

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	16/12/2024 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	14/12/2024 17:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9804U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HWA SENG BUILDER PTE LTD
Company Reg No	1XXXXX384Z
Email Address	purchase@hwaseng.com.sg
Mobile Phone No	(Phone) +65-96863983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	ELEGANCE 2.0 A
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	1986
Vehicle Fuel	Petrol
First Registration Date	10/08/2016
Chassis no	ZSU600073534
Effective Date/Time of Ownership	10/08/2016 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00038352401

DRIVER

Name of Driver	MUHAMMED AZRY TAY @ TAY CHOON KIAT
NRIC No	SXXXX141I
Date Of Birth	15/06/1983
Occupation	Outdoor
Driving Pass Date	18/03/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90047202
Alt. Phone Number	-
Email Address	purchase@hwaseng.com.sg
Address	246 PASIR RIS STREET 21 #08-93
Address complement	-
Postcode	510246
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)	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	HAYDEN ARMANI TAY
Gender	Male

PASSENGER 2

Name	NOUVI ELIVIRA TAY
Gender	Female

PASSENGER 3

Name	SITI NORAISSAH BINTE ABDUL RAHMAN
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 POLICE REPORT

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 SHD6507A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver CHUA WEE YUEN
 NRIC No SXXXX259Z
 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 SITI NORAI SAH BINTE ABDUL RAHMAN
 Gender Female
 Phone No (Phone) +65-81384414
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLE9804U
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MUHAMMED AZRY TAY @ TAY CHOON KIAT
 Gender Male
 Phone No (Phone) +65-90047202
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLE9804U
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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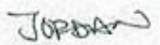
8. Consent under the Personal Data Protection Act (PDPA)

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
 16/12/24

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


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


Sketch Plan



DM: 14/12/24, 17:15 PM

A: SLE 98044, B: SHD 6507A

Describe Circumstance of the Accident

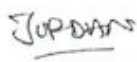
REFER TO POLICE REPORT

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


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

























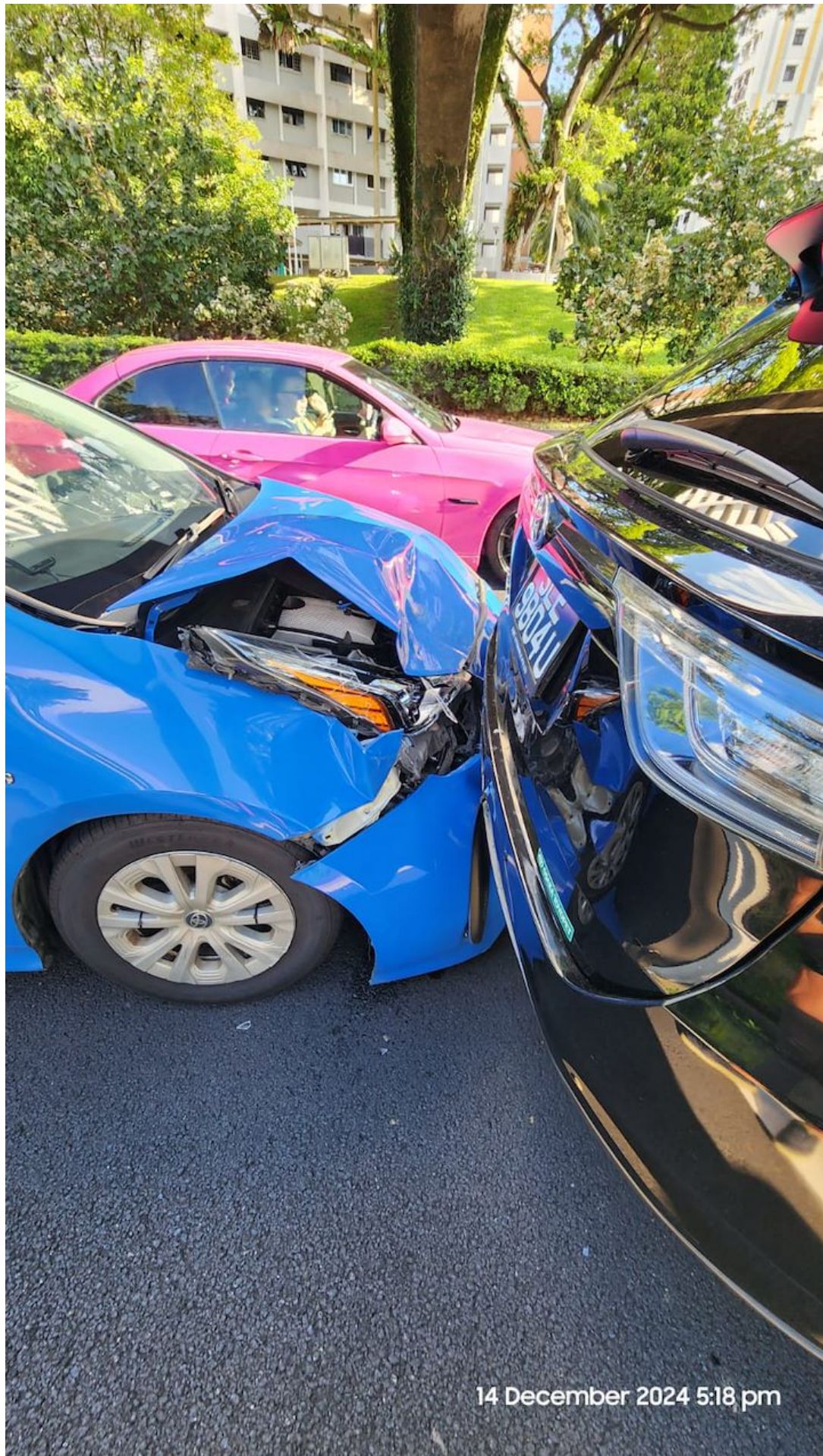






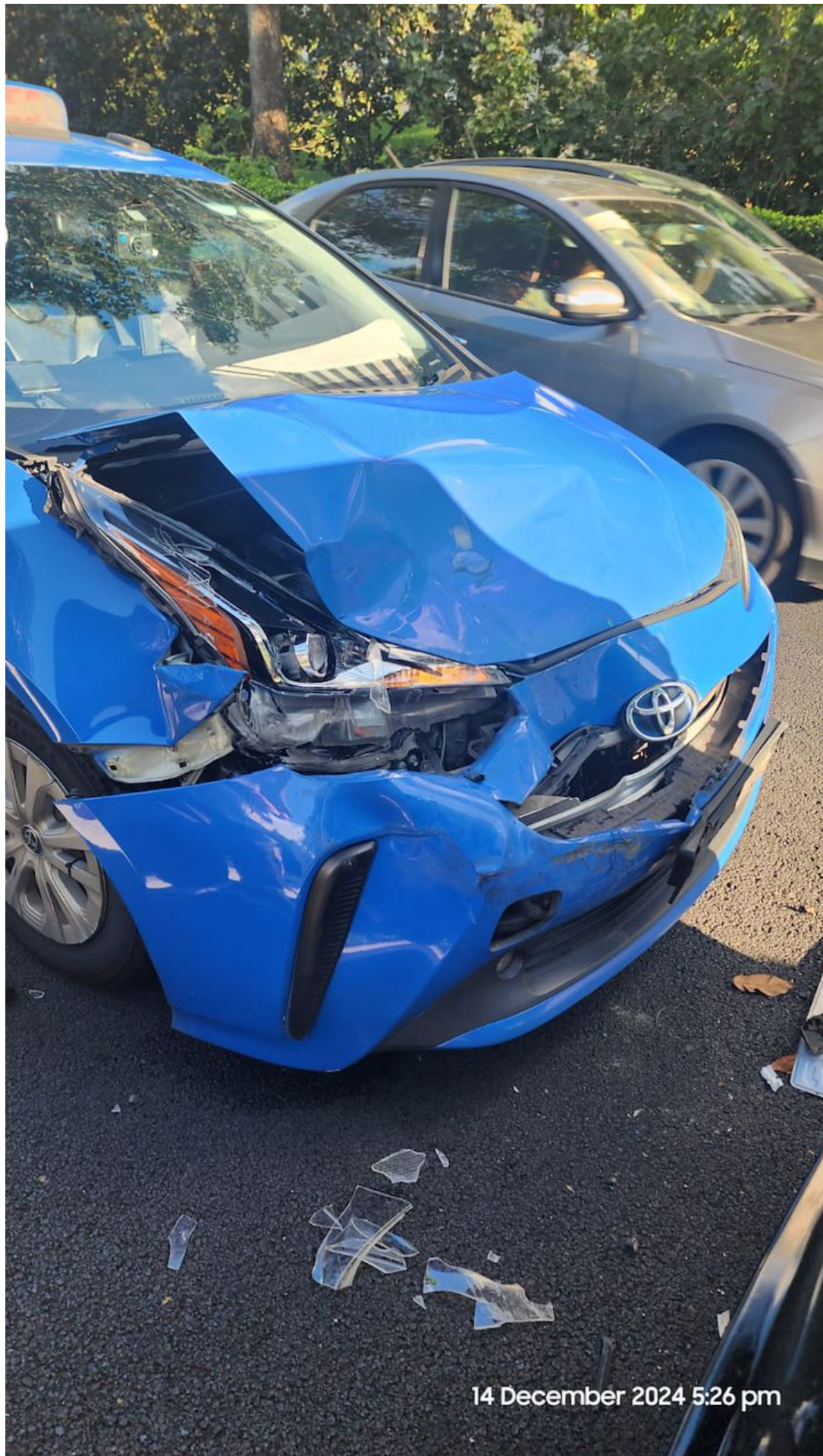












14 December 2024 5:26 pm



**SINGAPORE
POLICE FORCE**



T/20241216/7112

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

1 of 3

Report No. T/20241216/7112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2024 18:40		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MUHAMMED AZRY TAY		Address: 246 PASIR RIS STREET 21 #08-93 SINGAPORE 510246		
ID Type / ID No.: NRIC NO / S83181411		Contact No.: Home/Office: Mobile: 90047202		
Nationality: SINGAPORE CITIZEN		Email: azry.tay@hwaseng.com.sg		
Sex: Male	Age: 41	Date of Birth: 15/06/1983	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: MANAGER		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: 14/12/2024 17:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHD6507A	Motor car	TOYOTA	PRIUS	Blue		0
SLE9804U	Motor car	TOYOTA	harrier	Black	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241216/7112

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

2 of 3
Report No. T/20241216/7112

CONTINUATION OF REPORT

Passenger			
Name	SITI NORAISSAH BINTE ABDUL RAHMAN		ID No. S8303072J
Related Vehicle	SLE9804U (Motor car)		Contact No. 81384414
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2024	Date Discharge	15/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	MUHAMMED AZRY TAY		ID No. S8318141I
Related Vehicle	SLE9804U (Motor car)		Contact No. 90047202
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2024	Date Discharge	15/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I'm travelling along PIE (Tuas) bound lane 1, before bedok north exit. The front vehicle brake due to the traffic congestion, that cause me to apply brake also. The taxi from behind had ram into the rear of my car. There were other passengers in my car at the point of time.

I stopped my vehicle and went down to speak to the other driver.

We exchanged particulars and left the scene.



**SINGAPORE
POLICE FORCE**

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



T/20241216/7112

3 of 3

Report No. T/20241216/7112

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

This report is lodged at Pasir Ris NPC Kiosk 1
NP168

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

Date/Time:
16/12/2024 18:40

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0E24CG0007 Vehicle Registration No: SLE9804U

Name (as shown in NRIC): MUHAMMED AZRY TAY @ TAY CHDON KIAT NRIC/FIN/Passport No: S83181411

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 246 PASIR RIS STREET 21 #08-93 Singapore (510246)

Contact (Tel): _____ Mobile No.: 9004 7202

Email Address: purchase@hwaseng.com.sg

Date of Accident: 14/12/2024 Time of Accident: 17:15

Place of Accident: PIE

Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED OF AMENDED POLICE REPORT



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: