

## 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 16:24 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/03/2023 20:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AH HOOD ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF4023Y

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HONG LIYIN  
NRIC No ..... SXXXX947F  
Email Address ..... tanchingpoh@hotmail.com  
Mobile Phone No ..... (Phone) +65-97375183  
Alternative Phone No ..... +65-90883779

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Policy Number / Cover Note Number ..... P10453257R02

#### DRIVER

Name of Driver ..... TAN CHIN POH  
NRIC No ..... SXXXX076F  
Date Of Birth ..... 05/08/1979  
Occupation ..... Indoor

Date Of Driving Pass .....	05/10/1998
Driving experience .....	24 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90883779
Alt. Phone Number .....	-
Email Address .....	tanchinpoh@hotmail.com
Address .....	BLK 331 SEMBAWANG CLOSE
Address complement .....	#14-355
Postcode .....	750331
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	5
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 .....	HONG LIYIN
Gender .....	Female

#### PASSENGER 2

Name .....	TAN YI XUAN CHARLOTTE
Gender .....	Female

#### PASSENGER 3

Name .....	TAN JING HENG DENZEL
Gender .....	Male

#### PASSENGER 4

Name .....	TAN TING XUAN ELISE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMC4690L  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... KARNJOTE SINGH S/O JARMAL SINGH  
NRIC No ..... SXXXX305D  
Contact Number ..... (Phone) +65-97767697  
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 CHIN POH  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK & BACK  
Injured person in which vehicle? ..... SMF4023Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 2

Name of injured person ..... HONG LIYIN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK & BACK  
Injured person in which vehicle? ..... SMF4023Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 3

Name of injured person ..... TAN YU XUAN CHARLOTTE  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -

Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMF4023Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-
INJURED 4	
Name of injured person .....	TAN JING HENG DENZEL
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMF4023Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

INJURED 5	
Name of injured person .....	TAN TING XUAN ELISE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SMF4023Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

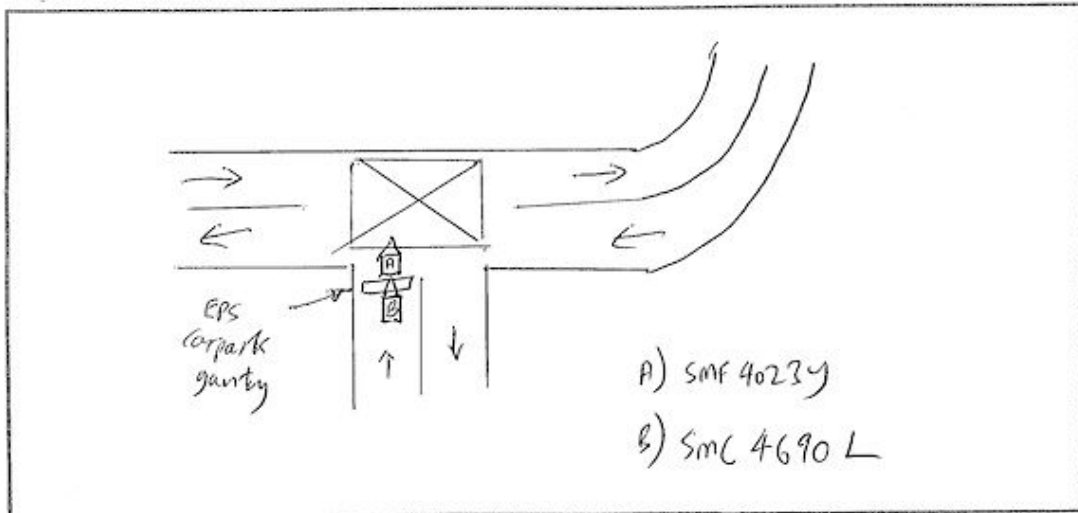
SKETCH PLAN

Insurer: Budget  
Direct  
Vehicle: SMF 4023 Y

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 Authorised 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. 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 be 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 be 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 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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Mei Lu  
6/28/2023



AH LIM MOTOR COMPANY

Date of accident: 5/3/23 Time: 2050 hrs Location: Mn Road 8/00d  
 My Vehicle A: SMF40234 Vehicle B: SMC4690L Vehicle C: —

SKETCH PLAN

Describe Circumstances of the Accident.

Refer to Police Report, NO: T/20230306/2023  
 dd: 6/3/2023

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

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

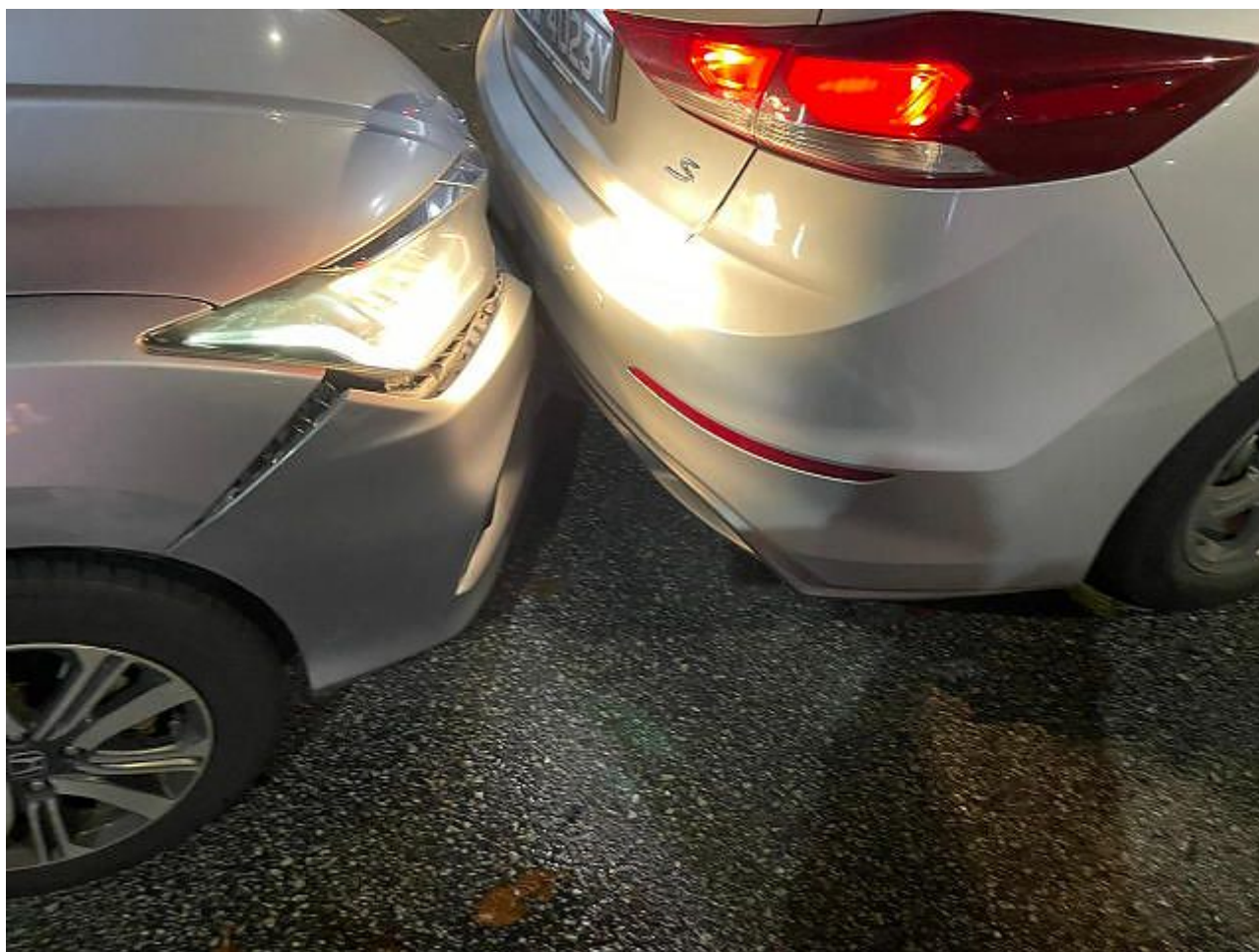
Witnessed by Reporting Centre Personnel



6/3/2023

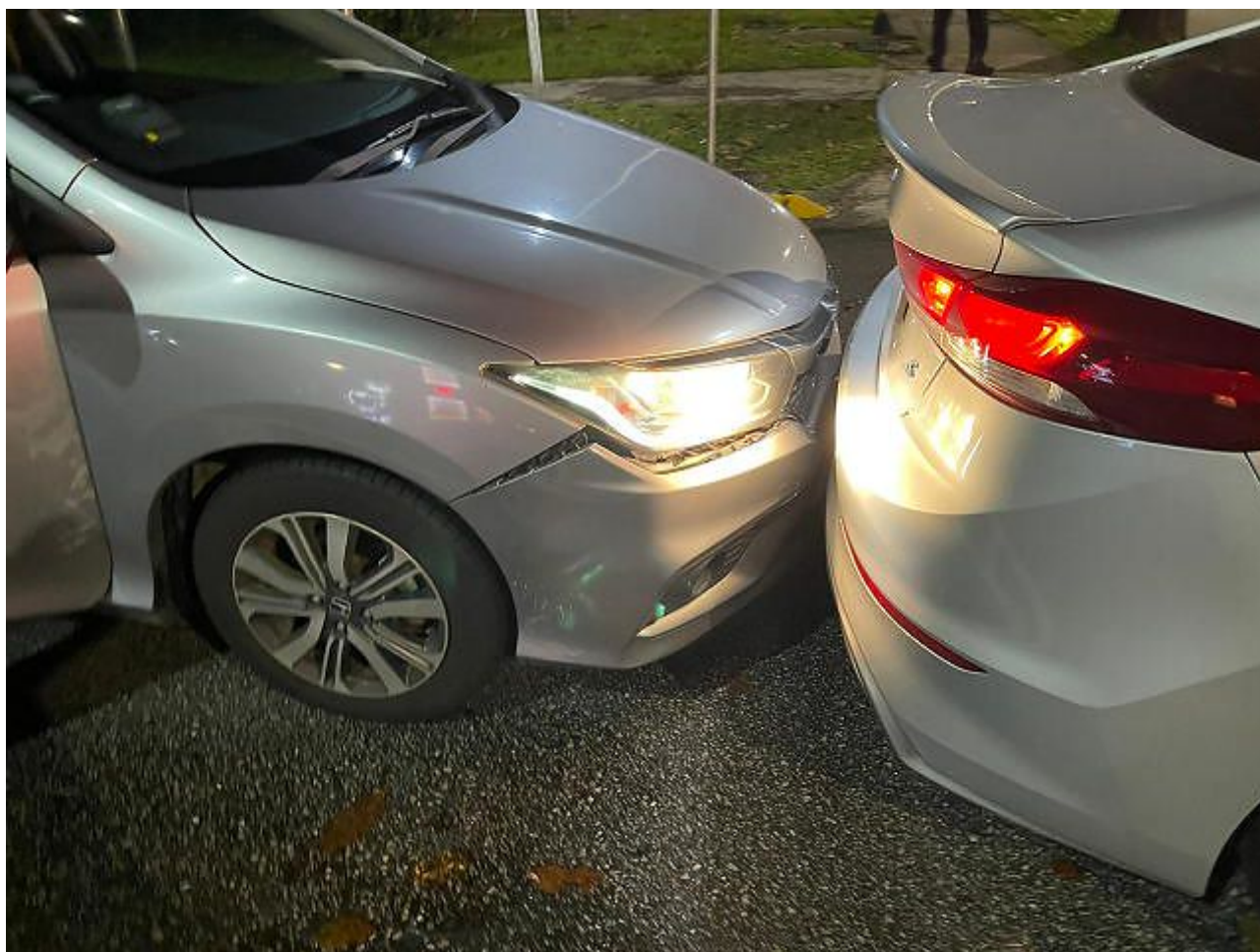
AHLIMOTOR COMPANY

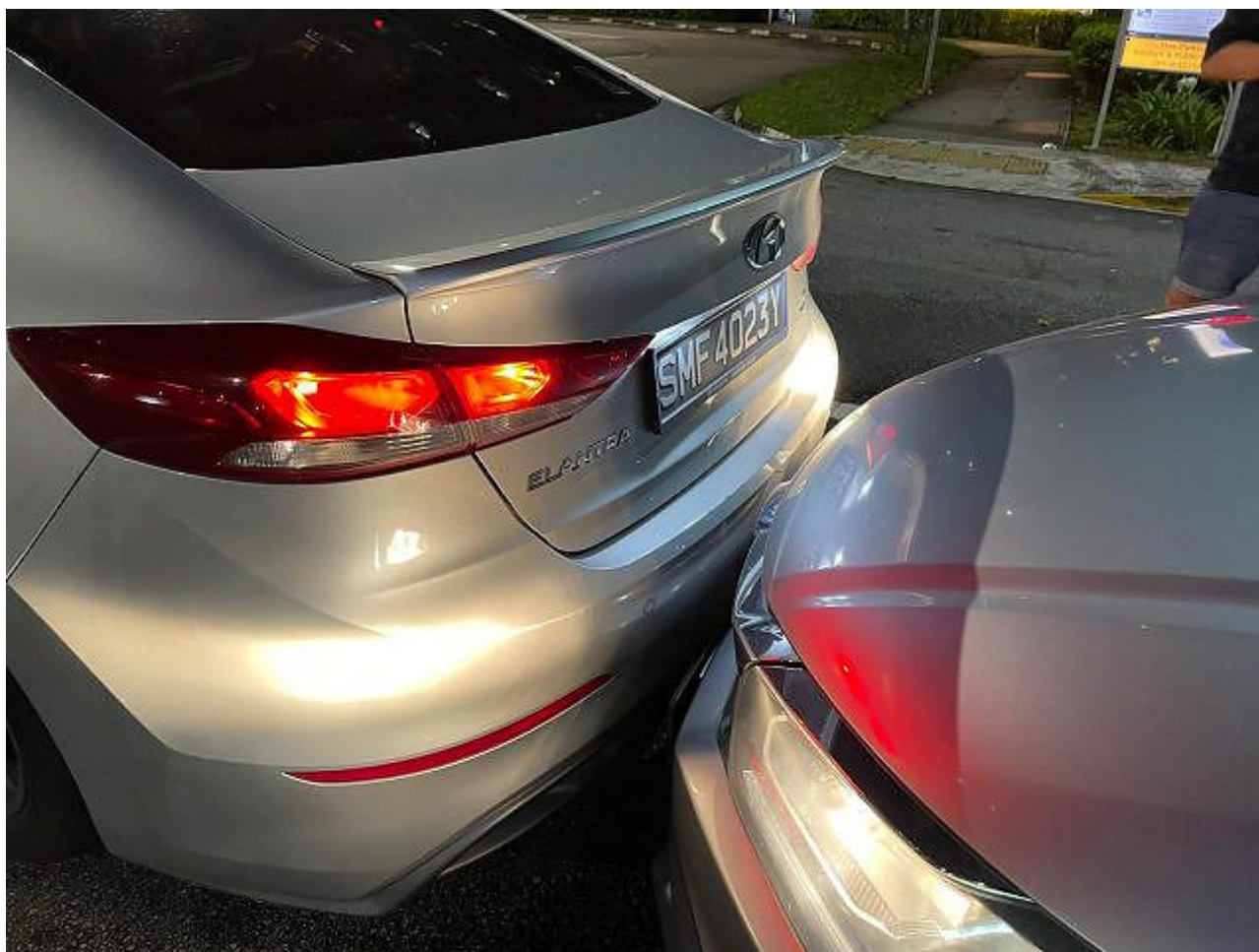






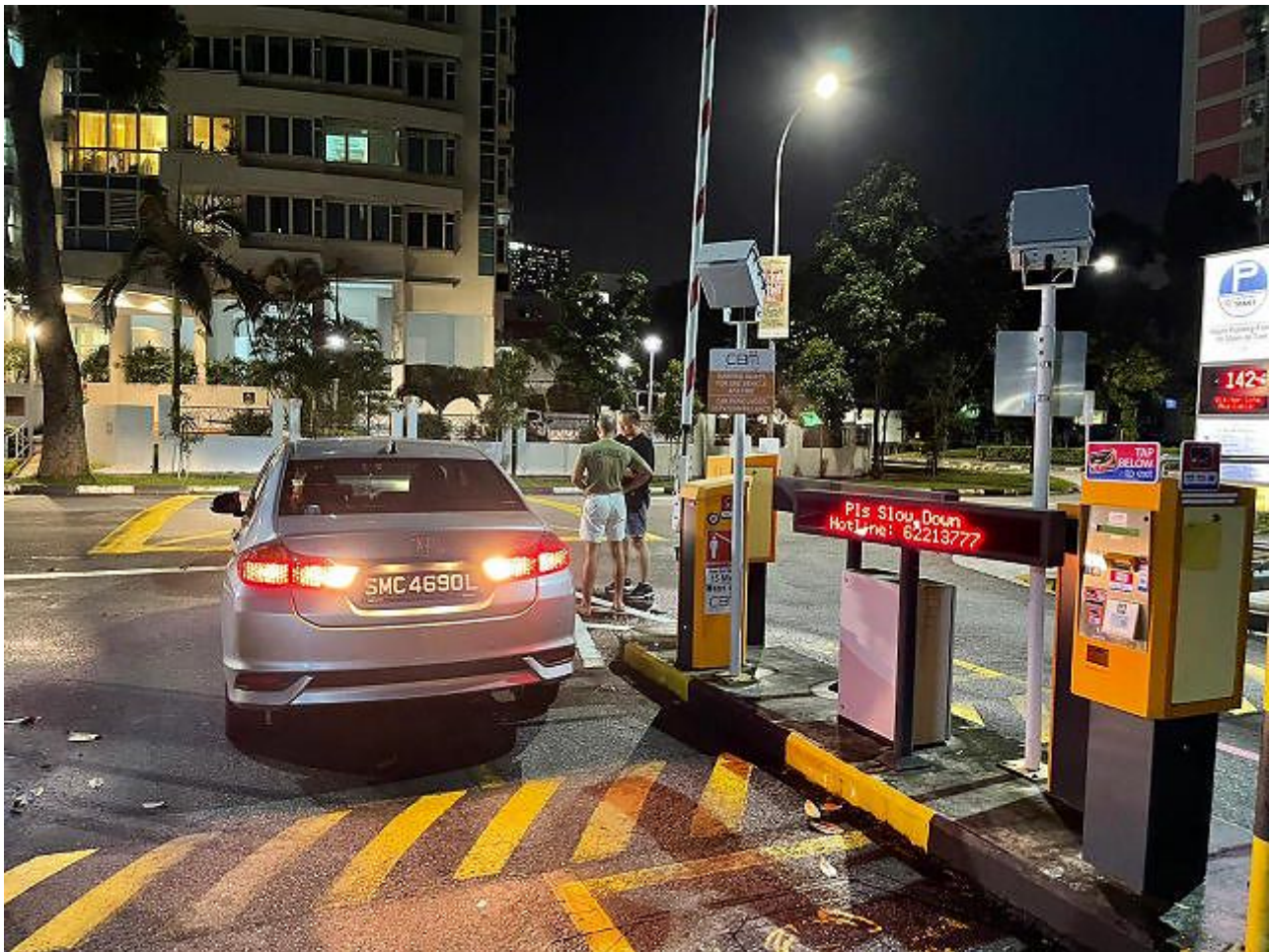


































**SINGAPORE  
POLICE FORCE**



T/20230306/2023

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 4

Report No. T/20230306/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2023 11:12		Vide Report No.:		Station Diary No.: 43	
<b>Informant's Particulars</b>					
Name of Informant: TAN CHIN POH			Address: APT BLK 331 SEMBAWANG CLOSE #14-355 SINGAPORE 750331		
ID Type / ID No.: NRIC NO / S7923076F			Contact No.: Home/Office: Mobile: 90883779		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 05/08/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Civil engineer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2023 20:50	Type of Location: Straight Road
