone) +65-81822516
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1317

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017412200

DRIVER

Name of Driver	TANG GENG SHAO, JASON
NRIC No	SXXXX868C
Date Of Birth	12/12/1991
Occupation	Outdoor

Date Of Driving Pass	17/01/2012
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81822516
Alt. Phone Number	-
Email Address	jason_2152@hotmail.com
Address	BLK 662 BUFFALO ROAD #25-16
Address complement	-
Postcode	210662
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)	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 SKETCH PLAN

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6292E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS




INJURED 1

Name of injured person	TANG GENG SHAO, JASON
Gender	Male
Phone No	(Phone) +65-81822516
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF3171J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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.
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' 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	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> A <input type="checkbox"/> B </div> <div style="text-align: center;"> <p>Upper Chantry Rd East</p> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>(A) SHF 31713 (B) 6BA 6292E</p> </div> </div>		

Describe Circumstances of the Accident

On 06/03/2023 at about 1400hrs, I was travelling along Upper Chancery Rd East Junction of Xilin Avenue. Upon reaching the traffic junction, the traffic turn red. I slow down and stop. While waiting, all of a sudden, I felt an impact from the rear. Then I realised a white BSA 6292E had collided onto my rear.

POLICE REPORT 7/20230306/7096

Declaration

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/20230306/7096

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

1 of 3

Report No. T/20230306/7096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2023 18:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TANG GENG SHAO, JASON			Address: 662 BUFFALO ROAD #25-16 SINGAPORE 210662		
ID Type / ID No.: NRIC NO / S9145868C			Contact No.: Home/Office: Mobile: 81822516		
Nationality: SINGAPORE CITIZEN			Email: JASON_2152@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 12/12/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2023 14:05	Type of Location: X-Junction
Location: CHANGI SOUTH LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
GBA6292E	Van					0
SMF3171J	Car	HONDA	FIT+HYBRID +1.5+AUTO	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230306/7096

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

2 of 3

Report No. T/20230306/7096

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF3171J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000174 12200	01/11/2022	31/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TANG GENG SHAO, JASON	ID No.	S9145868C
Related Vehicle	SMF3171J (Car)	Contact No.	81822516
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details:

I was traveling along Upper Changi Road East junction of Xilin Ave. Upon reaching the traffic junction, the traffic turned red. I slowed down and came to a stop. Suddenly, I felt an impact from the rear. I alighted and realized that I was rear ended by GBA6292E.

I am suffering from neck, back and body ache, I visited Unihealth 24 Hr Clinic (Toa Payoh) and received 3 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20230306/7096

3 of 3

Report No. T/20230306/7096

CONTINUATION OF REPORTSketch 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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
06/03/2023 18:27

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M409017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0823360008 Vehicle Registration No: SMF 3171J
Name (as shown in NRIC) : TANG GENG SHAO, JASON NRIC/FIN/Passport No : S9145868C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 662 BUFFALO ROAD #25-16 Singapore(210662)
Contact (Tel) : _____ Mobile No. : 8182 2516
Email Address : JASON_2152@HOTMAIL.COM
Date of Accident : 06.03.2023 Time of Accident : 14:08hrs
Place of Accident : UPPER CHANGI ROAD EAST X XILIN AVENUE
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

(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:

ATTACHED POLICE REPORT NUMBER: T/20230306/7096

TANG GENG SHAO, JASON

Policyholder / Driver's Signature
Date: 07.03.2023

07/03/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIASAC addendumform_V9