

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	08/05/2023 13:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 22:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEFORE JUNCTION OF PIONEER ROAD NORTH TOWARDS JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG563B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHONG PHUAN, TERENCE
NRIC No	SXXXX491H
Email Address	terence.tancp@surbanajurong.com
Mobile Phone No	(Phone) +65-90622336
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	HONDA / SHUTTLE 1.5G CVT
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	1496

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TAN CHONG PHUAN, TERENCE
NRIC No	SXXXX491H
Date Of Birth	07/01/1973

Occupation	Indoor
Date Of Driving Pass	18/07/1996
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90622336
Alt. Phone Number	-
Email Address	terence.tan@surbanajurong.com
Address	651A JURONG WEST STREET 61 #07-376 SPORE 641651
Address complement	-
Postcode	-
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	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)	3
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	JESSILIA TAN RUI QI
Gender	Female

PASSENGER 2

Name	CHEW AH MUAY
Gender	Female

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 SKETCH PLAN/POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP787H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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 CHONG PHUAN, TERENCE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG563B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JESSILIA TAN RUI QI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG563B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


INJURED 3

Name of injured person	CHEW AH MUAY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG563B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


SKETCH PLAN

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- 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)**
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")
(b) 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.


Policyholder's Signature / Date & Time

Sketch Plan

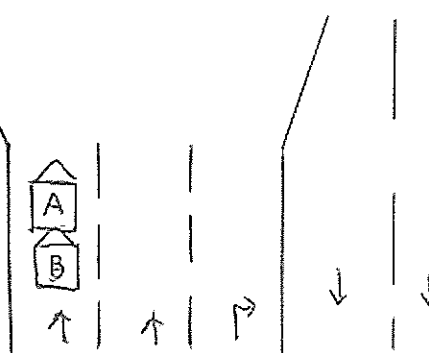

Driver's Signature (If driver is not the policyholder) / Date & Time

Pioneer Road North towards


Witnessed by Reporting Centre Personnel

Jalan Ahmad Ibrahim

Boonlay Way



Upper Jurong Road

(A) SMH563B

(B) YP787H


Describe Circumstances of the Accident

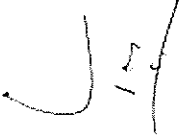
attached
TP Report: 7/20230508/7025

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230508/7025

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

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Report No T/20230508/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 11:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHONG PHUAN, TERENCE			Address: 651A JURONG WEST STREET 61 #07-376 SINGAPORE 641651		
ID Type / ID No.: NRIC NO / S7300491H			Contact No.: Home/Office: Mobile: 90622336		
Nationality: SINGAPORE CITIZEN			Email: terence.tanpc@surbanajurong.com		
Sex: Male	Age: 50	Date of Birth: 07/01/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Assistant electronics engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 22:35	Type of Location: X-Junction
Location: Pioneer road north				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow:		Traffic Control:		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	Condition	No of Passenger
SMG563B	Car	HONDA	SHUTTLE 1.5G CVT	Black		2
YP787H	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230508/7025

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

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Report No T/20230508/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG563B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00727721/03	30/11/2019	29/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	CHEW AH MUAY		ID No.	S0491005B
Related Vehicle	SMG563B (Car)		Contact No.	NIL
Hospital/Clinic	SUNSHINE FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/05/2023		Date	NIL
No. of Days granted Medical Leave		07	Degree of	Serious
Driver				
Name	TAN CHONG PHUAN, TERENCE		ID No.	S7300491H
Related Vehicle	SMG563B (Car)		Contact No.	90622336
Hospital/Clinic	SUNSHINE FAMILY CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/05/2023		Date	NIL
No. of Days granted Medical Leave		07	Degree of	Serious

Brief Details.

On 06/05/2023 at about 2235 hours at before junction of Pioneer Road North and Boon Lay Way towards Jalan Ahmad Ibrahim, I was travelling at the extreme left lane on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact 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 2 passengers onboard. After the accident, one of my passenger and I went to consult a doctor and was given 7 days MC for my injury.

Vehicles involving in the situation:

(A)SMG563B

(B)YP787H



SINGAPORE
POLICE FORCE



T/20230508/7025

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

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Report No T/20230508/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
08/05/2023 11.30

Classification Of Case:

NP168