

## 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 .....	15/06/2023 15:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	13/06/2023 18:50 (SGT)
Exact Location of Accident .....	Jln Jambu Ayer, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB8521P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN MUI MUI (CHEN MEIMEI)
NRIC No .....	SXXXX494H
Email Address .....	ops@btntan.com
Mobile Phone No .....	(Phone) +65-64837260
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2980

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00018042201

#### DRIVER

Name of Driver .....	TAN KIM SEONG
NRIC No .....	SXXXX211B
Date Of Birth .....	02/03/1954
Occupation .....	Outdoor

Date Of Driving Pass .....	02/04/1979
Driving experience .....	44 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92357608
Alt. Phone Number .....	-
Email Address .....	ops@btntan.com
Address .....	BLK 237 SERANGOON AVENUE 3 #10-114
Address complement .....	-
Postcode .....	550237
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230614/2021

#### 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 .....	SLF6094R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

**IMPORTANT NOTICE**

**SKETCH PLAN**

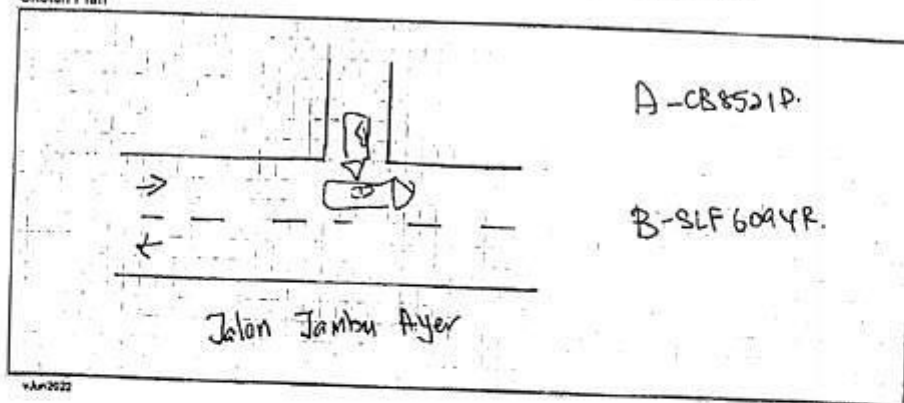
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the 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.
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)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) 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/ira1 packages); and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
    - (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 used outside of Singapore, for one or more of the above Purposes.

X *[Signature]* 15/6/23  
Policyholder's Signature / Date & Time

X *[Signature]*  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 15/06/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Please refer to Police Report- T/20230614/2021

Declaration

We declare the foregoing particulars are true in every respect.

M. M. 11/6/23  
Policyholder's Signature / Date & Time

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

15/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Jun 2022

3

CS CamScanner

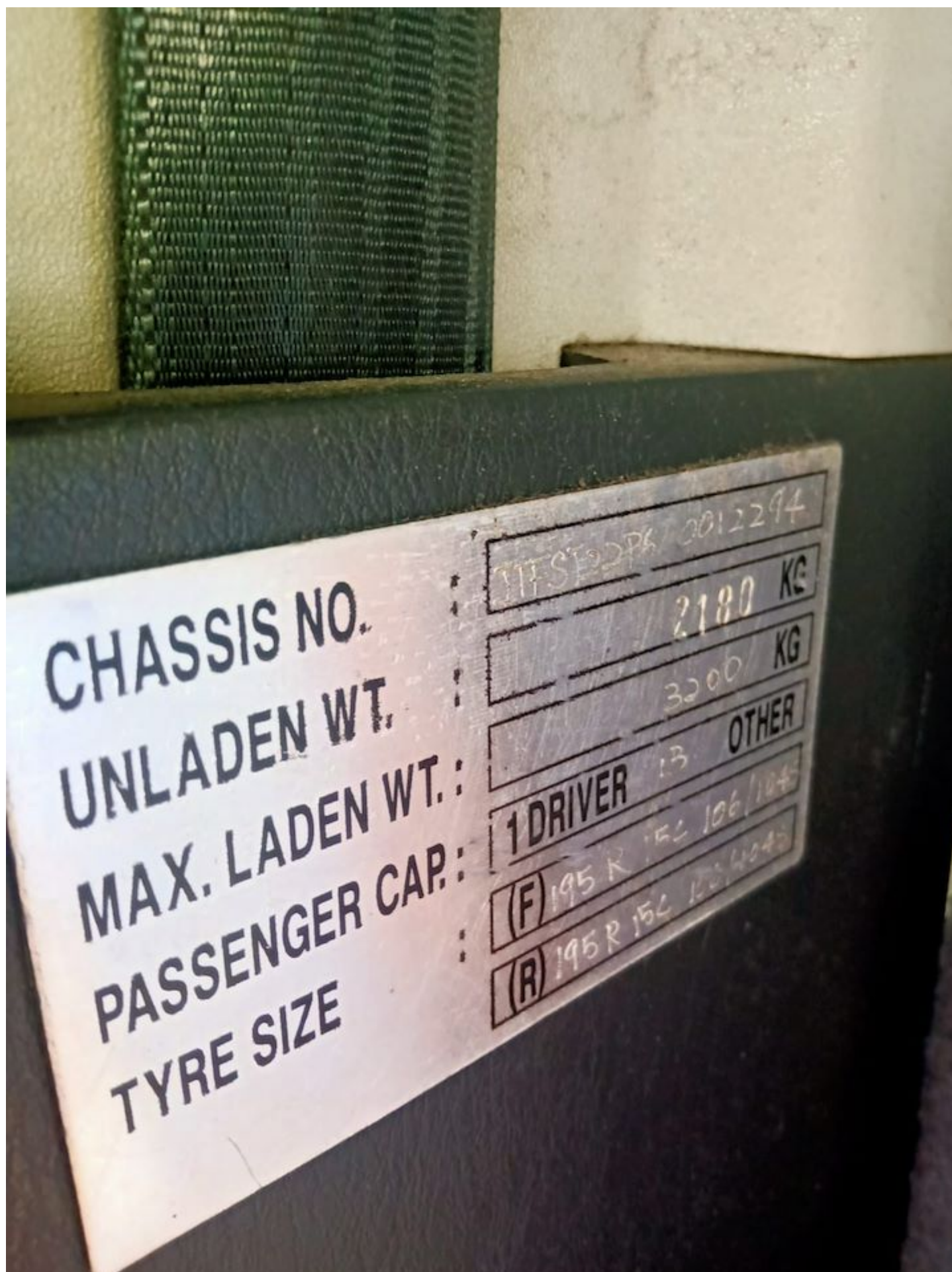






































































# SINGAPORE POLICE FORCE



T/20230614/2021

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3  
Report No. T/20230614/2021

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 10:28		Vide Report No.:	Station Diary No.: 34
<b>Informant's Particulars</b>			
Name of Informant: TAN KIM SEONG		Address: APT BLK 237 SERANGOON AVENUE 3 #10-114 SINGAPORE 550237	
ID Type / ID No.: NRIC NO / S0133211B		Contact No.: Home/Office: Mobile: 92357608	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 02/03/1954	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Bus driver		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 18:50	Type of Location: Straight Road
Location: JALAN JAMBU AYER				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8521P	Bus/Coach/Mi nibus				Slightly Damaged	2
SLF6094R	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230614/2021

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Report No. T/20230614/2021

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN KIM SEONG		ID No. S0133211B
Related Vehicle	CB8521P (Bus/Coach/Minibus)		Contact No. 92357608
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLF6094R (Car)		Contact No. 93885456
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 13/06/2023 at 1850hrs, I was driving along Jalan Jambu Ayer when driver of SLR6094R came out from Jalan Jambu Batu without stopping and collided into my left side of vehicle. There were 2 Cisco officers onboard at the point of time. One of the Cisco officer was injured on his left hand. We managed to exchange phone numbers. No one was conveyed to the Hospital.





**SINGAPORE  
POLICE FORCE**



T/20230614/2021

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93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20230614/2021

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 2 MUHAMMAD AQIL  
FAWWAZ BIN RAHMAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:  
14/06/2023 10:28

Classification Of Case: