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.

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 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 28/03/2023 16:56 (SGT) Reported by **Actual Driver** Date of Accident 28/03/2023 12:20 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS AVE 12 (SLE TOWARDS BKE) Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number GBD9897A

Citroen

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHENG XING HARDWARE & ENGINEERING Company Reg No 53082485W Email Address COLLINTAN86@GMAIL.COM Mobile Phone No (Phone) +65-98881950 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Berlingo Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MS009375-R03

DRIVER

Name of Driver TAN KHING KIAT NRIC No S8613709G Date Of Birth 27/05/1986 Occupation Indoor

Date Of Driving Pass 11/05/2005 Driving experience 17 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98881950 Alt. Phone Number Email Address COLLINTAN86@GMAIL.COM Address BLK 610C TAMPINES NORTH DR 1 #13-464 Address complement Postcode 523610 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 Police Station Address 20 Chai Chee Drive Singapore 469045 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDV3268L

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMR7066R - -
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 Gender	TAN KHING KIAT Male
Phone No	(Phone) +65-98881950
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD9897A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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IWVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/ere 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

28 03 23 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(HO)CHINOT)

B: SDV 3268 L A: GBD 98974 CI SMR7066R





Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive StNGAPORE 469045 Tel No: 1800-2448999 1 of 4 Report No. T/20230328/2062

REPORT	DF A TRAFFI	C ACCIDENT		
	ne Report N 123 15:30	fade:	Vide Report No.:	Station Diary No.: 19
Informa	nt's Partic	ulars		
	f Informant: ING KIAT		Address: APT BLK 610C TAMPINES N SINGAPORE 523610	NORTH DRIVE 1 #13-464
	/ ID No.: D / S86137	09G	Contact No.: Home/Office;	Mobile: 98881950
National SINGAP	ity: 'ORE CITIZ	Tely	Email:	
Sex: Male	Age; 36	Date of Birth: 27/05/1986	Type of Informant: Driver	
Raca: Chinese			Language:	
Occupat SALES	ion:		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2023 12:50	Type of Location Straight Road
Location: WOODLAND Weather: Glear	S AVENUE 12	Road Surface:		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
One Way				

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9897A	Van					0
SDV3268L	Car					0
SMR7066R	Car					ő



T/20230328/2062

Police Station Of Origin: Bedok South MPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 4 Report No. T/20230328/2082

CONTINUATION OF REPORT

Details of Perso	n involved				
Any Pedestrian li	nvalved: No				
No. of Pedestrian	is Injured: NilL	Use of Pedestria	n Cross	sing: NA	
Driver					
Name	TAN KHING KIAT)a	S8613709G	
Related Vehicle	GBD9897A (Van)		act No.	98881950	
Hospital/Clinic	LIM CLINIC & SURGERY	Class Drivin Licen Expir	ig	Class: 28,2A,2,3 Date of Expiry: NIL	
Date Treatment	28/03/2023	Date Discharge	harge 28/03/2023		
	ted Medical Leave 03	Degree of Injury			
Driver					
Name	NG CHIN FEI	ID No		S6835445E	
Related Vehicle	SDV3268L (Cer)		act No.	NIL	
Hospital/Clinic	MIL	Class Drivir Licen Expir	ıg	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	the production of the second		
No. of Days gran	ted Medical Leave NIL	Degree of Injury			
Driver					
Name	CHENG AH LEE	ID No	K.	87237792C	
Related Vehicle	SMR7066R (Car)	Conta	act No.	NIL	
Hospital/Clinic	NIL	Class Drivir Licen Expir	9	Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	NIL		
No. of Dave gran	ted Medical Leave NIL	Degree of Injury	NIL		

Brief Details.

On 28/03/2023 at about 1250hrs, I was driving my vehicle bearing the plate number (GBD9897A) along Woodlands Avenue 12 towards SLE on the merging lane. At the road shead after the merging point, there is broken down truck stopped along the road.

Subsequently, the vehicle in front of me bearing the plate number (SMR7066R) jammed break. Fortunately, I managed to break in time.

After that, I felt an impact coming from my rear. I discovered that another vehicle bearing the plate



Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448998



3 of 4 Report No. T/20236328/2082

CONTINUATION OF REPORT

number (SDV3288L) had hit onto my rear. This caused my vehicle to Inched forward and hit onto vehicle (SMR7086R). All the drivers then stepped out of their respective vehicles and exchanged particulars.

No Traffic Police or Ambulance came to the incident, I tried to retrieve the footages from my in-car dash camera however, to no avail. Subsequently, I went over to Lim Clinic & Surgery to make a check on myself and received 3 days of MC.



Police Station Of Origin: Bedak South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999



4.07.4

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 1 MUHAMMAD FAZLI
IDHAM BIN MOHD YAZID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 95476436

Date/Time: 28/03/2023 15:30

Classification Of Case: