

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 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 ability.
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 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 Report	04/11/2017 15:00
Date Of Accident	03/11/2017 15:50
Exact Location Of Accident	SLIP RD FM JURONG WEST AVE 4 TO JURONG WEST ST 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9970X
Insured/Policyholder	
Name Of Registered Owner	REDDOT F&B PTE. LTD.
Co Reg No	200817297Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90225885
Alternative Phone No	OFFICE-90225885

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082664305-01
Cover Note Number	

Driver

Name of Driver	TAY YEN CHY E
NRIC No	S1712901E
Date Of Birth	09/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	08/04/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90225885
Fax Number	
Contact Number	OFFICE-90225885
Email Address	NOEMAIL

Address	212 JURONG EAST ST 21 #12-295
Postcode	S600212
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4929D
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	TAY YEN CHYE
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	GBD9970X
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

REDDOT F&B PTE. LTD.

Policyholder's Signature

Date & Time:

Authorised Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

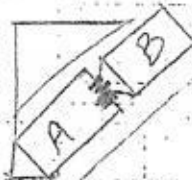
4 NOV 2017

SKETCH PLAN

Along Jurong West Ave 4, Stop Road Toward Jurong West ST 64.

Jurong West Ave 4

H9.48 from Jurong



A - GBD 9970X
B - SHD 4929D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/11/17 at about 1550HRS, I was travelling along Jurong West
Ave 4, Stop Road Toward Jurong West ST 64. I stop my vehicle before
the stop line as I looking out on coming vehicle suddenly I felt an
impact on my rear portion. I came out of my vehicle and do a check
(SHD4929D)
I realised that Vehicle B, had collided into my rear portion as vehicle
B unable to stop in time. My vehicle B (SHD4929D) rear portion was
badly damaged. We exchanged our particulars for insurance claim.
I felt pain on my neck after the accident. later to public report
no. 7/201116/707

REDDOT F&B PTE. LTD.

DECLARATION

I declare the particulars are true in every respect.

4 NOV 2017

Signature of Policyholder

Policyholder's Signature
Date & Time:

Signature of Driver
(If Driver is not the policyholder)
Date & Time:

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20171104/7007

1 of 3

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

Report No. T/20171104/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2017 12:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY YEW CHYE			Address: APT BLK 212 JURONG EAST STREET 21 #12-295 SINGAPORE 600212		
ID Type / ID No.: NRIC NO / S1712901E			Contact No.: Home/Office: Mobile: 90225885		
Nationality: SINGAPORE CITIZEN			Email: AMA.CLAIM@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 09/12/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)			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: 03/11/2017 00:00	Type of Location: SLIP ROAD
Location: JURONG WEST AVENUE 4 ALONG JURONG WEST AVE 4 BEFORE SLIP ROAD TOWARD JURONG WEST ST 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBD9970X	Van	TOYOTA	HIACE	White	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/20171104/7007

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

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Report No. T/20171104/7007

CONTINUATION OF REPORT

Driver:			
Name	TAY YEW CHYE	ID No.	S1712901E
Related Vehicle	GBD9970X (Van)	Contact No.	90225885
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 03/11/17 AT ABOUT 1550HRS, I WAS TRAVELLING ALONG JURONG WEST AVE 4 BEFORE SLIP ROAD TOWARD JURONG WEST ST 64, I STOP MY VEHICLE BEFORE THE STOP LINE AS I LOOKING OUT ON COMING VEHICLE, SUDDENLY I FELT AN IMPACT ON MY REAR PORTION. I CAME OUT OF MY VEHICLE AND DO A CHECK. I REALIZED THAT VEHICLE B (SHD4929D) HAD COLLIDED ONTO MY REAR PORTION AS VEHICLE B UNABLE TO STOP IN TIME. MY VEHICLE B REAR PORTION WAS BADLY DAMAGED. WE EXCHANGED OUR PARTICULAR FOR INSURANCE CLAIM. I FELT PAIN ON MY NECK AFTER THE ACCIDENT.

**SINGAPORE
POLICE FORCE**

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



T/20171104/7007

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Report No. T/20171104/7007

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
LEE SOON LYE
Contact No.: 65476239

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/11/2017 12:25

Classification Of Case: