# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 14/07/2023 17:02 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/07/2023 18:55 (SGT) Exact Location of Accident Seletar Expw., Singapore Additional Location Information **TOWARDS CTE AFTER WOODLANDS AVENUE 2** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SLG9241H

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHEE WEE NRIC No SXXXX517G Email Address jefftancheewee@gmail.com Mobile Phone No (Phone) +65-97417038 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Vezel 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00209242200

### DRIVER

Name of Driver TAN CHEE WEE NRIC No SXXXX517G Date Of Birth 12/07/1988 Occupation Indoor

Date Of Driving Pass 08/10/2015 Driving experience 7 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97417038 Alt. Phone Number Email Address jefftancheewee@gmail.com Address BLK 109A CANBERRA WALK #09-306 Address complement Postcode 751109 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230714/7026 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 **SLS4494P** 

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)	-

## **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person  Gender  Phone No  Address	TAN CHEE WEE Male (Phone) +65-97417038
Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

### SKETCH PLAN

### IMPORTANT HOTICE

- Flease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may alow insurance companies to repudiate policy flability.
- 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. The report will be forwarded by the insurers of the GM 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
- Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agencylauthority (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
- (ii) investigating the accident and/or my claims;
- (fi) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (W) administering my claims (including the maling of correspondence, statements, invoices, reports or notices to me, which could involve declosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopesimal
- (v) complying with applicable law in administering, processing, handling and/or dealing with my closes. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

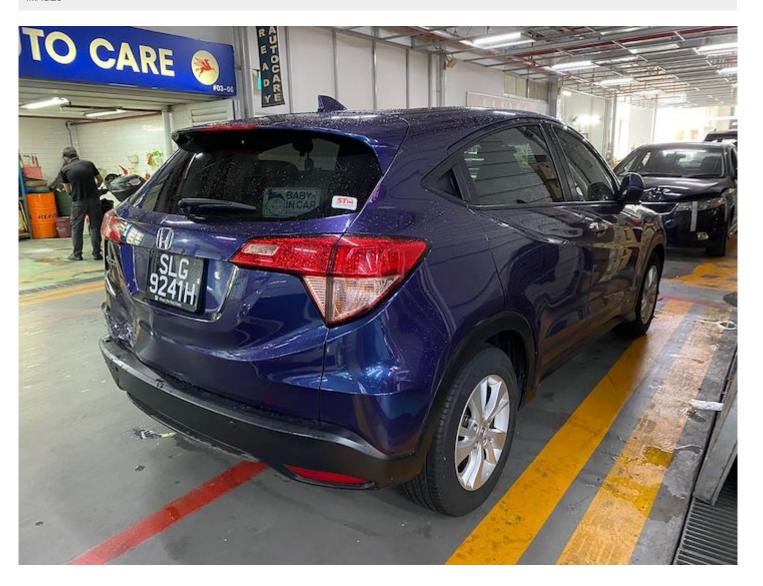
Policyholder's Signature / Date &

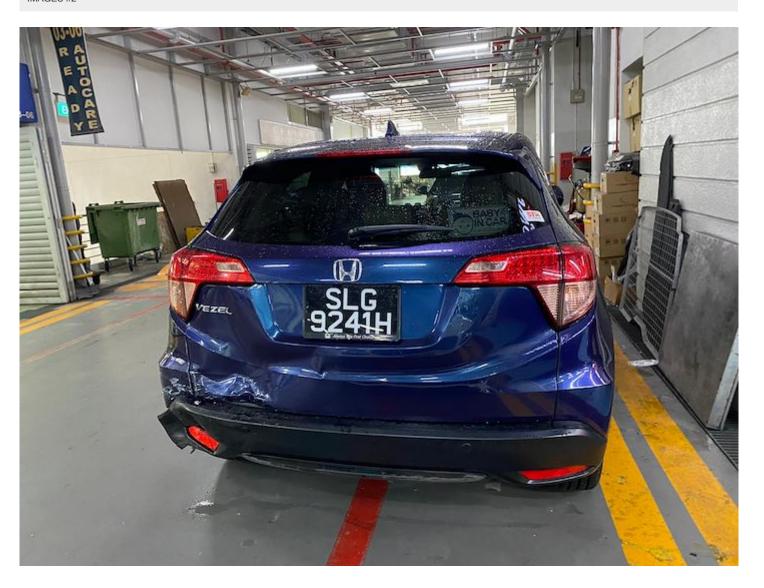
Driver's Signature (If driver is not the policyholder) / Date

