

# 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 .....	31/07/2023 15:51 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/07/2023 19:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	YIO CHU KANG ROAD TOWARDS SERANGOON CENTRAL SLIP ROAD INTO ANG MO KIO AVENUE 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK149Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SG LEASING PTE LTD
Company Reg No .....	2XXXXX520E
Email Address .....	SGLEASING@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-94888856
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00025642300

### DRIVER

Name of Driver .....	TIAN ZHI RONG JOSEPH
NRIC No .....	SXXXX927G
Date Of Birth .....	05/07/1995

Occupation .....	Indoor
Date Of Driving Pass .....	21/06/2016
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93827696
Alt. Phone Number .....	-
Email Address .....	SGLEASING@OUTLOOK.COM
Address .....	APT BLK 662 HOUGANG AVENUE 4
Address complement .....	# 04-393
Postcode .....	530662
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 - 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) .....	2
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 .....	SHERYL SEE YAN WEN
Gender .....	Female

#### 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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230731/7057

#### 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 .....	SNF5460A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN BEE KIANG
NRIC No .....	SXXXX697E
Contact Number .....	(Phone) +65-87882121
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 .....	TIAN ZHI RONG JOSEPH
Gender .....	Male
Phone No .....	(Phone) +65-93827696
Address .....	APT BLK 662 HOUGANG AVENUE 4
Address Complement .....	# 04-393
Post Code .....	530662
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK-GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	GBK149Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SHERYL SEE YAN WEN
Gender .....	Female
Phone No .....	(Phone) +65-83387821
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND LEG-GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	GBK149Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)

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.

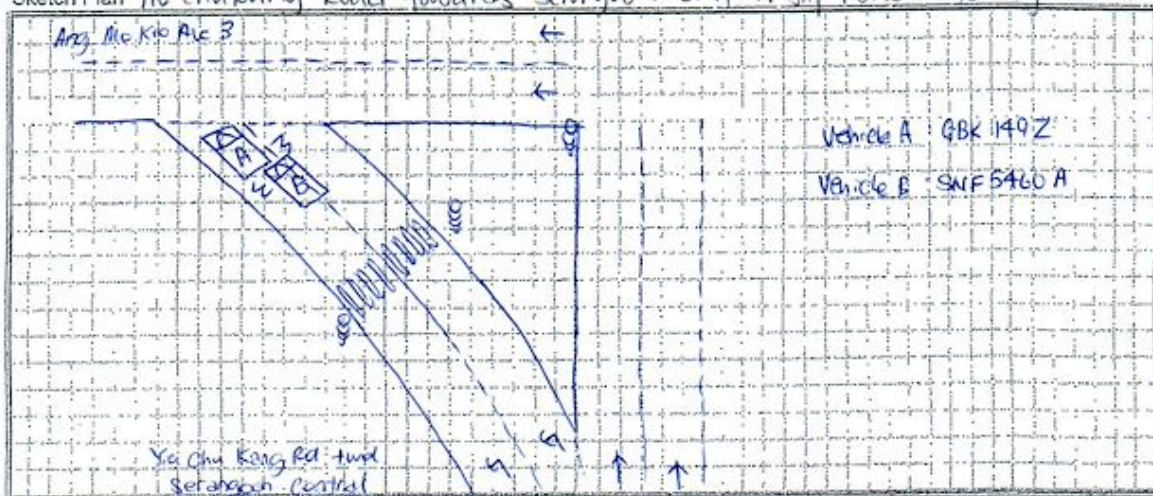


Policyholder's Signature / Date & Time

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

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

Sketch Plan Yio Chu Kang Road towards Serangoon Central slip Road into Ang Mo Kio Ave 3





### Declaration

SG LEASING PTE LTD  
Reg. No.:  
201317520E  
Policyholder's Signature

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

2



**SINGAPORE  
POLICE FORCE**

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



T/20230731/7057

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Report No. T/20230731/7057

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TIAN ZHI RONG JOSEPH	ID No.	S9523927G
Related Vehicle	GBK149Z (Van)	Contact No.	93827696
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Passenger</b>			
Name	SHERYL SEE YAN WEN	ID No.	S9843514Z
Related Vehicle	GBK149Z (Van)	Contact No.	83387821
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	TAN BEE KIANG	ID No.	S6915697E
Related Vehicle	GBK149Z (Van)	Contact No.	87882121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 27/07/2023 at around 1930hrs, i was driving my vehicle ( GBK 149 Z ) along Yio Chu Kang Road towards Serangoon Central Slip road into Ang Mo Kio ave 3 on the left lane, i slowed down and stop my vehicle behind the give way line to look for on-coming vehicles. out of a sudden, Vehicle B ( SNF 5460 A ) collided into the rear right portion of my vehicle.  
After the accident, I felt discomfort in my neck and my passenger felt discomfort on her back & leg area. i went to Mount Alvernia with my passenger to consult a doctor and was given a 5 days MC.























# SINGAPORE POLICE FORCE



T/20230731/7057

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

1 of 3

Report No. T/20230731/7057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2023 14:21	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TIAN ZHI RONG JOSEPH			Address: 662 HOUGANG AVENUE 4 #04-393 SINGAPORE 530662		
ID Type / ID No.: NRIC NO / S9523927G			Contact No.: Home/Office: Mobile: 93827696		
Nationality: SINGAPORE CITIZEN			Email: JOSEPH.TIAN7@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 05/07/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2023 19:30	Type of Location: SLIP ROAD
Location:  LORONG NAPIRI				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK149Z	Van	NISSAN	NV200	Grey	Slightly Damaged	1
SNF5460A	Car	TOYOTA	SIENTA	White	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230731/7057

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20230731/7057

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIAN ZHI RONG JOSEPH	ID No.	S9523927G
Related Vehicle	GBK149Z (Van)	Contact No.	93827696
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	SHERYL SEE YAN WEN	ID No.	S9843514Z
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No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	TAN BEE KIANG	ID No.	S6915697E
Related Vehicle	GBK149Z (Van)	Contact No.	87882121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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**SINGAPORE  
POLICE FORCE**



T/20230731/7057

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

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Report No. T/20230731/7057

**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:  
31/07/2023 14:21

Classification Of Case:

NP168