

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	03/04/2023 13:39 (SGT)
Reported by	Actual Driver
Date of Accident	02/04/2023 09:10 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	TWDS KALLANG ROAD BEFORE LORONG 3 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7774G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119742081-02-000042

DRIVER

Name of Driver	TAN BEE TIONG
NRIC No	S6903139J
Date Of Birth	25/01/1969
Occupation	Outdoor

Date Of Driving Pass	27/09/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83578856
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 601B PUNGGOL CENTRAL #08-604
Address complement	-
Postcode	822601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	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

REFER TO POLICE REPORT: T/20230403/7024.

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	GBC8855H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN BEE TIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNF7774G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Page 4 of 22

[illegible]
$$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$$
$$\begin{aligned} & \text{Ergodicity of } \mathbb{Q}^n \text{ implies } \mathbb{Q}^n \text{ is } \mathbb{Q}^n \text{-ergodic.} \\ & \text{Ergodicity of } \mathbb{Q}^n \text{ implies } \mathbb{Q}^n \text{ is } \mathbb{Q}^n \text{-ergodic.} \\ & \text{Ergodicity of } \mathbb{Q}^n \text{ implies } \mathbb{Q}^n \text{ is } \mathbb{Q}^n \text{-ergodic.} \end{aligned}$$

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax _____
Signature _____

Geylang Road towards Kallang Road

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SNF77746
(B) GBC88554

Refer to traffic police report no:

T/20230403/7024

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/we declare that the information provided is true and correct to the best of my/our knowledge.

Declarer's Signature:

Date & Time: _____

Witness Signature:

Date & Time: _____

Reporting Centre Representative's Signature:

Name: _____

Date & Time: _____



**SINGAPORE
POLICE FORCE**



T/20230403/7024

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

1 of 3

Report No. T/20230403/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 03/04/2023 12:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN BEE TIONG			Address: 601B PUNGGOL CENTRAL #08-604 SINGAPORE 822601		
ID Type / ID No.: NRIC NO / S6903139J			Contact No.: Home/Office: Mobile: 83578856		
Nationality: SINGAPORE CITIZEN			Email: JOHNTAN2501@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 25/01/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/04/2023 09 10	Type of Location: Straight Road
Location: geylang road towards kallang road before lorong 3 geylang				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC8855H	Lorry					0
SNF7774G	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T:20230403:7024

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

2 of 3

Report No. T:20230403:7024

CONTINUATION OF REPORT

Driver			
Name	TAN BEE TIONG	ID No.	S6903139J
Related Vehicle	SNF7774G (Car)	Contact No.	83578856
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry	Class NIL Date of Expiry: NIL
Date	03/04/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 02/04/2023 at about 0910 hours at along Geylang Road towards Kallang Road before Lorong 3 Geylang. I was travelling on the extreme right lane and turning into Lorong 3 Geylang. Suddenly, a vehicle (B) from my left veered into my lane without cautious and without checking his blind spot and hit onto the left portion of my vehicle (A) causing damages to my vehicle. I wish to state that he turn right on a 'go straight' lane and after the impact, he did not stop. After the accident, I felt discomfort and went to consult a doctor and was given 07 days MC for my injury.
I wish to state that this is a hit and run accident.

Vehicles involving in the situation:

- (A) SNF7774G
- (B) GBC8855H



**SINGAPORE
POLICE FORCE**



T/20230403/7024

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

3 of 3

Report No: T/20230403/7024

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

NP166

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

Date/Time:
03/04/2023 12:00

Classification Of Case: