# **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.

- 4. The issue and acceptance of this is form by instrained 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 14/03/2023 14:09 (SGT) Reported by Date of Accident 13/03/2023 08:45 (SGT) Exact Location of Accident Singapore Additional Location Information Along Toh Guan Road Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBG9743U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Barf Singapore Pte Ltd Company Reg No 2XXXXX809M Email Address ecv@elitecarventures.com Mobile Phone No (Phone) +65-93876915 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1461

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00144732202

DRIVER

Name of Driver Tan Chee Yong Richard NRIC No SXXXX277A Date Of Birth 12/04/1975 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	25/12/2009 13 YEARS AND 3 MONTHS Male (Phone) +65-93876915 - ecv@elitecarventures.com Blk 94 Teban Gardens Road #10-273 600034 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong East Neighbourhood Police Centre (Phone) +65-18008999999 (Fax) +65-66655791 No. 92 Boon Lay Way Singapore 609962 No
CIRCUMSTANCES OF ACCIDENT	
Refer to Police Report No. T/20230313/2113.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes Yes, with workshop.
DETAILS OF OTHER	VEHICLE PROPERTY 1

SNF2993Z

# Accident report SN09233E0008

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

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)	-
Tio. Cit accorde (molading 2000)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender	Tan Chee Yong Richard
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG9743U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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")
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

To and a last

Policyholder's Signature Date & Time: - Con

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

	1 1/	
	T B	Alony Toh Guan Rd Cross Junction
DESCRIBE CIRCUMST	TANCES OF THE ACCIDENT	
		Salva .
		201
	110	
	6	
	Xe	
	80	
	P	
1		
V- L-11 - 11 1		Reporting Only
against your own po	l by workshop that in the event that yo licy (OD claim), there is a <u>Fourteen</u> (	(14) days clause Claim OD
whereby the claim	must be made within the stipulated t the day of occurance.	imeframe from Claim TP
1	the day of occurance.	Claim OD / TP at other workshop











































Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

1 of 3 Report No. T/20230313/2113

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 023 23:32	Made:	Vide Report No.:	Station Diary No.: 101
Informa	nt's Partic	ulars		
Name of	f Informant:		Address:	
TAN CH	EE YONG	RICHARD	APT BLK 34 TEBAN GA 600034	RDENS ROAD #10-273 SINGAPORE
ID Type	/ ID No.:		Contact No.:	
NRIC N	0 / \$75102	77A	Home/Office:	Mobile: 93876915
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 47	Date of Birth: 12/04/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat DRIVER			Driving Licence Informati Class: 3	ion: Date of Expiry:

General Inform	mation of the Accid	ent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2023 08:45	Type of Location: X-Junction
Location: TOH GUAN F Weather: Clear	ROAD	Road Surface:		Road Speed Limit;
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Others			Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG9743U	Van				Seriously Damaged	0
SNF2993Z	Car					0

Details of Person Involved	HINE OF THE CONTRACT OF THE PARTY OF THE PAR
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

2 of 3 Report No. T/20230313/2113

#### CONTINUATION OF REPORT

Driver	NOTE OF STREET	She limbe	C.V.C. GHISTON			DO BUATA PROPERTY
Name	TAN CHEE YONG	RICHARD		ID No	).	S7510277A
Related Vehicle	GBG9743U (Van)			Conta	act No.	93876915
Hospital/Clinic	BUKIT BATOK POL	YCLINIC		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2023		Date Disc			/2023
No. of Days gran	ted Medical Leave	03	Degree o		Slight	

#### Brief Details.

On 13/03/23, I was driving my van (GBG9743U) along Toh Guan Rd towards Jurong East Ave 1. At about 0849hrs, I had stopped at the traffic junction Toh Guan Rd X Jurong East Central as the light was red. I was the second vehicle. The traffic light was still red and my van was stationary when suddenly one vehicle (SNF2993Z) hit me from the rear. I alighted from my vehicle and subsequently spoke to the driver of the vehicle who hit me.

The driver namely Emmanuel Gill S/O Sudeshal, S8834805B, HP 87484121 informed that he was on the phone and he started to move off when he saw the bus beside our lane move off. However, the bus only moved as it was a left turn green arrow. Both of us exchanged particulars and also took photos of the vehicles' collision.

I wish to add that my vehicle suffered some damages at the rear and the rear door of my van is unable to be opened. It is dented and there are also some scratches on my rear bumper.

I had also went to Bukit Batok Polyclinic to seek medical attention and I was given 3 days of MC from 13/03/23 to 15/03/23 (ref 1335068919)

I also wish to state that I have video footage of the incident.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

3 of 3 Report No. T/20230313/2113

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: D / SGT 2 SYAFIQ BIN ABDUL RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2023 23:32
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case;
NP168	



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

	ADDENDUM
A)	P ARTICULARS OF PERSON MAKING THE AMENDMENTS:
	o riginal Report No: SN09233 E0008 Vehicle Registration No: QBG 9794 U
	N ame (as shown in NRIC): Ton Chee Young Richard NRIC/FIN/Passport No: 277A
	(**Vehicle Driver/Policyholder) (*) Please delete as appropriate
	Actidress: BIK 94 Teban Gardens Road 10-273 Singapore (Good)4
	Contact (Tel): 9397 6915 Mobile No.:
	Ernail Address: ecup elite conventures com
	Date of Accident: \\\ \3/03/2023 \\ Time of Accident: \\\ 0845
	Place of Accident: Along Toh Cuan Road
	In surance Company: CTI
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:
	Vehicle Registration No. Change to GBG 9743 U.
	I410312023