

# 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 First Submission .....	07/07/2023 11:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	06/07/2023 17:45 (SGT)
Exact Location of Accident .....	Bukit Timah Expy, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLG4281A
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LION CITY RENTALS PTE LTD
Company Reg No .....	201504621K
Email Address .....	lcrarc@lioncityrentals.com.sg
Mobile Phone No .....	(Phone) +65-62525525
Alternative Phone No .....	(Office) +65-62525525

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D23MFL0002571

### DRIVER

Name of Driver .....	TU KIAN TSE
NRIC No .....	S1456405E
Date Of Birth .....	29/12/1960
Occupation .....	Outdoor

Date Of Driving Pass .....	18/05/1985
Driving experience .....	38 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93851333
Alt. Phone Number .....	-
Email Address .....	lcrarc@lioncityrentals.com.sg
Address .....	BLK 470 SEGAR ROAD #13-228
Address complement .....	-
Postcode .....	670470
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT . T/20230706/2124.

#### 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 .....	SMD959J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	TAN HSIANG HUI (CHEN XUANGHUI)
Contact Number .....	(Phone) +65-98410060
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**06072023 2110HRS**



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT . T/20230706/2124.

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

06072023 2110HRS



Witnessed by Reporting Centre Personnel















































**SINGAPORE  
POLICE FORCE**



T/20230706/2124

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20230706/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/07/2023 19:17	Video Report No.:	Station Diary No.: 90
--	-------------------	--------------------------

**Informant's Particulars**

Name of Informant: TU KIAH TSE	Address: APT BLK 470 SEGAR ROAD #13-228 SINGAPORE 670470		
ID Type / ID No.: NRIC NO / S1456405E	Contact No.: Home/Office: Mobile: 93851333		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 29/12/1960	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/07/2023 17:45	Type of Location:
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

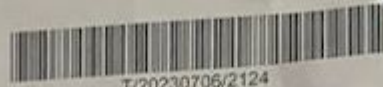
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG4281A	Car				Slightly Damaged	1
SMD959J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230706/2124

2 of 3

Report No: T/20230706/2124

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TU KIAH TSE	ID No.	S1456405E
Related Vehicle	SLG4281A (Car)	Contact No.	93851333
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 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	Tan Hsiang Hui (Chen Xianghui)	ID No.	S7309837H
Related Vehicle	SMD959J (Car)	Contact No.	98410060
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 06/07/2023 @ about 1745hrs, I was in my vehicle (SLG4281A) driving along BKE, I was at the Mandai Flyover and was on Lane 3.

At that point of time the traffic heavy, and the vehicle in front of me (SMD959S) suddenly braked, I also braked but my vehicle did not managed to fully stop on time, resulting in my vehicle's front colliding with SMD959S's rear.

Both the driver of SMD959S and I exited our vehicles and assessed the damage of both our vehicles, to which we discovered that my vehicle's front bumper suffered a slight dent and slight scratches.

Both the driver of SMD959S and I then agreed to privately settle, I also informed my company Grab to which they informed me that I have to make a police report of the matter for their follow up.

I wish to state that my vehicle has a dashcam however it was not on.

**SINGAPORE  
POLICE FORCE**

T/20230706/2124

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20230706/2124

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 1 DARREN WONG KIN  
SOONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
06/07/2023 19:17

Officer In Charge Of Case:  
TP / GIA /  
STAFF SGT MUHAMMAD NORSIDDIQ BIN  
IBRAHIM  
Contact No.: 65476138

Classification Of Case:

NP168



