

# 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 .....	27/05/2023 11:37 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/05/2023 11:47 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TUAS BEFORE KALLANG ROAD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC1822G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAY BOON WEE
NRIC No .....	S1690213F
Email Address .....	ken83838347@gmail.com
Mobile Phone No .....	(Phone) +65-83838347
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla180
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124807295-01

### DRIVER

Name of Driver .....	ELDON CHAN BOON THAO
NRIC No .....	T0234485D
Date Of Birth .....	05/11/2002
Occupation .....	Indoor

Date Of Driving Pass .....	20/05/2022
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-97656616
Alt. Phone Number .....	-
Email Address .....	eldonchan0511@gmail.com
Address .....	BLK 836 TAMPINES ST 82 #07-61
Address complement .....	-
Postcode .....	520836
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	3
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 SKETCH PLAN / POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE SIZE TOO BIG TO BE UPLOADED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH7680Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ABDULLAH
Contact Number .....	(Phone) +65-84991052
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	Passenger
Gender .....	Male

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNK7675H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	EMMANUEL
Contact Number .....	(Phone) +65-86682038
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	ELDON CHAN BOON THAO
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNC1822G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 27/05/2023 / 09:38

Report No: MT/

D.O.A: 26/05/2023

Vehicle No: SNC1822G

Reporting Type:

Time: 11:47 hrs

## SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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## 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.

27/05/23 / 9:38

Policyholder's Signature / Date &amp; Time

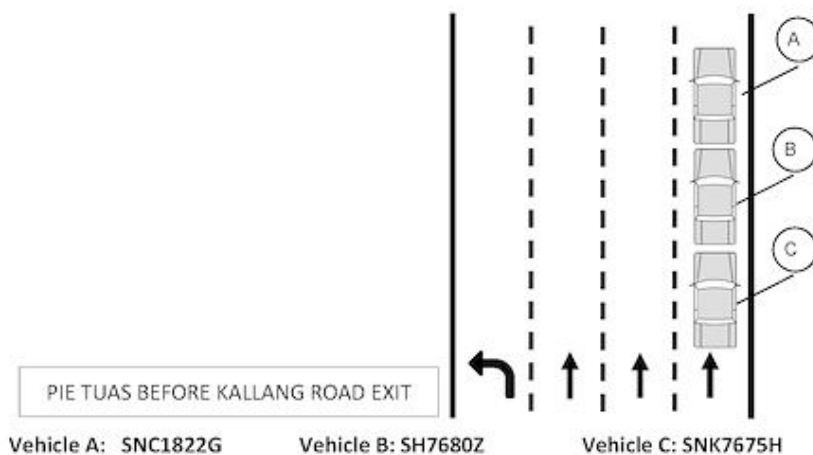
Sketch Plan

27/05/23 / 9:38

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

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Describe Circumstances of the Accident

Refer to Police Report

Declaration

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

27/05/23 / 9:38

Policyholder's Signature / Date & Time



27/05/23 / 9:38

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

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

























**SINGAPORE  
POLICE FORCE**



T/20230527/7013

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

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Report No. T/20230527/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2023 10:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ELDON CHAN BOON THAO			Address: 836 TAMPINES STREET 82 #07-61 SINGAPORE 520836		
ID Type / ID No.: NRIC NO / T0234485D			Contact No.: Home/Office: Mobile: 97656616		
Nationality: SINGAPORE CITIZEN			Email: ELDONCHAN0511@GMAIL.COM		
Sex: Male	Age: 20	Date of Birth: 05/11/2002	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: National Service Full Time			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2023 11:45	Type of Location: Expressway lane 1 before a bend
Location:  SIMS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SH7680Z	Car	TOYOTA	Taxi	Blue	Seriously Damaged	2
SNC1822G	Car	MERCEDES BENZ	CLA180	Silver	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20230527/7013

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

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Report No. T/20230527/7013

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SNK7675H	Car			Brown	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SNC1822G	NTUC Income Insurance Co-Operative Limited	5124807295-01	25/03/2023	24/03/2024	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	ABDULLAH		ID No.	NIL	
Related Vehicle	SH7680Z (Car)		Contact No.	84991052	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		Slight
Driver					
Name	ELDON CHAN BOON THAO		ID No.	T0234485D	
Related Vehicle	SNC1822G (Car)		Contact No.	97656616	
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	27/05/2023		Date	27/05/2023	
No. of Days granted Medical Leave		03	Degree of		Slight



**SINGAPORE  
POLICE FORCE**



T/20230527/7013

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

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Report No. T/20230527/7013

**CONTINUATION OF REPORT**

Driver			
Name	EMMANUEL	ID No.	NIL
Related Vehicle	SNK7675H (Car)	Contact No.	86682038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling along PIE heading towards city on lane 1 of the expressway. A bend was further up and there was a sign for vehicles to slow down. However instead of slowing down, vehicles in front came to a complete stop. My vehicle (Veh A) and the one behind (Veh B) came to a stop as well, but the third vehicle (Veh C) did not stop in time and crashed into Veh B, in turn causing Veh B to impact the rear of my vehicle (Veh A) as well.

Particulars were exchanged between us and some photos were taken.

There was headache and neck pain few hours after the accident.



**SINGAPORE  
POLICE FORCE**

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



T/20230527/7013

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Report No. T/20230527/7013

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
27/05/2023 10:45

Classification Of Case:

NP168