

## 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 .....	01/07/2024 17:53 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	29/06/2024 13:45 (SGT)
Exact Location of Accident .....	Chai Chee Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH8715C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RAFFLES FLORIST
Company Reg No .....	51424400C
Email Address .....	SALES@RAFFLESFLORIST.COM
Mobile Phone No .....	(Phone) +65-93847588
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MZC04849

#### DRIVER

Name of Driver .....	TAY PEI XUAN JOHNSON
NRIC No .....	S1600706D
Date Of Birth .....	14/08/1963
Occupation .....	Indoor

Driving Pass Date .....	26/06/1981
Driving experience .....	43 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91819236
Alt. Phone Number .....	-
Email Address .....	PEIXUANTAY@GMAIL.COM
Address .....	27A JALAN MEMBINA #22-140
Address complement .....	-
Postcode .....	163027
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 - Major/Minor Rd
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 .....	PAX
Gender .....	Male

#### 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 SKETCH PLAN AND STATEMENT.

#### 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 .....	GBJ3444G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	TAY PEI XUAN JOHNSON
Gender .....	Male
Phone No .....	(Phone) +65-91819236
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBH8715C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ENG KIM SENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBH8715C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 1

1. Please report the following details of the accident to the Traffic Police Department (TPD) and the relevant insurance companies.

2. The Premium to be paid by the Policyholder under the Accident Cover

3. Information provided by the Policyholder and the insurance companies. Any omission, misrepresentation or withholding of material facts may allow the insurer to void the policy.

4. The insurance company will claim for insurance compensation from the insurance company directly if the policyholder is not insured with any insurance companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

6. This report will be forwarded by the insurers to the TPA Records Management Centre established by the General Insurance Association of Singapore (GIAS) and that copies of this report will not and be made available upon application by interested parties.

7. By this report, the Policyholder and the insurers have consented to the inclusion of this report at the centre and to copies of the report being made available to the relevant parties.

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

I understand that the following information is collected by:

(a) My insurer and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose, process and store information on various data forms and any other personal information provided by me or possess or have access to all my Personal Information and to disclose and transfer such Personal Information to all insurer(s) who have issued a policy to me. The Personal Information and to disclose and transfer such Personal Information to all insurer(s) who have issued a policy to me. The Personal Information and to disclose and transfer such Personal Information to all insurer(s) who have issued a policy to me.

(b) processing the claims or claims, with my claims indicating the settlement of the claims and any necessary investigations relating to the claims.

(c) investigating the accident and the claims.

(d) carrying out the following with no instructions or responding to any requests by me:

(i) administering the following: the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal information to third parties; delivery of the same as well as the external cover of envelopes/mail packages; and

(v) complying with any legal or regulatory requirements, processing, handling and dealing with my claims.

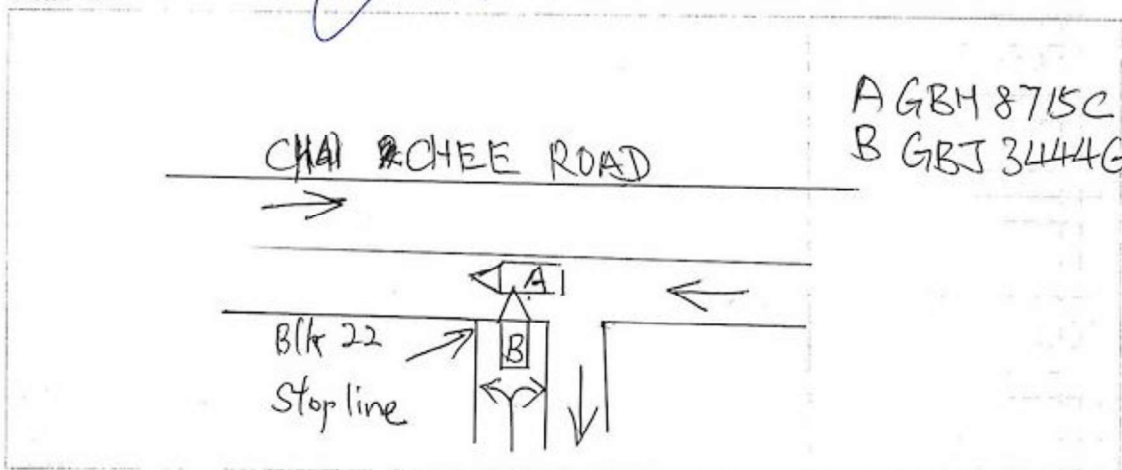
(b) all insurers and the TPA Records Management Centre established by the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and process my Personal Information on one or more of the above purposes and

(c) my Personal Information may be disclosed to any of the insurers and the TPA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for any of the above purposes.

RAFFLES FLORIST

.....  
 Policy.....  
 Authorised Signature

### Sketch Plan



Describe Circumstance of the Accident

*Attn: Police Report*

**Declaration**

I/We declare the foregoing particulars to be true in every respect

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days claim with policy. The claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

**RAFFLES FLORIST**

\_\_\_\_\_  
 Authorised Signature  
 Policyholder / Date & Time

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

\_\_\_\_\_  
 Witness and Reporting Officer's Signature  
 (Name as in NRIC/GD card)


**SINGAPORE  
POLICE FORCE**


T/20240701/7068

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

Report No. T/20240701/7068

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 14:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAY PEI XUAN JOHNSON			Address: 27A JALAN MEMBINA #22-140 MEMBINA COURT SINGAPORE 163027		
ID Type / ID No.: NRIC NO / S1600706D			Contact No.: Home/Office: Mobile: 91819236		
Nationality: SINGAPORE CITIZEN			Email: peixuantay@gmail.com		
Sex: Male	Age: 60	Date of Birth: 14/08/1963	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Van driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2024 13:45	Type of Location: Car Park
Location: CHAI CHEE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8715C	Motor van				Slightly Damaged	0
GBJ3444G	Motor van				Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20240701/7068

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

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Report No. T/20240701/7068

CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAY PEI XUAN JOHNSON		ID No. S1600706D
Related Vehicle	GBH8715C (Motor van)		Contact No. 91819236
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	29/06/2024	Date Discharge	29/06/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ENG KIM SENG		ID No. S1789859J
Related Vehicle	NIL		Contact No. NIL
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)	NIL	Degree of Injury	NIL

**Brief Details.**

On 29/06/2024 at about 1345hrs, I was driving plate number GBH8715C along chai chee road going straight to the car park. Suddenly at the T-junction of the car park, there was another van plate number GBJ3444G which did not see me and collided with the left side of my van.

I have in vehicle camera which may capture the incident.

I was injured with 3 days of MC vide MC number 0000211017 Unihealth 24hr clinic (Toa Payoh).

I was advised to lodge a police report. That is all

**SINGAPORE  
POLICE FORCE**

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



T/20240701/7068

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Report No. T/20240701/7068

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 Hougang 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:  
01/07/2024 14:49

Classification Of Case: