

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	16/10/2024 18:05 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT9338P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MT SINGAPORE CAR RENTAL PTE LTD
Company Reg No	201630785W
Email Address	twinauto@singnet.com.sg
Mobile Phone No	(Phone) +65-67652616
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127613099-02

DRIVER

Name of Driver	TAY CHYE SOON DENNIS
NRIC No	S1614720F
Date Of Birth	03/12/1963
Occupation	Outdoor
Driving Pass Date	26/02/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83881226
Alt. Phone Number	-
Email Address	dennis.wel8@gmail.com
Address	415C MORTHSHORE DR #18-565
Address complement	-
Postcode	823415
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	Raining
Road Surface	Wet

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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WILL EMAIL TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD2810K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver THANEERMALAI SIVAGNANAM
Passport No/FIN O35362045
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAY CHYE SOON DENNIS
Gender Male
Phone No (Phone) +65-83881226
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SDT9338P
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SDT9338P
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person PASSENGER
Gender Female
Phone No -
Address -



Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDT9338P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDT9338P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEH NO 90T 9338 P
INSURER MT Singapore Car Rental P/L
DATE OF ACC 17/10/2024

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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

PLEASE
TURN
OVER

Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

☒ Claim OD/TP at other workshop ()

Sketch Plan

A ⇒ SDT 9338 P

B ⇒ XD 2810 K

P.T.E.K

refer to police report attachment.

Declaration

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

Elked 9 am
16/10/24

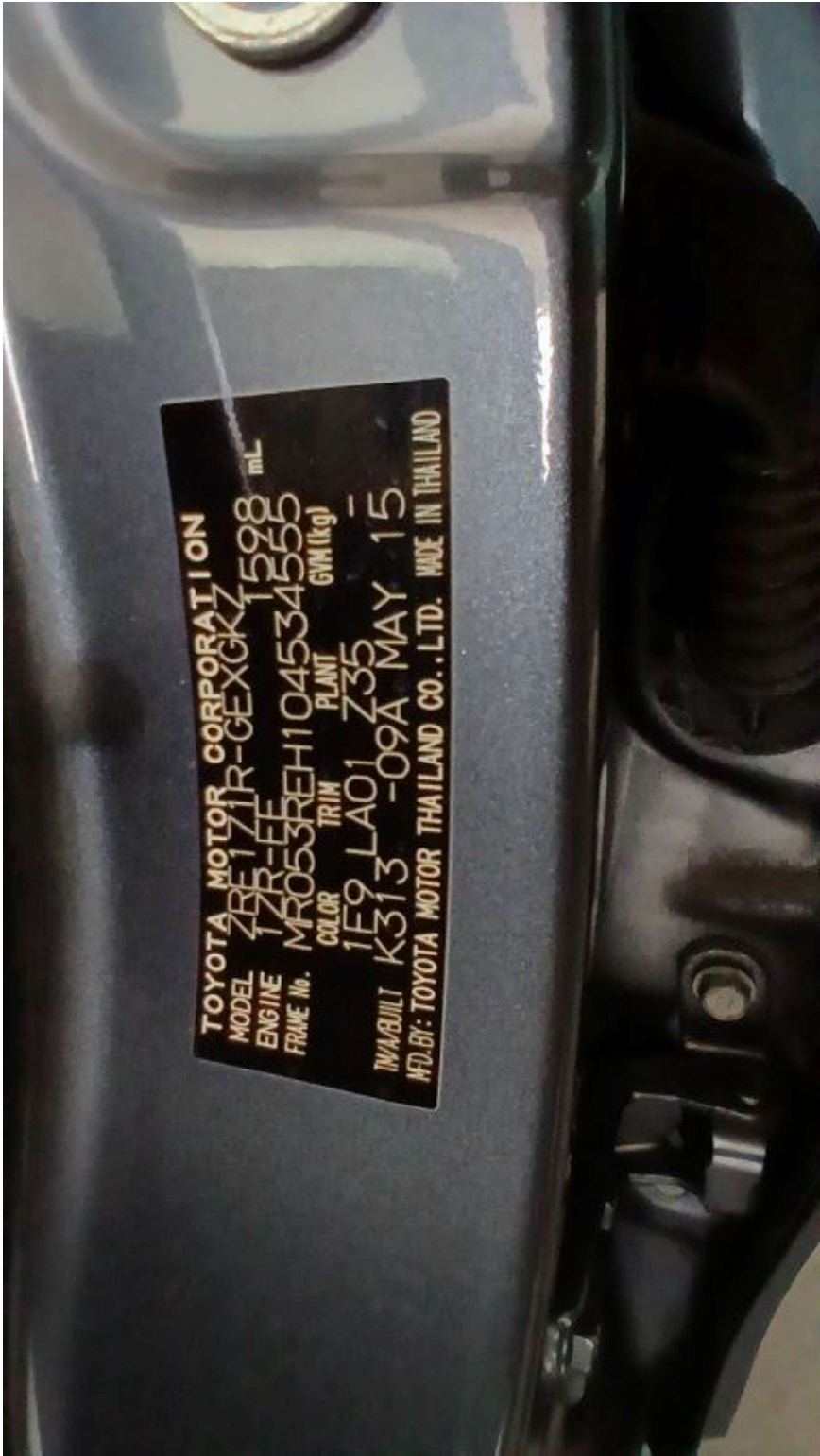
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













**SINGAPORE
POLICE FORCE**



T/20241012/2050

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20241012/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2024 14:06		Vide Report No.: J/20241011/0054		Station Diary No.: 62
Informant's Particulars				
Name of Informant: TAY CHYE SOON DENNIS		Address: 415C NORTHSHORE DRIVE #18-565 SINGAPORE 823415		
ID Type / ID No.: NRIC NO / S1614720F		Contact No.: Home/Office: Mobile: 83881226		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 03/12/1963	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: PRIVATE HIRER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2024 10:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDT9338P	Motor car				Totally Damaged	3
XD2810K	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20241012/2050

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20241012/2050

CONTINUATION OF REPORT

Driver			
Name	TAY CHYE SOON DENNIS	ID No.	S1614720F
Related Vehicle	SDT9338P (Motor car)	Contact No.	83881226
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of	NIL

Brief Details.

I am a private hire driver. I am driving vehicle bearing plate number SDT9338P. My vehicle make is a Toyota Corolla Altis

On the 11 October 2024 at 10.07am, I had picked up 3 passengers from Block 611A Choa Chu Kang and was enroute to Syariah Court.

Between 10.10am to 10.30am, I was driving on the 4th lane along PIE towards Town. Right after the slip road from Toh Tuck Road and before the exit to Clementi Avenue 6, there was slow moving traffic hence I had slowed down to about 30kmph. All of a sudden, I heard a loud screeching sound and a truck bearing plate number XD2810K had collided into my vehicle, causing my vehicle to move forward by about 3 car length. The rear of my vehicle had completed dented in, my windscreen had shattered and my rear passenger door was stuck.

Traffic police attended to the scene and had seized my Dashcam SD Card. I was conveyed to Ng Teng Fong Hospital and was given 7 days of Medical Leave. My 3 other passengers were also conveyed to hospital.



**SINGAPORE
POLICE FORCE**



T/20241012/2050

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20241012/2050

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 JARELL LOW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO HOE HUAT, TONY
Contact No.: 97393866

NP168

Signature Of Informant:

Date/Time:
12/10/2024 14:06

Classification Of Case:

