

# 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 .....	26/06/2023 15:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/06/2023 22:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	lorong 2 toa payoh
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB959G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN SWEE HIN VICTOR
NRIC No .....	SXXXX052H
Email Address .....	victan2010@gmail.com
Mobile Phone No .....	(Phone) +65-96873671
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
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 your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	CN016681

### DRIVER

Name of Driver .....	TAN SWEE HIN VICTOR
NRIC No .....	SXXXX052H
Date Of Birth .....	12/09/1959
Occupation .....	Indoor

Date Of Driving Pass .....	24/11/2003
Driving experience .....	19 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96873671
Alt. Phone Number .....	-
Email Address .....	victan2010@gmail.com
Address .....	215 SERANGOON AVENUE 4 #03-120 SINGAPORE
Address complement .....	-
Postcode .....	550215
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 .....	1
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) .....	5
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 .....	PASS 1
Gender .....	Male

#### PASSENGER 2

Name .....	PASS 2
Gender .....	Male

#### PASSENGER 3

Name .....	PASS 3
Gender .....	Female

#### PASSENGER 4

Name .....	PASS 4
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

please see the police report

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 ..... SLU7339A  
Vehicle Manufacturer ..... Volkswagen  
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 ..... CHAN CHAI AUN  
Gender ..... Male  
Phone No ..... -  
Address ..... 431 CHOA CHU KANG AVENUE 4 SINGAPORE  
Address Complement ..... -  
Post Code ..... 680431  
Approximate Age Years Old ..... -  
Injuries Sustained ..... PLEASE SEE POLICE REPORT  
Injured person in which vehicle? ..... SLB959G  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

Lorons 2 Toa payoh

A' 8LB959 G

B' SLU7339A



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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see the police report

DECLARATION

I/We declare the foregoing is correct and true to the best of my/our knowledge.

*[Signature]*

Driver's Signature  
Date: 20/10/2018

Driver's Signature  
Date: 20/10/2018

Registering Officer's Signature  
Date: 20/10/2018































SINGAPORE  
POLICE FORCE



T/20230625/2050

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

4 of 4

Report No. T/20230625/2050

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /  
SR STAFF SGT MUHAMAD  
KHAIRI BIN SUBAGIO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

Date/Time:  
25/06/2023 16:19

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20230625/2050

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

3 of 4

Report No. T/20230625/2050

**CONTINUATION OF REPORT**

that my friend was seated at the rear left side of the passenger seat.



**SINGAPORE  
POLICE FORCE**



T/20230625/2050

1 of 4

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20230625/2050

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2023 16:19	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: TAN SWEE HIN VICTOR	Address: APT BLK 215 SERANGOON AVENUE 4 #03-120 SINGAPORE 550215		
ID Type / ID No.: NRIC NO / S1345052H	Contact No.: Home/Office: Mobile: 96873671		
Nationality: SINGAPORE CITIZEN	Email: victan2010@gmail.com		
Sex: Male	Age: 63	Date of Birth: 12/09/1959	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Retiree	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: 24/06/2023 22:25	Type of Location:
Location:  LORONG 2 TOA PAYOH				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB959G	Car	HONDA	VEZEL 1.5X CVT	Maroon	Slightly Damaged	4
SLU7339A	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB959G	ETIQA INSURANCE BERHAD	M0040372	04/03/2023	03/03/2024





**SINGAPORE  
POLICE FORCE**



T/20230625/2050

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

2 of 4  
Report No. T/20230625/2050

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Chan Chai Aun	ID No.	S1465284A
Related Vehicle	SLB959G (Car)	Contact No.	96445659
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/06/2023	Date Discharge	24/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN SWEE HIN VICTOR	ID No.	S1345052H
Related Vehicle	SLB959G (Car)	Contact No.	96873671
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name			
Name	Yeo Keng Sai	ID No.	S2511113C
Related Vehicle	SLU7339A (Car)	Contact No.	96333304
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 24/06/2023 at about 2225hrs, I was driving my car (SLB959G) along Lorong 2 Toa Payoh entering PIE towards Serangoon. Upon entering PIE, I was in the filter lane and I saw a bus on my right. I gradually slow down my car and came to a stop. After I stop my car, I felt that my car was bang from the rear and the impact was moderate. I get down from my car to make a check. I observed that a car (SLU7339A) bang the rear of my car. The driver of the said car also get down and apologised to me. We exchanged particulars and took photos of the scene and left. The other driver did not complaint of any injury. After leaving the accident scene, my friend complaint of pain on the lower back thus we went to KTPH to make a check. My friend was given 5 days of MC starting from 24/06/2023. I would like to state



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SB04236Q0001 Vehicle Registration No: SLB959G  
 Name (as shown in NRIC) : Tan Jue Hin victiv NRIC/FIN/Passport No : S13450584  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate #03-170  
 Address : Blk 215 Serangoon Avenue 4 Singapore (550751)  
 Contact (Tel) : 96873671 Mobile No.: 96873671  
 Email Address : victiv210@gmail.com  
 Date of Accident : 24/6/2023 Time of Accident : 22:25pm  
 Place of Accident : lorong 2 tegayoh  
 Insurance Company: etiga Insurance.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Ambulance type 'yes' change to 'no'

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Policyholder / Driver's Signature  
 Date:

24/6/2023

Reporting Centre Personnel's Signature

Name: Olivia Pua  
 NRIC/FIN No.: S8812786X  
 Date:

24/6/2023



**Khoo Teck Puat  
Hospital**

National Healthcare Group

MEDICAL CERTIFICATE (Ref:1219958542)

ORIGINAL

NAME: CHAN CHAI AUN

NRIC: S1465284A

Type of Medical Leave granted: **Outpatient Sick Leave**


The above-named patient is unfit for duty for 5 day(s) from 24/06/2023 to 28/06/2023 Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from 24/06/2023 23:24 to 25/06/2023 01:54.

25/06/2023  
Date

Dr. Janaki MUNIANDY (64366A)  
Issued by

  
Signature

Location: KTPH EMERGENCY





**MOTOR COVER NOTE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1966  
 ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Date: 13/02/2023

Cover Note No.: CN016681

The Insured having proposed for insurance in respect of the vehicle described below, it is hereby Held Covered according to the Company's usual policy form applicable and other terms which may be specifically agreed. This cover may be terminated by the Company in writing in which case the Company shall be entitled to charge a sum in proportion to the annual premium for the time on risk.

**SCHEDULE**

Insured Name	: TAN SWEE HIN VICTOR	Registration No.	: SLB959G
Make & Model	: Honda Vezel E-Hev 1.5X CVT SUV	Engine Capacity	: 1496
Engine No.	: L15B4029137	Year of Registration	: 2016
Chassis No.	: RU11109133		
Coverage	: Comprehensive		
Period of Insurance	: From 04/03/2023 to 03/03/2024		
Finance / Hire Purchase	: Not Applicable		
Remarks	:		

I/WE HEREBY CERTIFY that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Etiqua Insurance Pte. Ltd.

Note: This Cover Note is only valid for 30 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

Authorised Signature

**IMPORTANT NOTICE****PREMIUM PAYMENT FRAMEWORK****i. For Individual Policyholders**

In accordance with the GIA's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Motor Cover Note issued to Individual Policyholders shall not be in force unless premium is paid in full to the Company or intermediary on or before the date of inception of this insurance, be it new or renewal.

**ii. For Corporate Policyholders**

This Motor Cover Note carries a Premium Payment Warranty for Corporate Policyholders, which requires the premium to be paid in full within 60 days from the date of inception of this insurance, be it new or renewal.

If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-days period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00 + GST.

**Policy Owners' Protection Scheme**

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**PERSONAL DATA USE**

Any information collected or held by us whether contained in your application or otherwise obtained may be used and / or disclosed to our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters relating to your application, any policy issued and to provide advice or information concerning products and services which we believe may be of interest to you and to communicate with you for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.

Etiqua Insurance Pte. Ltd. (Company Reg. No. 201331905K)  
 One Raffles Quay #22-01 North Tower Singapore 048583  
 T: +65 6336 0477 F: +65 6339 2109 [www.etiqua.com.sg](http://www.etiqua.com.sg)

**TAX INVOICE (Interim)**

Page 2 of 2

 BILL REF. NO.  
5721025195D-00001

 BILL DATE  
24 JUN 2023

 PATIENT NAME  
MR. CHAN CHAI AUN

 NRIC / FIN / MRN  
S1465284A

MR. CHAN CHAI AUN	TOTAL AMOUNT PAYABLE		135.00
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE	AMOUNT (\$)
MR. CHAN CHAI AUN			-135.00
(NETS - 24.06.2023, RECEIPT #: K004652959).		Net Payment made	-135.00

FINAL AMOUNT PAYABLE	\$ 0.00
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**PAYMENT OPTIONS & ADVISORY****Payment Policy**

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.





MR. CHAN CHAI AUN

BLK 431 #07-581  
CHOA CHU KANG AVENUE 4  
SINGAPORE - 680431

**TAX INVOICE (Interim)**

Page 1 of 2

BILL REF. NO.  
5721025195D-00001

BILL DATE  
24 JUN 2023

LOCATION  
A&E

NRIC / FIN / MRN  
S1465284A

VISIT DATE ► 24 JUN 2023 11:24 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	270.00
GOVT SUBSIDY	\$	-135.00
TOTAL AMOUNT (BEFORE GST)	\$	135.00
8% GST	\$	10.80
GST absorbed by Govt	\$	-10.80
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	135.00
TOTAL AMOUNT PAYABLE	\$	135.00
Net Payment made	\$	-135.00
FINAL AMOUNT PAYABLE	\$	0.00

**\$ 0.00**

FINAL AMOUNT PAYABLE

**CHARGES**

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
A&E FACILITY/SERVICE FEE		270.00	135.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	270.00	
	GOVT SUBSIDY	-135.00	
	TOTAL AMOUNT (BEFORE GST)		135.00
	8% GST		10.80
	GST absorbed by Govt (for subsidised patient only)		-10.80
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		135.00

**PAYMENT SUMMARY**

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	135.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. CHAN CHAI AUN		135.00

Payment Summary to be continued on page 2

# SKETCH PLAN

## IMPORTANT NOTICE

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7. By the lodgment 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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 use of 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' lawyer/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 lawyer/law firms) which may be situated outside of Singapore for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in collecting, investigating, controlling or managing fraud; regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any report existing or future orders.



Policyholder's Signature  
Date & Time

Policyholder's Signature  
of driver of the insured vehicle  
Date & Time

Reporting Centre Representative Signature  
Name  
ID No. (if any)

## Personal Particulars

Date of Accident: 24/06/2023 (dd/mm/yy) Time of Accident: 22:25 <sup>pm</sup> (24 Hrs)  
 Vehicle No: SLB9596 Vehicle Make/Model: Honda Vixx E-HEV1.5  
 Exact Location of Accident: Jorong 2 Too payoh  
 Owner's Name / IC No: Tan Siew Hui Victor  
 Owner's Contact No: 96873671 Owner's Email\*: Victan8010@gmail.com  
 Driver's Name / IC No: as above  
 Driver's Contact No: as above Driver's Email\*: as above  
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/  
 Others please specify: \_\_\_\_\_ Insurance Company & Policy No: CN016681  
 Does the driver own any other vehicle?  
 Yes / No If Yes, Vehicle no. \_\_\_\_\_ & Insurance Company & Policy No: CN016681  
 What do you wish to claim? (Please circle one only) \*Number of passengers (Including Driver): 5  
 Own Insurance / Third Party / Reporting Only 2-P  
2-M  
 Exact purpose for which the vehicle was being used at the time of accident?  
 Private use / Work purpose  
 Weather condition & Road Conditions?  
 Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet  
 Occupation \_\_\_\_\_ Any Witness? \_\_\_\_\_ \*Any Video? \_\_\_\_\_  
 Indoor / Outdoor Yes / No If Yes, please specify \_\_\_\_\_ Yes / No  
 Any Injuries? (Police report is required if mc is above 3 days) \*Seat Belt? \_\_\_\_\_  
 Yes / No If Yes, which police station, which part? \_\_\_\_\_ Yes / No  
 Third Party (Vehicle B) details:  
 Driver's Name/IC No: \_\_\_\_\_ Vehicle No: SLY7339A  
 Third Party Insurance: \_\_\_\_\_ Driver's Contact No: \_\_\_\_\_  
 Other's Vehicle Involved (If applicable)  
 Vehicle C: \_\_\_\_\_ Vehicle D: \_\_\_\_\_ Vehicle E: \_\_\_\_\_  
 Was any foreign vehicle involved in this accident?  
 If yes, Foreign Vehicle Registration Number: \_\_\_\_\_