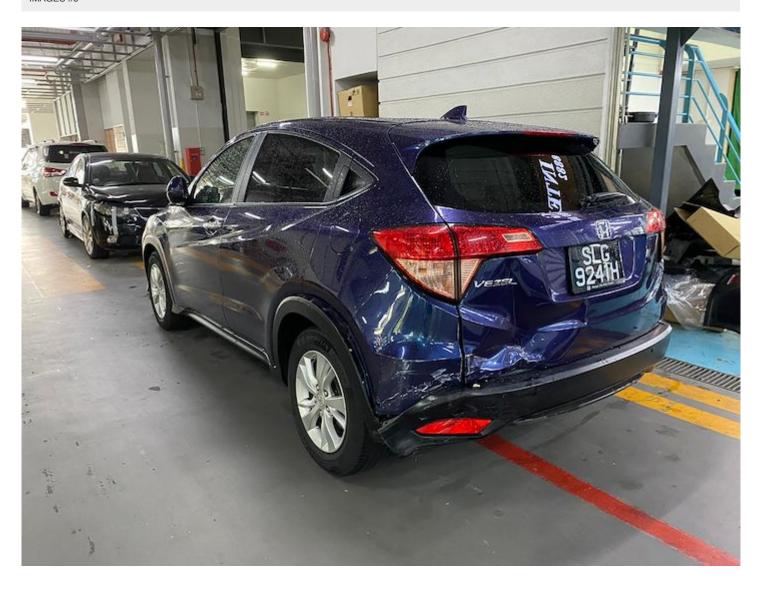
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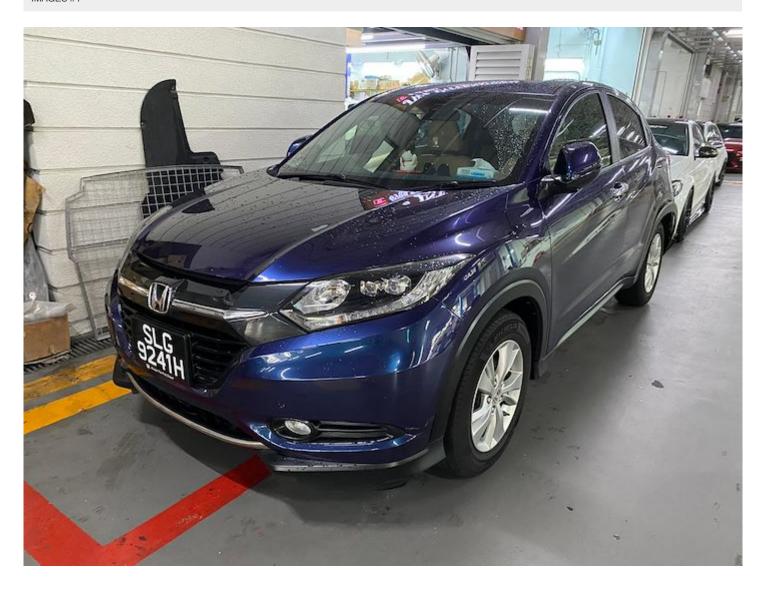
Sketch Plan

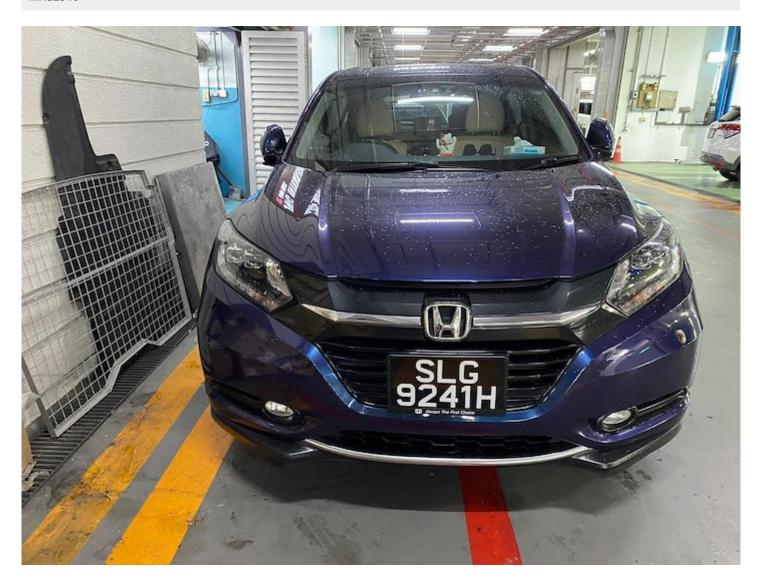
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230714/7026

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 14/07/2023 13:54		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		To the second se
Name of Informant: TAN CHEE WEE			Address: 109A CANBERRA WAL	K #09-306 SINGAPORE 751109
ID Type NRIC NO	/ ID No.: D / S88235	17G	Contact No.: Home/Office:	Mobile: 97417038
National SINGAP	ty: ORE CITIZ	EN	Email: JEFFTANCHEEWEE@	0 Harris 1991 (1992 1993 1993 1993 1994 1994 1994 1994 1994
Sex: Age: Date of Birth: Male 35 12/07/1988			Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Supervisor		Driving Licence Informat Class:	tion: Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2023 18:55	Type of Location	
	CTE after Woodlan	ds ave 2			
Weather:		Road Surface:			
e decemendada no constituiro		(300,000,000,000,000,000,000,000,000,000			
Traffic Flow:		Traffic Control:	T	Traffic Volume:	
Type of Collis	ion:			nyone conveyed by mbulance:	

Details of V	ehicle Invo	lved	diversity of the second	STADA	THE RESERVE	ALC: NO.
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLG9241H	Car	HONDA	VEZEL 1.5X	Blue	20110100	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG9241H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW002092 42200	The state of the s	17/10/2023





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

2 of 3 Report No. T/20230714/7026

### CONTINUATION OF REPORT

Details of Perso	on Involved	MICH STATE	THE RESERVE		100000	
Any Pedestrian I	nvolved: No			100000	1	
No. of Pedestria	ns Injured: NIL		Use of Pe	adaetria	Cross	sings NA
Driver		-	036 01 1 6	oucoulai	Cioss	sing: NA
Name	TAN CHEE WEE		ID No		S8823517G	
Related Vehicle	SLG9241H (Car)			Conta	ct No.	97417038
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree o	f	Serio	IS

### Brief Details.

On the stated date and time I vehicle SLG9241H was travelling straight along SLE towards CTE on lane 3.

I was moving straight and when my front vehicle stopped I gradually follow suit.

Suddenly I felt a huge impact from behind.

The impact caused me to be lunged forward only to be restrained by my seatbelt.

I later alighted and realised that vehicle SLS4494P had not stopped in time and slammed into my vehicle's rear portion.

After a while I felt pain on my neck, shoulders and lower back areas.

The next day the pain worsen and I proceeded to Norwood Medical Clinic to seek treatment and I was given 5 days MC.





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

3 of 3 Report No. T/20230714/7026

### CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2023 13:54
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476204	Classification Of Case: