

## 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	01/04/2023 12:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 22:40 (SGT)
Exact Location of Accident	Pasir Ris Street 11, Singapore
Additional Location Information	TWDS PASIR RIS DRIVE 1 BEFORE PASIR RIS ST 13
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE421B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BINGHAN
NRIC No	S8119451C
Email Address	MARK_GUY81@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96727324
Alternative Phone No	-

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC00088

#### DRIVER

Name of Driver	TAN BINGHAN
NRIC No	S8119451C
Date Of Birth	19/06/1981
Occupation	Outdoor

Date Of Driving Pass	11/07/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96727324
Alt. Phone Number	-
Email Address	MARK_GUY81@YAHOO.COM.SG
Address	BLK 424D YISHUN AVE 11 #07-320
Address complement	-
Postcode	764424
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	UNKNOWN
Gender	Male

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/20230401/7012.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1



**SKETCH PLAN**

**IMPORTANT NOTICE**

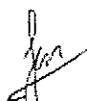
- 1. Please report **correctly** the details of the accident to assist up the claims process.
- 2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
- 3. Information provided must be **truthful and accurate as possible**. Any willful statement or willful misapp of material facts may allow the insurer to **repudiate policy liability**.
- 4. The Accidental circumstances of the motor accident must be reported as well as the name of the insured's insurer.
- 5. **Any false reporting may be referred to the Police for investigation.**
- 6. This report will be forwarded to the insurers of the SMC for claims Management being established by the General Insurance Association of Singapore (GIAS). It is a legal requirement and will be a free for use by all the parties and other interested parties.
- 7. By the lodging of this report to the insurers, you hereby consent to the disclosure of this report to the relevant insurers of the report being made available if needed.

**Consent under the Personal Data Protection Act (PDPA)**

I understand and acknowledge the following statement that:

- (a) My claim (regardless of the type of accident) is covered by a contract of insurance ("GIA") that will require the disclosure of relevant accident information and details of personal information ("PI") and details of a "contract" provided by me or authorised third parties and collected from the **Personal Information** and disclosure of "contract" Personal Information to all relevant parties who may require such information as stated in this consent (where necessary have provided contact information). This consent may be made being referred to as the **"Insurers"**, the "insurers" involved with the Motor Vehicle Agreement, a "Insurer" and any relevant government agencies/body (such as the police) for the purposes of:
  - (i) processing, handling and dealing with my claim, including the settlement of the claim and any necessary investigation relating to the claim;
  - (ii) investigating the accident and/or my claim;
  - (iii) getting my car and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claim (including the mailing of correspondence, statements, invoice, reports or notices to me, which come with or include of certain personal data about me relating about delivery of the car as well as on the external cover of envelopes and packages) and/or;
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the **Purposes**);
- (b) all insured] who have insured their motor vehicle with SMC and the Insurers, I agree to allow the Insurers to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may be disclosed by any of the Insurers and/or to their third party service providers or agents (including their lawyers, etc.) who may be based outside of Singapore for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used by consumer claims lawyers for the purpose of third party claims investigation and management in accident and all future cases;
- (e) the information so collected under (a) above may be shared to:

  - (i) the Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, repudiation, alleged misclaim and government agencies or as reasonably required for the purposes stated; or
  - (ii) for complying with relevant laws, regulations, judgments, laws and court orders.

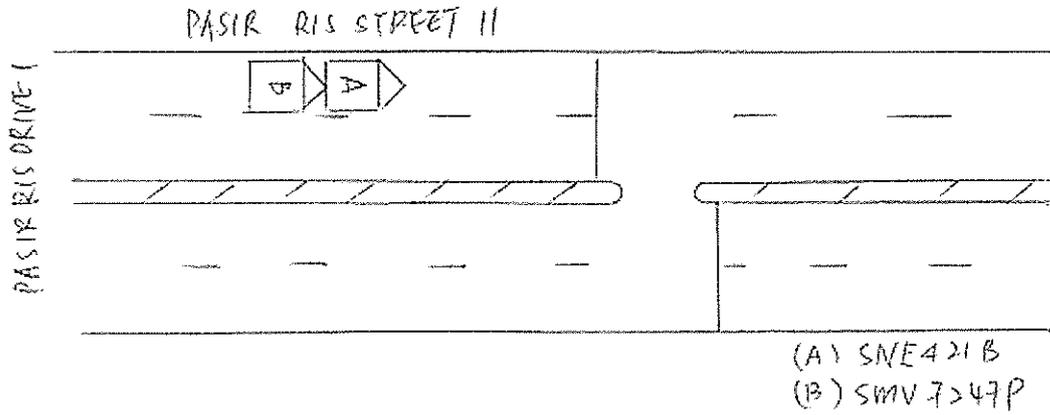
  
 Policyholder's Signature  
 Date & Time

  
 Driver's Signature  
 I hereby consent the policyholder  
 Date & Time

Reporting Centre Personnel's Signature  
 Name  
 NRIC No. (if any)

I hereby authorise SMC Motor Pte Ltd to send my Accident report to my workshop via email / fax  
 Signature \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO TP REPORT

NO. T/20230401/7012

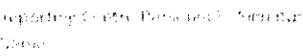
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(We declare the foregoing particulars are true in every respect)

  
Policyholder's Signature  
Date & Time

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

  
Reporting Officer (Police or TPA) Signature  
Date  
NEB File No.



**SINGAPORE  
POLICE FORCE**



T:202304017012

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

1 of 3

Report No: T:202304017012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2023 10:37	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN BINGHAN		Address: 424D YISHUN AVENUE 11 #07-320 SINGAPORE 764424	
ID Type / ID No.: NRIC NO / S8119451C		Contact No.: Home/Office:                      Mobile: 96727324	
Nationality: SINGAPORE CITIZEN		Email: MARK_GUY81@YAHOO.COM.SG	
Sex: Male	Age: 41	Date of Birth: 19/06/1981	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 Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 22:40	Type of Location: Straight Road
Location:  PASIR RIS STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMV7247P	Car					0
SNE421B	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S/R	Grey		1



**SINGAPORE  
POLICE FORCE**



T:20230401/7012

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

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Report No: T:20230401/7012

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE421B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MZC00088	17/02/2023	16/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BINGHAN	ID No.	S8119451C
Related Vehicle	SNE421B (Car)	Contact No.	96727324
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/04/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 31/03/2023 at about 2240 hours, I was travelling on the second lane from the right along Pasir Ris Street 11 towards Pasir Ris Drive 1 before Pasir Ris Street 13 and came to a complete stop while waiting for the traffic light to turn 'green'. Suddenly, I heard a loud bang from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle. After the accident, I felt unwell and went to consult a doctor and was awarded 7 days of MC for my injury.

Vehicle A: SNE421B  
Vehicle B: SMV7247P



**SINGAPORE  
POLICE FORCE**



T:202304017012

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

3 of 3

Report No. T:202304017012

**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 / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/04/2023 10.37
Classification Of Case:

NF168