

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	22/10/2024 11:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/10/2024 10:20 (SGT)
Exact Location of Accident	900 Sims Ave, Singapore 408966
Additional Location Information	SIMS AVENUE PAST ENOUS MRT AREA OUTSIDE PARC ESTA CONDOMINIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND3545M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JONATHAN PETER LAU
NRIC No	SXXXX533A
Email Address	JONOPLAU@GMAIL.COM
Mobile Phone No	(Phone) +65-96688763
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CARNIVAL 2.2 DIESEL 8 SEATER SUNROOF
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	2151
Vehicle Fuel	Diesel
First Registration Date	23/12/2021
Chassis no	KNANC81BMN6151996
Effective Date/Time of Ownership	23/12/2021 08:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01015925

DRIVER

Name of Driver	JONATHAN PETER LAU
NRIC No	SXXXX533A
Date Of Birth	17/01/1976
Occupation	Indoor
Driving Pass Date	13/04/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96688763
Alt. Phone Number	-
Email Address	JONOPLAU@GMAIL.COM
Address	BLK 24 ETTRICK TERRACE - SINGAPORE 458587
Address complement	-
Postcode	458587
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	LIGHT RAIN
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?	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

I WAS DRIVING EAST(TOWARDS CHANGI ,FROM GEYLANG AREA)DOWN SIMS AVENUE PAST THE EUNOS MRT AREA.I WAS DRIVING IN THE 2ND LANE FROM THE LEFT.THE ACCIDENT OCCURED AT THE PEDESTRIAN CROSSING OUTSIDE PARC ESTA CONDOMINIUM AND THE ENUOS MRT,JUST PAST THE 'ENUOS STA/INT" BUT STOP.THE TRAFFIC LIIGHT FOR THE PEDESTRIAN CROSSING TURNED RED AND I BRAKE AND STOPPED STATIONARY.ALMOST IMEDIATELY AFTER STOPPING THE TAXI BEHIND ME DID NOT STOP IN TIME AND CRASHED INTO THE REAR OF MY CAR.MY SAFETY BELT WAS ON AND I WAS NOT BRACED FOR IMPACT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7781H
Vehicle Manufacturer Hyundai
Vehicle Model Ioniq
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Taxi
Name of Driver NONIS GERARD LEONARD
NRIC No SXXXX098H
Contact Number (Phone) +65-91999329
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident FRONT BABLY DAMAGES
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person JONATHAN PETER LAU
Gender Male
Phone No (Phone) +65-96688763
Address 24 ETTRICK TERRACE
Address Complement -
Post Code 458587
Approximate Age Years Old 48
Injuries Sustained NECK PAIN AND BACKPAIN (MC-0000002063)
Injured person in which vehicle? SND3545M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☒ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 20-10-24	Time: 10.20am
Date & Time of Reporting	Date: 21-10-24	Time: 10.55am
Place of Accident	Sims Avenue, driving east towards Changi. outside bus stop	
Vehicle Reg. No.	SND3545M	Make / Model: KIA CARNIVAL "Eunos Str/Int"
Purpose of Use at Time of Accident: Goods transportation / private usage / others:	PRIVATE USAGE	
Name	JONATHAN PETER LAU	NRIC / FIN No. 57685533A
Address	24 ETTRICK TERRACE	
Postcode	458587	Date Of Birth: 17-1-76
Home		Handphone: 9668-8763
Email	jonoplau@gmail.com	Gender: <input checked="" type="radio"/> Male / <input type="radio"/> Female
Occupation	<input checked="" type="radio"/> Management / <input type="radio"/> Sales / <input type="radio"/> Retiree / <input type="radio"/> Housewife / <input type="radio"/> Technical / <input type="radio"/> Education / <input type="radio"/> Others	
Type of Claims: Third Party / Own Damage / Reporting Only	Licence Pass Date:	
Driver Status: <input checked="" type="radio"/> Owner / <input type="radio"/> Non-owner	Years of Driving Experience: 29	13-04-06

If you are not the owner, the owner's name & tel:	Scene Photos: <input checked="" type="checkbox"/> Y/N
Owner's Address: NA	Video: <input checked="" type="checkbox"/> Y/N
Contact No:	No. of Pass: 1
Relationship with Owner:	Owner's NRIC / Company Reg. No:

Vehicle Towed In?	Yes <input type="radio"/> No <input checked="" type="radio"/>	My Insurance Company:	SOMPO INSURANCE
Police Reported?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Police Report Reference No.:	T/20241022/7017
Company's Vehicle?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Insurance Policy No:	D23MTPV01015925
Do you have witness?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Type of Policy: <input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party Fire & Theft / <input type="radio"/> Third Party Only	

(If Yes, Witness Name & Contact No)

Weather Condition	Clear / Cloudy <input checked="" type="radio"/> Light Rains <input type="radio"/> Heavy Rains <input type="radio"/>
Road Condition	Dry <input checked="" type="radio"/> Wet <input type="radio"/>
Other vehicle or property damage?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was anyone injured in the accident?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Was Notice of Intended Prosecution given?	Yes <input type="radio"/> No <input checked="" type="radio"/>

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model	HYUNDAI IONIQ	Vehicle Reg No	SHA 7781 H
Name of Driver	IVONIS GERARD LEONARD	NRIC No.	S1202098H
Insurance Company		Handphone	9199-9329

Driver's Declaration: I declare that the information given in this report and this sketch is correct and accurate to the best of my knowledge and belief.

