

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	15/12/2017 09:11
Date Of Accident	11/12/2017 19:00
Exact Location Of Accident	ORCHARD RD TWDS BRAS BASAH RD OUTSIDE THE CATHAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6619P
Insured/Policyholder	
Name Of Registered Owner	AIS MOTORING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85098196

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1741141700
Cover Note Number	-

Driver

Name of Driver	TAY KOK HENG
NRIC No	S1160804C
Date Of Birth	29/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1973
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90033467
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 232 LOR 8 TOA PAYOH #11-224
Postcode	310232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBL9928C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MIN HLAING
NRIC/Passport Number	
Contact Number	83186616
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	SHIRLEEN GRANDGEORGE
Phone Number	97800231

Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

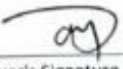
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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 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.

AIS MOTORING
(Reg No: 53341947J)
3, South Buona Vista Road
#B1-51, Viss Vistas
Singapore 118232
Tel: 635 9054 8332

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN

Bras Basah Rd

A = SJM 6619P
B = FBL 9928C

Orchard Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

3, South Buona Vista Road
#B1-61, Viva Vista

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171212/2134

1 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20171212/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 16:50		Vide Report No.:		Station Diary No.: 34
Informant's Particulars				
Name of Informant: TAY KOK HENG		Address: APT BLK 232 LORONG 8 TOA PAYOH #11-224 SINGAPORE 310232		
ID Type / ID No.: NRIC NO / S1160804C		Contact No.: Home/Office:		Mobile: 90033467
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 29/12/1955	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/12/2017 19:00	Type of Location: Bend
Location: Along Road 1 ORCHARD ROAD BRAS BASAH ROAD outside The Cathay				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBL9928C	Motorcycle				Slightly Damaged	0
SJM6619P	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



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T/20171212/2134

Police Station Of Origin:
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321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20171212/2134

CONTINUATION OF REPORT

Rider			
Name	Min Hlaing	ID No.	093641353
Related Vehicle	FBL9928C (Motorcycle)	Contact No.	83186616
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	03	Degree of Injury	Slight
Driver			
Name	TAY KOK HENG	ID No.	S1160804C
Related Vehicle	SJM6619P (Car)	Contact No.	90033467
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 11/12/2017 at about 1900hrs, while I(SJM6619P) was driving along orchard road towards Bras Basah Road at the lane 3. The motorcycle(FBL9928C) in front of me suddenly brake when approaching the junction. As such I also applied footbrake however as the road is wet which resulted my car to skid and resulted in my vehicle's front's left side grazed the corner of the box belonging to the motorbike. The motorcyclist suffered bruises on his right elbow but he mentioned that he is feeling alright. After which we came out of the vehicle and exchange particulars and left the scene. And we agreed on private settlement.

There is slight dent at the front's right of my vehicle. There is camera in my vehicle however it's does not capture the accident. At the point of time there is one passenger in my vehicle and she informed that she is not injured. The passenger is namely Shirleen Grandegeorge , 97800231.

On 12/12/2017 at about 1100hrs, I was informed by the motorcyclist that he received 3 days MC from the hospital. I did not suffer any injuries. Hence I am lodging this report.

The details of the motorcyclist are as follows:

Name: Min Hlaing
S.pass 093641353
Plate number: FBL9928C
Hp:83186616

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171212/2134

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
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Report No. T/20171212/2134

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171212/2134

Police Station Of Origin:
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321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20171212/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TAY YU ZHI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2017 16:50
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	



Signature

Singapore Police Force

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1160804C



TAY KOK HENG
郑国兴
Race: CHINESE
Date of Birth: 29-12-1955 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1160804C
TAY KOK HENG
Birth Date: 29 Dec 1955
Issue Date: 27 Jun 2003



0725804



68944



NRIC No: S1160804C

Blood Group: O+ Date of Issue: 16-01-1993

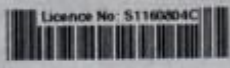
APT BLK 232 LORONG 8 TOA PAYOH #11-224
SINGAPORE 310232
NRIC No: S1160804C Date: 14/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Sep 1973

NP 428A

Licence No: S1160804C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

