SA1B23360004 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 06/03/2023 16:24 (SGT)
SUBMITTED BY: MEILI TAN
VERSION: 1 (06/03/2023 16:24 (SGT))

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 witholding 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?	-

Insurer: Budget Direct

Vehicle: SMF 4023 Y

SKETCH PLAN

MPORTANT 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/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

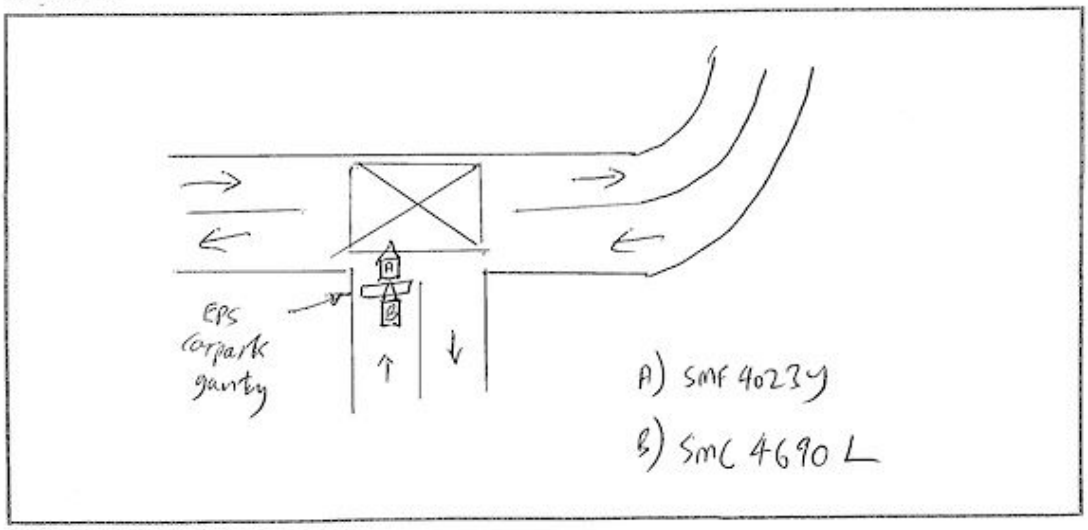
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



Policyholder's Signature / Date & Time

6/28/2023

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

AH LIM MOTOR CO. BIN MING

Witnessed by Reporting Centre Personnel

6/28/2023

AH LIM MOTOR COMPANY

Date of accident: 5/3/23 Time: 2050 hrs Location: Mt Hood Road

My Vehicle A: SMF4023G 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 6/8/2023

Witnessed by Reporting Centre Personnel

AH LIM MOTOR COMPANY

6/8/2023

SINGAPORE POLICE FORCE

T/20230306/2023

Report No. T/20230306/2023

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/03/2023 11:12		43

Informant's Particulars

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:

General Information of the Accident

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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC4690L	Car				Slightly Damaged	0
SMF4023Y	Car				Slightly Damaged	4

Details of Person Involved

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

Report No. T/20230306/2023

CONTINUATION OF REPORT

Driver			
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
Passenger			
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
Driver			
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
Passenger			
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

Report No. T/20230306/2023

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

CONTINUATION OF REPORT

Passenger			
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

Passenger			
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

Report No. T/20230306/2023

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

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