Signature:  Date: 21-10-24

SKETCH PLAN**IMPORTANT NOTICE**

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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.

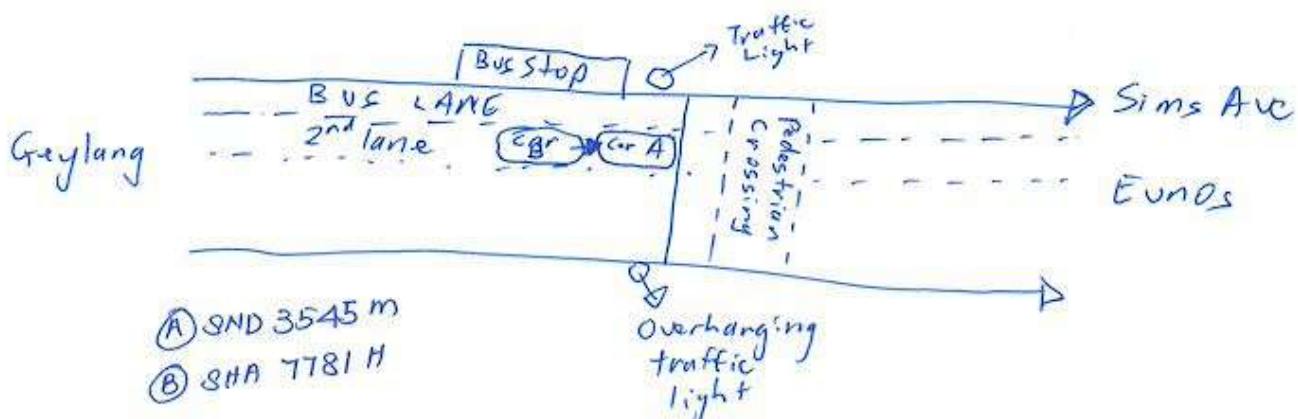


Policyholder's Signature / Date & Time
21/10/24
Sketch Plan 10:55am

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

Sheik Md Daud
S1739056G

Witnessed by Reporting Centre Personnel 21/10/24 11:30am



Describe Circumstances of the Accident

I was driving East (towards Changi, from Geylang area) down Sims Avenue past the Eunos MRT area.

I was driving in the 2nd lane from the left.

The accident occurred at the pedestrian crossing outside Parc Estia condominium and the Eunos MRT, just past the 'Eunos Stn/Int' bus stop.

The traffic light for the pedestrian crossing turned red and I braked and stopped stationary. Almost immediately after stopping the taxi behind me did not stop in time and crashed into the rear of my car. My seatbelt was on and I was not braced for impact.

Declaration

We declare the foregoing particulars are true in every respect.



Police Officer's Signature Date & Time

21/10/24
10:55am

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

Sheik Md Daud
S1738898G



Witnessed by: Reporting Officer's Signature Date & Time

21/10/24 11:50am



**SINGAPORE
POLICE FORCE**



T/20241022/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No. T/20241022/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2024 10:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JONATHAN PETER LAU			Address: 24 ETTRICK TERRACE SINGAPORE 458587		
ID Type / ID No.: NRIC NO / S7685533A			Contact No.: Home/Office: Mobile: 96688763		
Nationality: AUSTRALIAN			Email: JONOLAU@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 17/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Business consultant			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: 20/10/2024 10:20	Type of Location: Straight Road
Location: EUNOS ROAD 2				
Weather: Cloudy		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Condition	No of Passenger
SHA7781H	Motor car	HYUNDAI	IONIQ	Blue	Seriously Damaged	1
SND3545M	Motor car	KIA	CARNIVAL 2.2 DIESEL 8 SEATER SUNROOF	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SND3545M	SOMPO INSURANCE SINGAPORE PTE. LTD.	D23MTPV01015925	23/12/2023	22/12/2024	



**SINGAPORE
POLICE FORCE**



T/20241022/7017

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

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Report No. T/20241022/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NONIS GERARD LEONARD	ID No.	S1202098H
Related Vehicle	SHA7781H (Motor car)	Contact No.	91999329
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	JONATHAN PETER LAU	ID No.	S7685533A
Related Vehicle	SND3545M (Motor car)	Contact No.	96688763
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/10/2024	Date Discharge	21/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details

I was driving along Sims Avenue (in the direction from Geylang towards Changi). I was approaching the area around Eunos MRT (on my left). It was a 4-lane road (with the left lane being a bus lane). I was driving on the 2nd lane (from the left). It was an overcast day and the road was damp.

The accident occurred at the traffic light pedestrian crossing outside the Parc Esta Condominium (right hand side) and the Eunos MRT (left hand side). Just before the traffic light, there is also a bus stop and there was a stationary bus at the bus stop at the time.

The traffic light for the pedestrian crossing had turned red and I braked and stopped before the white line. Almost immediately after stopping, the taxi behind me did not stop in time and crashed into the rear of my car. My seatbelt was on and I was not braced for impact.

After the accident I felt pain in my lower back and shoulder/neck area. The following day (Monday 21 October) I went to see an Orthopaedic doctor for medical treatment, who gave me 3 days MC.

I have pictures/videos from my car camera of the accident.



**SINGAPORE
POLICE FORCE**

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



T/20241022/7017

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Report No. T/20241022/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
22/10/2024 10:18

Classification Of Case: