

## 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 |
|-----------------------------------|----------|

#### 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 IMEDIATLY 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  |  |
| Driver Status:   | <input checked="" type="radio"/> Owner / <input type="radio"/> Non-owner   | Years of Driving Experience: 29  |
|  |  | Licence Pass Date: 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 Pax: 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 type="radio"/> Wet <input checked="" type="radio"/>   | Was anyone injured in the accident? Yes <input type="radio"/> No <input checked="" type="radio"/>  |
| Other vehicle or property damage?  | 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 <b>SKETCH PLAN</b> 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 are true and correct and undertake to provide the report and supporting documents and data used given when as attach |  |  |

Signature:

Date: 21-10-24



**SKETCH PLAN****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 Authorised 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. 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.

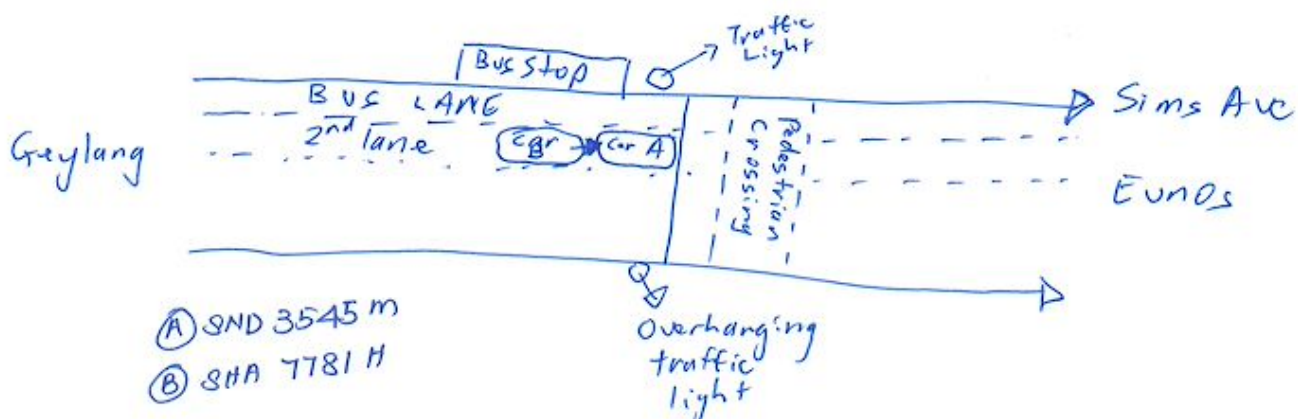


Policyholder's Signature / Date & Time  
21/10/24  
Sketch Plan 10:55am

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

Sheik Md Daud  
S173986G

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 2<sup>nd</sup> 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.



Policyholder's Signature Date & Time

21/10/24  
10:55am

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

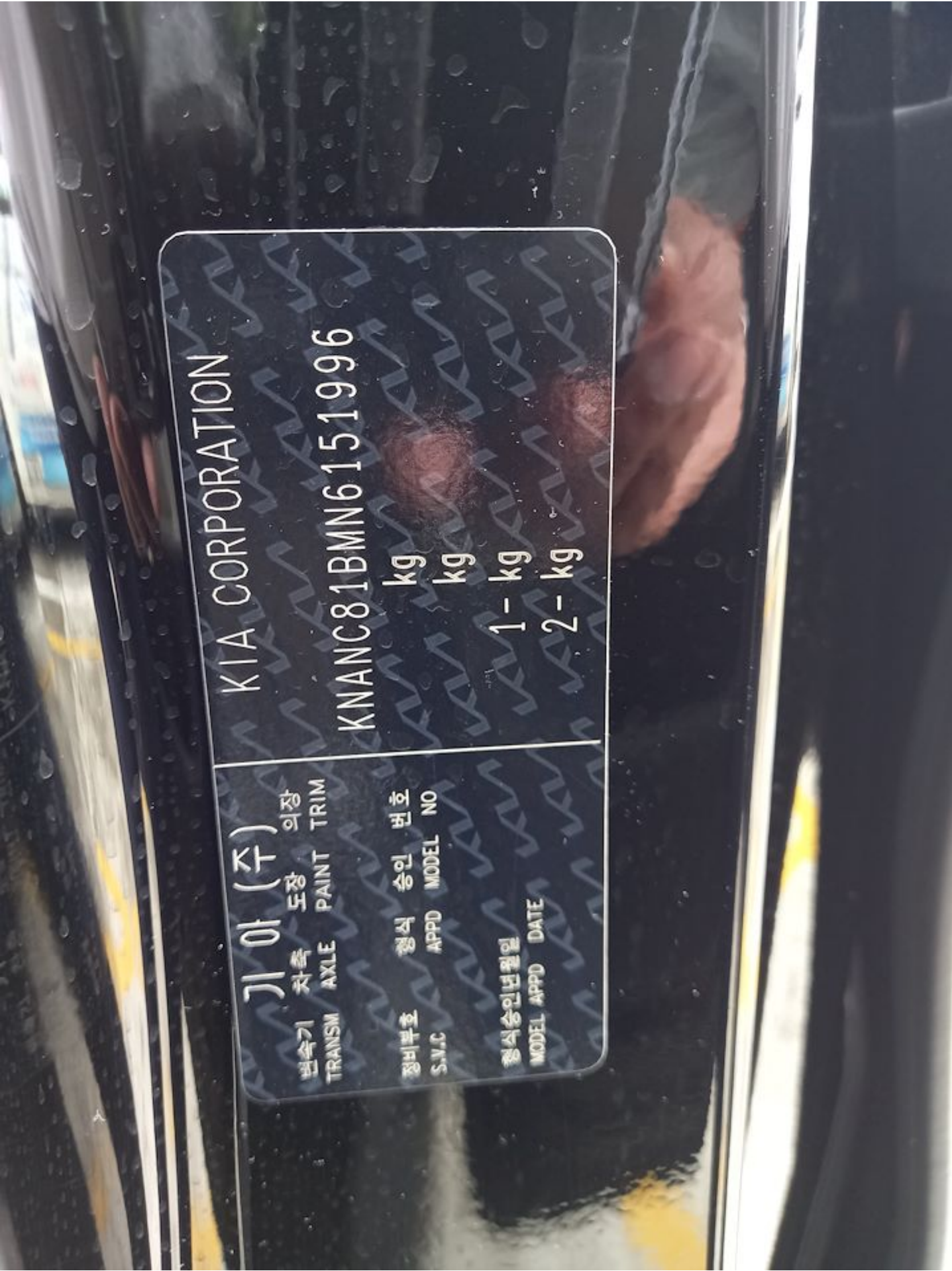
Shoik Md Daud  
S1738696G



Witnessed by: Reporting Centre Personnel 21/10/24 11:50am



































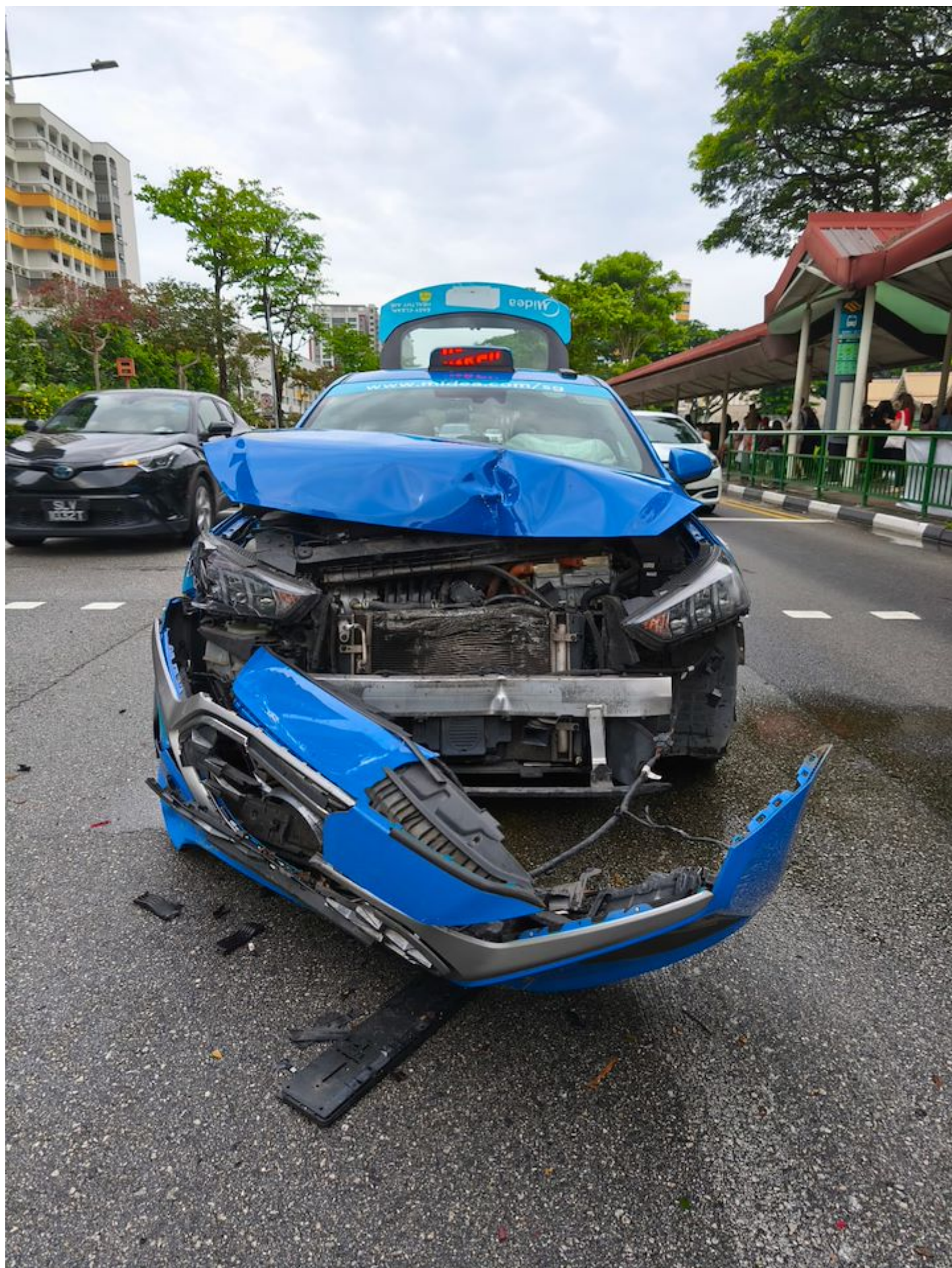








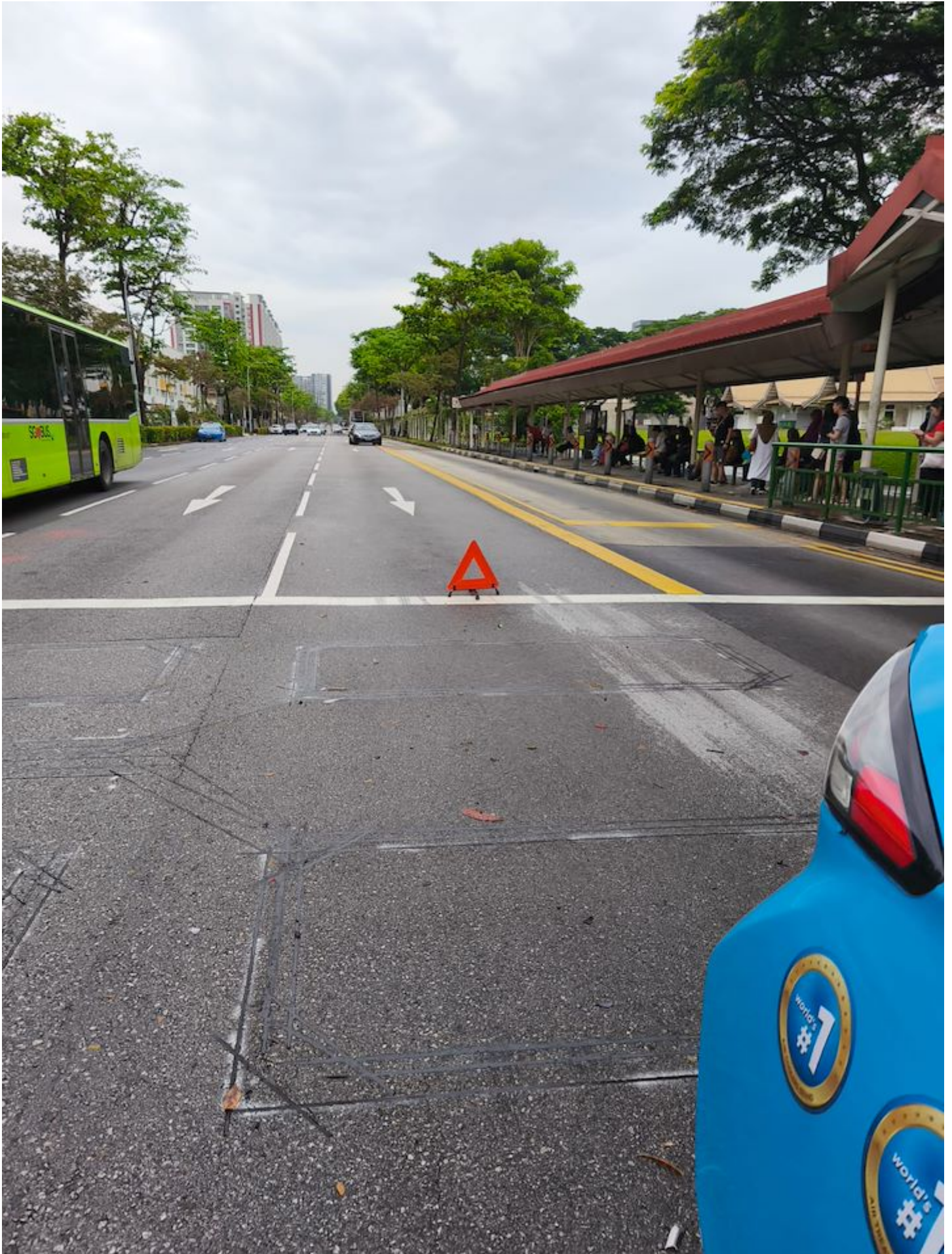




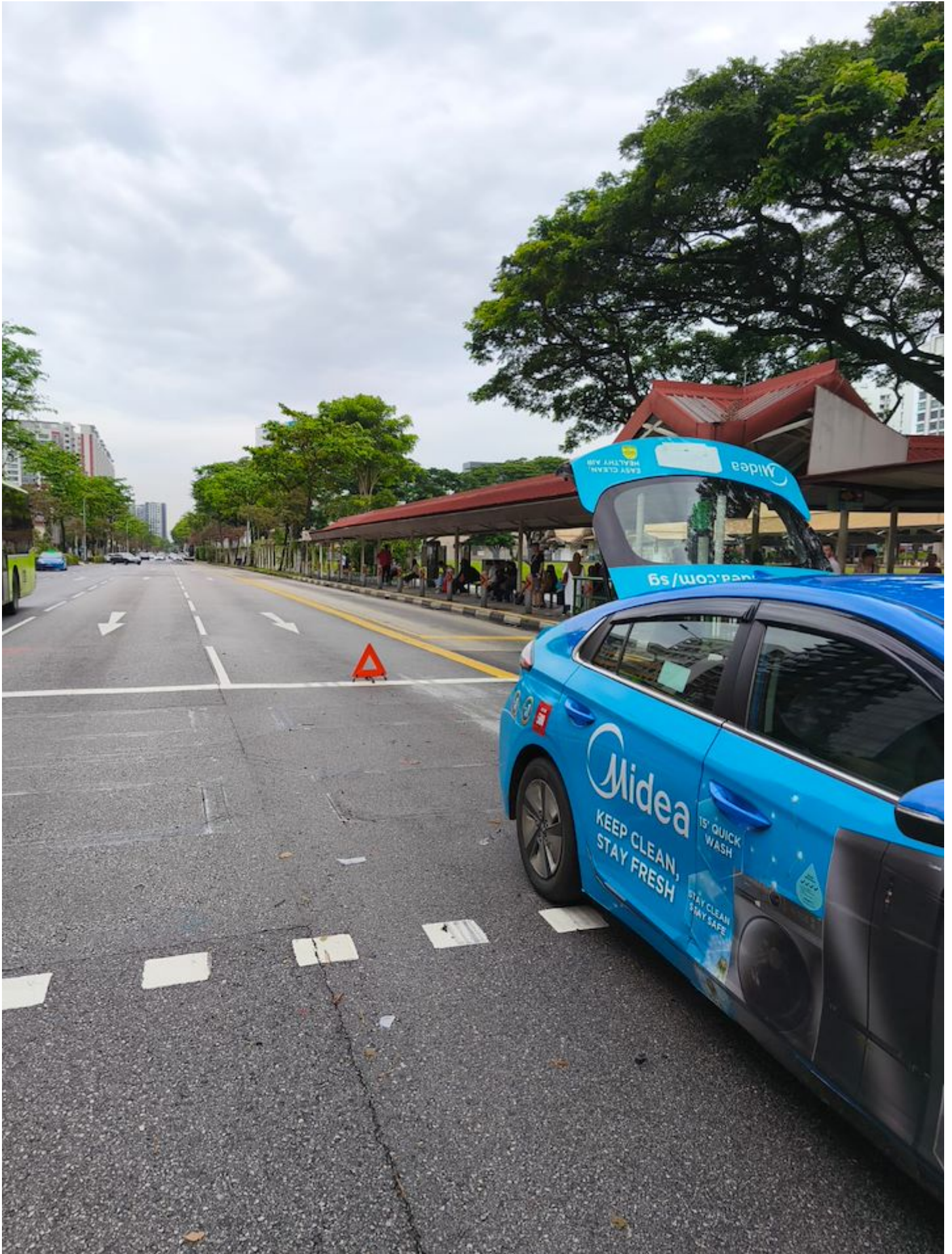




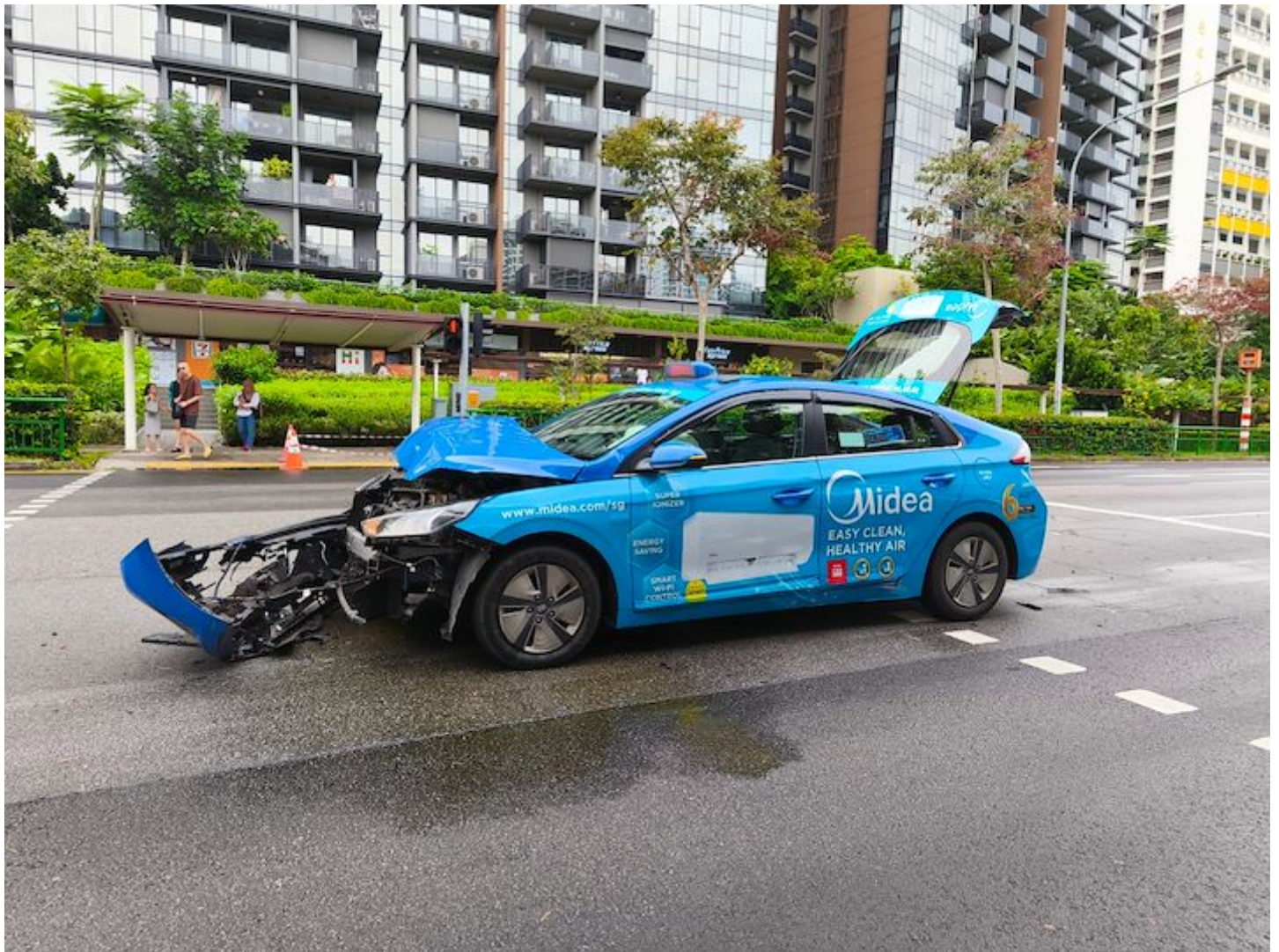




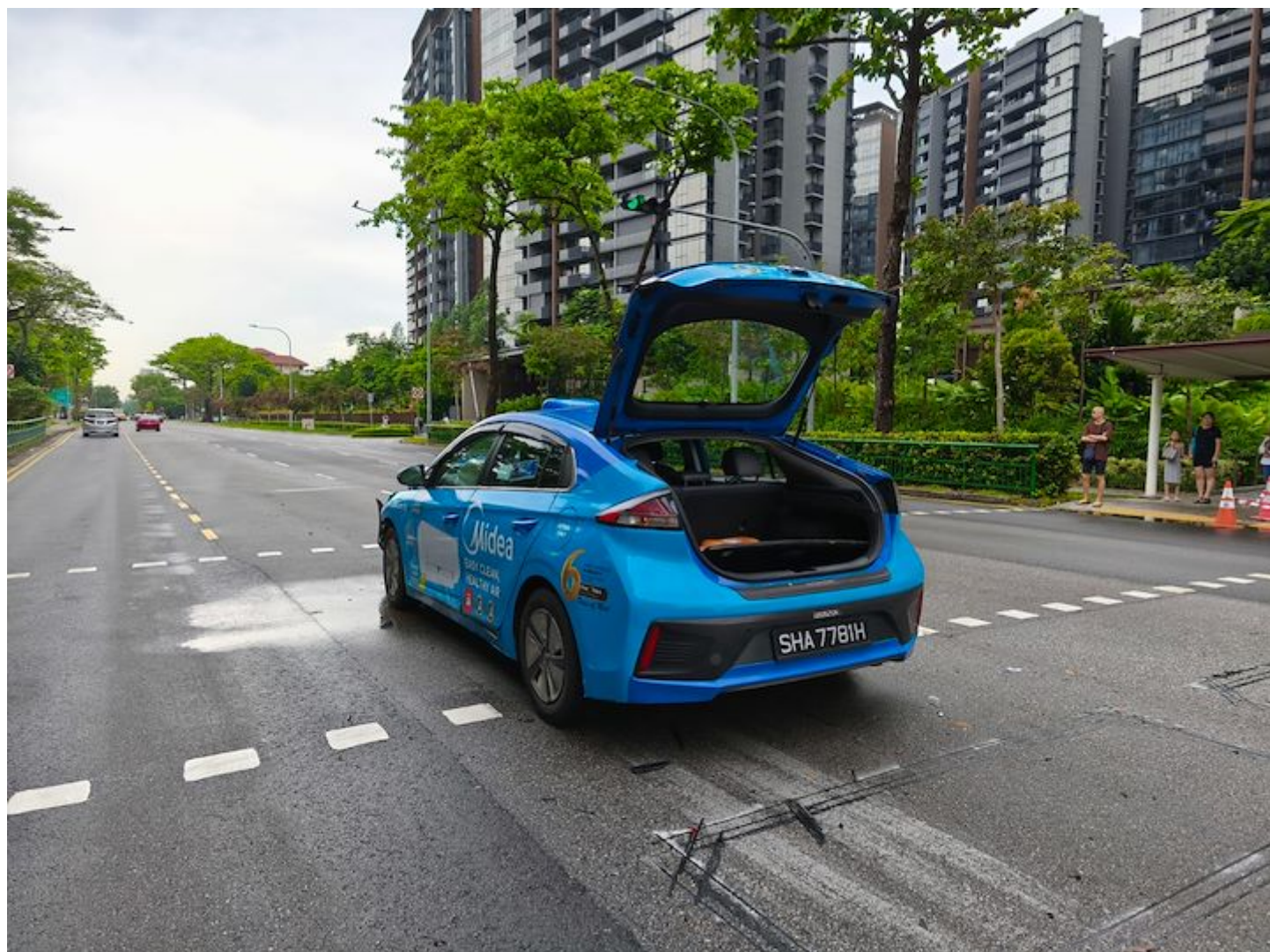




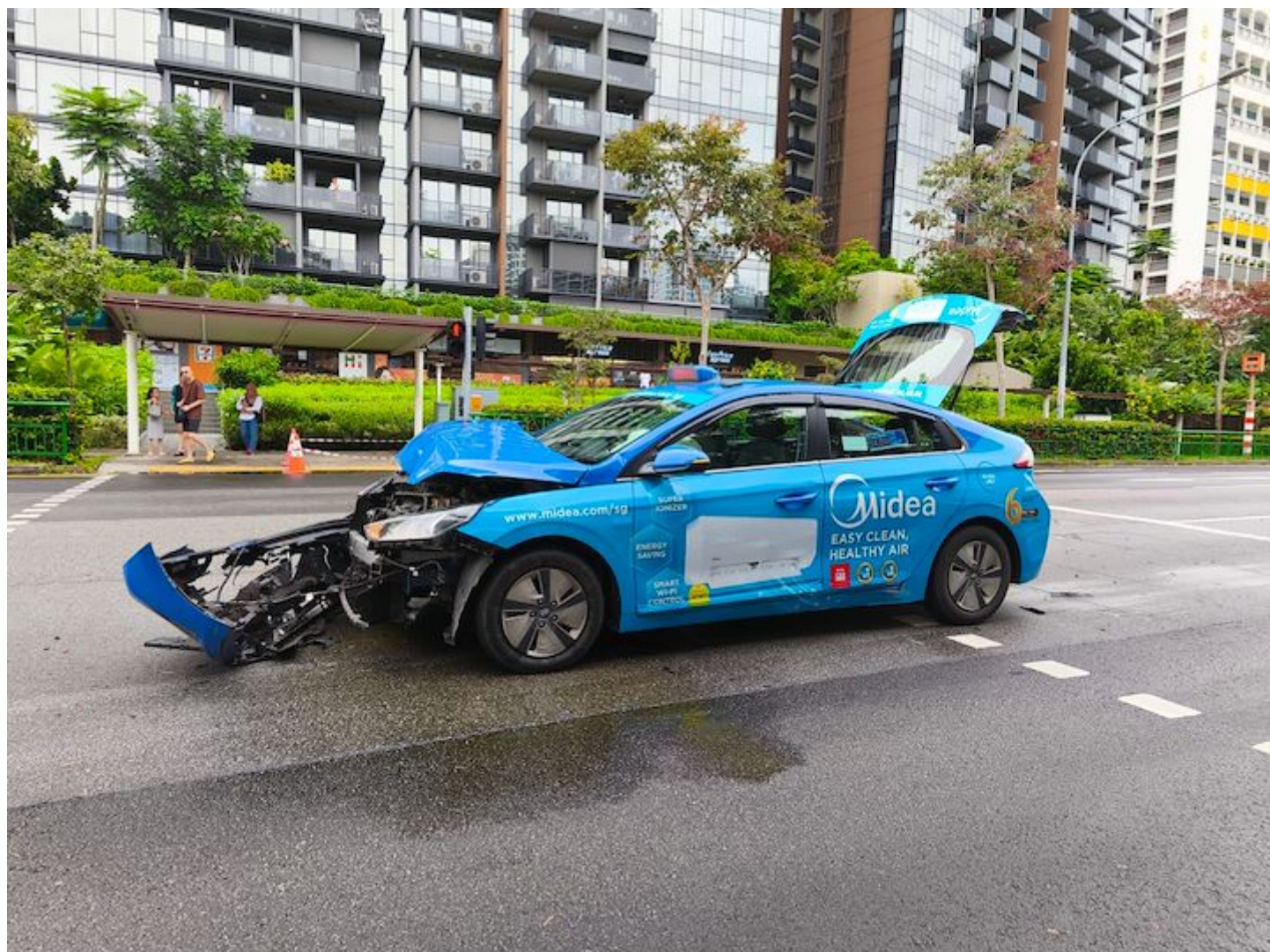
















**SINGAPORE  
POLICE FORCE**



T/20241022/7017

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

1 of 3

Report No. T/20241022/7017

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>22/10/2024 10:18 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |  |  |  |
|--|------------|------------------------------|--|--|--|
| Name of Informant:<br>JONATHAN PETER LAU |            |                              | Address:<br>24 ETTRICK TERRACE SINGAPORE 458587          |  |  |
| ID Type / ID No.:<br>NRIC NO / S7685533A |            |                              | Contact No.:<br>Home/Office: Mobile: 96688763            |  |  |
| Nationality:<br>AUSTRALIAN               |            |                              | Email:<br>JONOPLAU@GMAIL.COM                             |  |  |
| Sex:<br>Male                             | Age:<br>48 | Date of Birth:<br>17/01/1976 | Type of Informant:<br>Driver                             |  |  |
| Race:<br>Chinese                         |            |                              | Language:<br>English                                     |  |  |
| Occupation:<br>Business consultant       |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry: |  |  |

**General Information of the Accident**

|  |                  |   |  |  |
|--|------------------|---|--|--|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>20/10/2024 10:20 | Type of Location:<br>Straight Road     |
| Location:<br><br>EUNOS ROAD 2                                |                  |   |  |  |
| Weather:<br>Cloudy   |                  | Road Surface:<br>Wet                        |  |  |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type      | Make    | Model   | Color | Condition            | No of Passenger |
|-------------|-----------|---------|---|-------|----------------------|-----------------|
| SHA7781H    | Motor car | HYUNDAI | IONIQ   | Blue  | Seriously<br>Damaged | 1               |
| SND3545M    | Motor car | KIA     | CARNIVAL<br>2.2 DIESEL 8<br>SEATER<br>SUNROOF | Black |                      | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                      | Insurance No    | Effective Date | Expiry Date |
|-------------|--|-----------------|----------------|-------------|
| SND3545M    | SOMPO INSURANCE SINGAPORE PTE.<br>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

2 of 3

Report No. T/20241022/7017

CONTINUATION OF REPORT

|  |                      |  |   |
|--|----------------------|--|---|
| <b>Details of Person Involved</b>      |                      |  |   |
| Any Pedestrian Involved: No            |                      |  |   |
| No. of Pedestrians Injured: NIL        |                      | Use of Pedestrian Crossing: NA         |   |
| <b>Driver</b>                          |                      |  |   |
| 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<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave (MC) | NIL                  | Degree of Injury                       | NIL                                     |
| <b>Driver</b>                          |                      |  |   |
| 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<br>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

3 of 3

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:

**Spire Orthopaedic Centre Pte Ltd**

101 Irrawaddy Road #18-03 Royal Square Medical Centre, Singapore 329565  
Tel1: 69704468 Tel2: 80314388

**Medical Certificate**

Date : 21 Oct 2024

MC No : 0000002063

This is to certify that :

Name : JONATHAN PETER LAU

NRIC : S7685533A

is Unfit for work for 3 days

from 21 Oct 2024 to 23 Oct 2024 inclusive.

Ambrose Yung Wai Yin  
MCR: M12164I



Dr Ambrose Yung  
MCR 12164I  
SPIRE ORTHOPAEDIC CENTRE Pte. Ltd.  
101 Irrawaddy Road #18-03  
Royal Square Medical Centre  
Singapore 329565



Scan QR Code for verification

*\*This medical certificate is electronically generated. No signature required.*

*\*This certificate is not valid for absence from court attendance.*