

# 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 .....	31/03/2023 17:46 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/03/2023 17:05 (SGT)
Exact Location of Accident .....	Airport Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX2342E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ACE AUTOLUTION PTE. LTD.
Company Reg No .....	2XXXXX869W
Email Address .....	admin@aceauto.com.sg
Mobile Phone No .....	(Phone) +65-68441184
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00132022200

### DRIVER

Name of Driver .....	TAN MENG ZHONG
NRIC No .....	SXXXX096D
Date Of Birth .....	19/11/1973
Occupation .....	Indoor

Date Of Driving Pass .....	31/07/2006
Driving experience .....	16 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88024425
Alt. Phone Number .....	-
Email Address .....	autounitedsg@gmail.com
Address .....	BLK 223A SUMANG LANE #13-199
Address complement .....	-
Postcode .....	821223
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	1
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230331/7048

#### 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 .....	FBT7639H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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

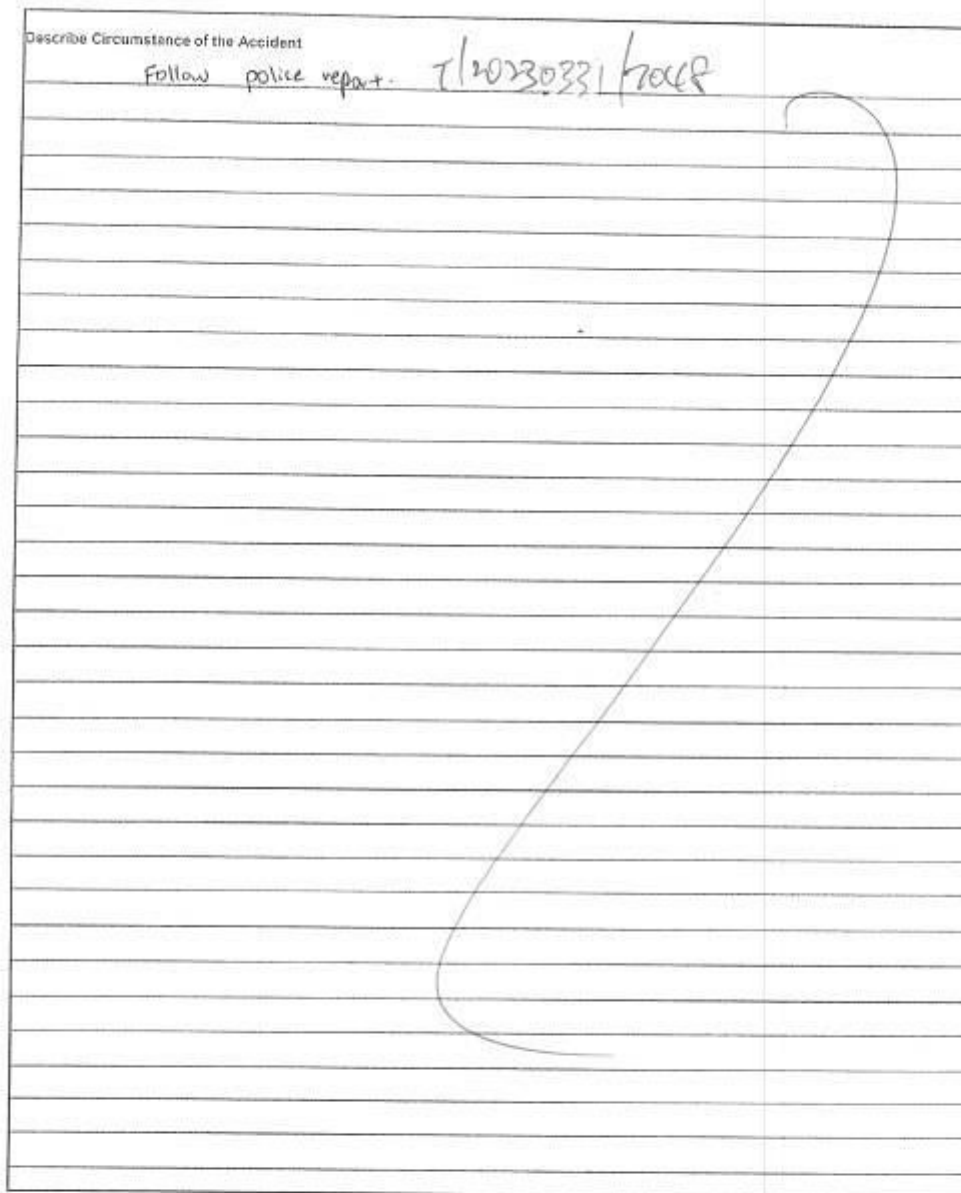
### INJURED 1

Name of injured person .....	TAN MENG ZHONG
Gender .....	Male
Phone No .....	(Phone) +- .....
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJX2342E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstance of the Accident

Follow police report. T120230331/170468



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 31/03/2023

Witnessed by Reporting Centre Personnel  
(Name as in HRCID card)






















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230331/7048

1 of 4

Report No. T/20230331/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/03/2023 15:27		Vide Report No.: G/20230330/0140		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN MENG ZHONG			Address: 223A SUMANG LANE #13-199 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S7346096D			Contact No.: Home/Office: Mobile: 88024425		
Nationality: SINGAPORE CITIZEN			Email: SAMQ3821@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 19/11/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Admin			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2023 17:05	Type of Location: Straight Road	
Location:  AIRPORT ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBT7639H	Motorcycle					0
SJX2342E	Car	TOYOTA	VIOS			0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230331/7048

2 of 4

Report No: T/20230331/7048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX2342E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
DRIVER				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	FBT7639H (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	TAN MENG ZHONG		ID No.	S7346096D
Related Vehicle	SJX2342E (Car)		Contact No.	88024425
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	31/03/2023		Date	31/03/2023
No. of Days granted Medical Leave		05	Degree of	Slight

Brief Details.

ON THE ABOVE STATED TIME & DATE, I WAS DRIVING ALONG KPE TOWARD MCE (AIRPORT RD EXIT). DUE TO RED LIGHT TRAFFIC, THE VEHICLES INFRONT OF ME SLOW DOWN TO A STOP, THUS I FOLLOW SUIT TO SLOW DOWN AND STOP MY VEHICLE. AFTER A FEW SECONDS, I SUDDENLY FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A. WHEN I ALIGHTED FROM MY VEHICLE A, I REALISED THAT VEHICLE B HAS COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT I FELT PAIN AT MY NECK, SHOULDER AND LOWER BACK, THUS I WENT TO SEEK CONSULTATION AT SUNSHINE CLINIC FAMILY PRACTICE & SURGERY AND WAS GIVEN 5 DAYS MC.

VEHICLE A - SJX2342E  
VEHICLE B - FBT7639H



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230331/7048

3 of 4

Report No: T/20230331/7048

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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Tel No: 65470000



T/20230331/7048

4 of 4

Report No. T/20230331/7048

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
CHONG GUAN FATT  
Contact No.: 65472077

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
31/03/2023 15:27

Classification Of Case:



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN08233V0007 Vehicle Registration No: STX2342D  
 Name (as shown in NRIC): Tan Xiang Hui NRIC/FIN/Passport No: SXXXX096D  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88024421  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/03/2023 Time of Accident: 17:05  
 Place of Accident: Marine Road  
 Insurance Company: Chua Tarping

**(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:

Policy Number to DMPC8N400132012200  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

[Signature] 05/04/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

01jun2022