

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	20/11/2024 15:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 08:35 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8066Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY THIAM HENG
NRIC No	SXXXX734J
Email Address	THIAMHENG TAY@GMAIL.COM
Mobile Phone No	(Phone) +65-90053338
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600
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	5139008786

DRIVER

Name of Driver	TAY THIAM HENG
NRIC No	SXXXX734J
Date Of Birth	16/05/1962
Occupation	Outdoor
Driving Pass Date	05/04/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90053338
Alt. Phone Number	-
Email Address	THIAMHENG TAY@GMAIL.COM
Address	718 BEDOK RESERVOIR RD
Address complement	#11-4586
Postcode	470718
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	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	PASSENGER
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

REFER TO ATTACH

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 SLN3810T
Vehicle Manufacturer -
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 DRIVER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 3 DAYS MC
Injured person in which vehicle? SKT8066Y
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

Describe Circumstance of the Accident

Police report :

T/2024/119/7093

Declaration

We declare the foregoing particulars are true in every respect.

TAY

TAY



Policyholder's Signature / Date & Time

(Insert signature if driver is not the policyholder) / Date & Time

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

NOTICE

SKETCH PLAN

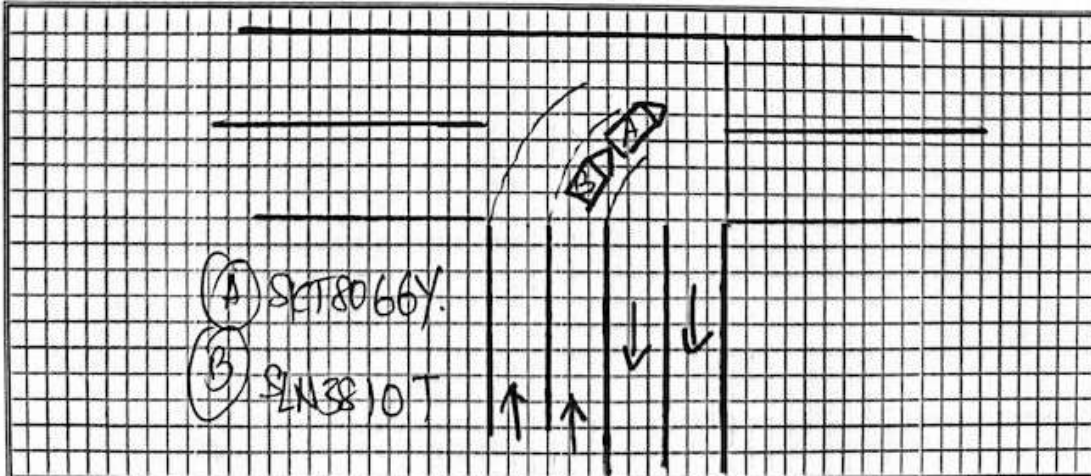
- report correctly the details of the accident to speed up the claims process.
 Form must be completed by the Policyholder and/or the Actual Driver.
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 The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Traffic Police Department for investigation.
 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.

TAY
 Policyholder's Signature / Date & Time

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


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

Sketch Plan



**SINGAPORE
POLICE FORCE**

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



T/20241119/7093

3 of 3

Report No. T/20241119/7093

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

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

Date/Time:
19/11/2024 15:59

Classification Of Case:

NP168



Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



T/20241119/7093

1 of 3

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

Report No. T/20241119/7093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 15:59		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TAY THIAM HENG		Address: 718 BEDOK RESERVOIR ROAD #11-4586 SINGAPORE 470718		
ID Type / ID No.: NRIC NO / S1543734J		Contact No.: Home/Office: Mobile: 90053338		
Nationality: SINGAPORE CITIZEN		Email: THIAMHENG TAY@GMAIL.COM		
Sex: Male	Age: 62	Date of Birth: 16/05/1962	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Self employed		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 08:35	Type of Location:
Location: BEDOK NORTH ROAD				
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
SKT8066Y	Motor car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKT8066Y	NTUC Income Insurance Co-Operative Limited	5139008786	14/09/2023	23/12/2024

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**SINGAPORE
POLICE FORCE**



T/20241119/7093

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

2 of 3

Report No. T/20241119/7093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY THIAM HENG	ID No.	S1543734J
Related Vehicle	SKT8066Y (Motor car)	Contact No.	90053338
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 (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time I was ferrying a female passenger on board vehicle SKT8066Y.

I was travelling straight on the rightmost lane along Bedok North ave 4 towards Bedok North Road.

As the traffic lights was green in my favor, I signalled my intention to turn right and made a right turn into Bedok North Road.

As there was a Cyclist still crossing the pedestrian crossing, I stopped to allow them to clear 1st.

Suddenly vehicle SLN3810T came from behind and hit onto my vehicle's rear portion.

The impact was great.

After awhile I start to feel pain on my neck, shoulders and back areas.

I later proceeded to LifePlus medical group bedok to seek treatment and I was given 3 days MC.