

# 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 .....	13/03/2023 17:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	12/03/2023 01:30 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	AT THE PASIR RIS DR 8 EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLL1737X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HAN MING JIE
NRIC No .....	SXXXX238A
Email Address .....	mingjie091@gmail.com
Mobile Phone No .....	(Phone) +65-84986275
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00001682300

### DRIVER

Name of Driver .....	HAN MING JIE
NRIC No .....	SXXXX238A
Date Of Birth .....	02/09/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	11/05/2010
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84986275
Alt. Phone Number .....	-
Email Address .....	mingjie091@gmail.com
Address .....	BLK 470 PASIR RIS DRIVE 6 #06-446
Address complement .....	-
Postcode .....	510470
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 .....	MONICA RUTH S.BASSIG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230312/2045

#### 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 .....	SNJ6287G
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 .....	HAN MING JIE
Gender .....	Male
Phone No .....	(Phone) +65-84986275
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLL1737X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


### INJURED 2

Name of injured person .....	MONICA RUTH S.BASSIG
Gender .....	Female
Phone No .....	(Phone) +65-96164574
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLL1737X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

<p><i>Li</i></p> <p>Policyholder's Signature / Date &amp; Time</p> <p>Sketch Plan</p> 	<p><i>Li</i></p> <p>10:50am</p> <p>13.03.23</p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p> <p>TPE AT THE PARKING DR. &amp; EXIT</p>	<p><i>Li</i></p> <p>13/03/2023</p> <p>Witnessed by Reporting Centre Personnel</p> <p>A = SLL 1737X</p> <p>B = SNJ 6287G</p>
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**Describe Circumstances of the Accident**

Please refer the police report = T/50230312/2045

**Declaration**

We declare the foregoing particulars are true in every respect.

*Ji*  
 Policyholder's Signature / Date & Time

*Ji* 10:50am  
 13.03.23  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 13/03/2023  
 Witnessed by Reporting Centre Personnel






















































**SINGAPORE  
POLICE FORCE**


T/20230312/2045

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Report No. T/20230312/2045

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/03/2023 14:59	Vide Report No.:	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: HAN MING JIE	Address: APT BLK 470 PASIR RIS DRIVE 6 #06-446 SINGAPORE 510470		
ID Type / ID No.: NRIC NO / S9130238A	Contact No.: Home/Office: Mobile: 84986275		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 02/09/1991	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SELF-EMPLOYED	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: 12/03/2023 01:30	Type of Location: Bend
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SLL1737X	Car	HONDA	CIVIC 1.8 VTI CVT	White	Slightly Damaged	1
SNJ6287G	Car	MAZDA		Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1737X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000016 82300	16/02/2023	15/02/2024



**SINGAPORE  
POLICE FORCE**



T/20230312/2045

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20230312/2045

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAN MING JIE	ID No.	S9130238A
Related Vehicle	SLL1737X (Car)	Contact No.	84986275
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	AJEET PREM MANSUKHANI	ID No.	S8019422F
Related Vehicle	SNJ6287G (Car)	Contact No.	8790 0070
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

**Brief Details.**

On 12/3/22 at about 1.30am, I was driving along TPE at the Pasir Ris Dr 8 exit. I was then stationary at the filter lane, looking for oncoming traffic from the right to clear before proceeding. The Red Mazda behind me too was stationary and as the traffic was clearing, he stepped on his accelerator and collided onto the rear portion of my vehicle, when I have yet to moved off. I have an in-car camera and it recorded the accident.

I am lodging this report for insurance claiming purposes.

I had 1 passenger on board, her name is: Monica Ruth S. Bassig, FIN: G3059879U, hp: 96164574. She informed that she too was injured and will be seeing a doctor.

No ambulance or traffic police was at scene.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20230312/2045

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Report No. T/20230312/2045

**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:  
G/  
SGT 3 S EVA SHERRIENA BINTI  
S AFFINDY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

Date/Time:  
12/03/2023 14:59

Classification Of Case:

NP168

