

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	20/07/2023 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 08:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK IN SENTOSA (VIP B1)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH3204B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHU CHOON
NRIC No	S1649120I
Email Address	TCC.ROBIN@GMAIL.COM
Mobile Phone No	(Phone) +65-96777070
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
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	0

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11398005

DRIVER

Name of Driver	TAN CHU CHOON
NRIC No	S1649120I
Date Of Birth	26/03/1964
Occupation	Indoor

Date Of Driving Pass	02/11/1981
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96777070
Alt. Phone Number	-
Email Address	TCC.ROBIN@GMAIL.COM
Address	25 FERNVALE ROAD #03-19
Address complement	-
Postcode	797639
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	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)	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 POLICE REPORT; T/20230720/7023.

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	SMR3833U
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHU CHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH3204B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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 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	 Driver's Signature (If driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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Sketch Plan

Please refer to the police report no :

T/20230720 / 7623

I/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/20230720/7023

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

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Report No. T/20230720/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 12:41		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TAN CHU CHOON		Address: 25 FERNVALE ROAD #03-19 SINGAPORE 797639		
ID Type / ID No.: NRIC NO / S16491201		Contact No.: Home/Office: Mobile: 96777070		
Nationality: SINGAPORE CITIZEN		Email: tcc.robin@gmail.com		
Sex: Male	Age: 59	Date of Birth: 26/03/1964	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: SALON HELPER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2023 20:45	Type of Location: Car Park
Location: CAR PARK SENTOSA (VIP B1)				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR3833U	Car					3
SNH3204B	Car	BYD	E6 (ME-2)	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNH3204B	AVIVA LTD	11398005	17/10/2022	16/10/2023



**SINGAPORE
POLICE FORCE**



T/20230720/7023

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

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Report No. T/20230720/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHU CHOON	ID No.	S16491201
Related Vehicle	SNH3204B (Car)	Contact No.	96777070
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/07/2023	Date	20/07/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 19.07.2023 ABOUT 2044 HRS. I WAS TRAVELLING STRAIGHT IN CAR PARK SENTOSA. SUDDENLY, THE VEHICLE SMR 3833U COME OUT FROM RIGHT SIDE AND COLLIDED ONTO MY VEHICLE SNH 3204B. SHE WAS NOT STOP IN THE STOP LANE.

I FELT AN PAIN ON MY NECK AND MY BACK AFTER THE ACCIDENT. I WAS GIVEN 5 DAY MC FROM OUR FAMILY PHYSICIAN CLINIC & SURGERY.



**SINGAPORE
POLICE FORCE**

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



T/20230720/7023

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Report No. T/20230720/7023

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
20/07/2023 12:41

Classification Of Case:

NP168



Singapore Life Ltd, 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807 Tel: (65) 6379913 singlife.com

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1960
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER, 11398005

1) VEHICLE REGISTRATION NO.	SNH3204B
CHASSIS NO.	LC0CE4DC5N0267092
ENGINE/MOTOR NO.	BYD1814TZXS322040170
2) NAME OF INSURED	
FAMILY NAME	TAN
GIVEN NAME	Chu Choon
3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT	17-Oct-2022 00:00hours
4) DATE OF EXPIRY OF INSURANCE	16-Oct-2023 23:59hours
5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE	
You and 1 named driver	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.	
Please refer to the policy document for full terms and conditions.	
6) LIMITATIONS AS TO USE*	
Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
NAMED DRIVER	
FAMILY NAME	KONG
GIVEN NAME	MEE ING
7) FINANCE COMPANY	TOKYO CENTURY LEASING SINGAPORE PTE LTD

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 16-Oct-2022 at 11:42hours

Singapore Life Ltd.

IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit <https://singlife.com/CarRepairers>. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

Pearlyn Phau
Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

ORIGINAL
Singapore Life Ltd, 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8