Location:  AH HOOD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC4690L	Car				Slightly Damaged	0
SMF4023Y	Car				Slightly Damaged	4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230306/2023

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 4

Report No. T/20230306/2023

CONTINUATION OF REPORT

<b>Driver</b>			
Name	KARNJOTE SINGH S/O JARMAL SINGH	ID No.	S8739305D
Related Vehicle	SMC4690L (Car)	Contact No.	97767697
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
<b>Passenger</b>			
Name	TAN TING XUAN ELISE	ID No.	T1525204E
Related Vehicle	SMF4023Y (Car)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2023	Date Discharge	05/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN CHIN POH	ID No.	S7923076F
Related Vehicle	SMF4023Y (Car)	Contact No.	90883779
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/03/2023	Date Discharge	05/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN JING HENG DENZEL	ID No.	T1419424F
Related Vehicle	SMF4023Y (Car)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2023	Date Discharge	05/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20230306/2023

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 4

Report No. T/20230306/2023

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	TAN YI XUAN CHARLOTTE	ID No.	T1230491E
Related Vehicle	SMF4023Y (Car)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2023	Date Discharge	05/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	HONG LIYIN	ID No.	S8334947F
Related Vehicle	SMF4023Y (Car)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2023	Date Discharge	05/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 05/03/2023 at about 2051hrs, I was exiting the carpark of Blk 103 Ah Hood Rd.

After going pass the gantry, I stopped before the T junction as there were vehicles approaching.

Suddenly, I felt an impact to the rear of my vehicle.

I checked on my children and wife at the point of time, none of them said they were injured.

I got down from my vehicle and I took down the other driver's details and we left in our own ways.

After leaving the location, my family started feeling pain around the neck region.

We then proceeded to UNIHEALTH 24-HR CLINIC (YISHUN) to get it checked out and the doctor gave us 2 days MC.

I am lodging this report for insurance.



**SINGAPORE  
POLICE FORCE**



T/20230306/2023

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

4 of 4

Report No. T/20230306/2023

**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:

L /

SGT 2 ALVAN GOH JUN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2023 11:12

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168

It pays to choose

**Budget  
Direct  
insurance**

## Certificate of Insurance

 Comprehensive Car Policy  
 Policy Number: P10453257R02

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

**Certificate Number P10453257R02 (Comprehensive / Named Driver Plan)**

1) Vehicle Registration Number	:	SMF4023Y
Chassis Number	:	KMHD841CMJU767552
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	09/11/2022 (00:00)
3) Date / Time of Expiry of Insurance	:	08/11/2023 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Hong Liyin
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance only.		
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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Hong Liyin(12/11/1983)
Named Driver(s) / Date of Birth	:	Tan Chin Poh (05/08/1979)
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
8) Finance Company	:	Maybank Singapore Limited

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

 Issued in Singapore on  
 10/10/2022

**Auto & General Insurance (Singapore) Pte. Limited**  
*Trading as Budget Direct Insurance*

**Simon Birch**  
 Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg