

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 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	03/04/2018 16:10
Date Of Accident	01/04/2018 10:20
Exact Location Of Accident	AYE(MCE)5.5KM GILLMAN FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9995D
Insured/Policyholder	
Name Of Registered Owner	TAY,WEE LEE
NRIC No	S7441232G
Email Address	TAYWEELEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94509496
Alternative Phone No	OTHERS-94509496

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00141039/04
Cover Note Number	

Driver

Name of Driver	TAY BOON KENG
NRIC No	S1390551G
Date Of Birth	03/06/1950
Occupation	INDOOR
Date Of Driving Pass	11/08/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242622
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 32 TEBAN GARDENS ROAD #10-356
Postcode	600032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM SENG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 5 BEO CRESCENT , POSTCODE: 169981 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SKX2524K
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAN LIM HUI YAN
NRIC/Passport Number	S9042457B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN


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 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. 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.


Policyholder's Signature
Date & Time: 1/4/18


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

 03/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AYE(MCE)5.5KM GILLMAN FLYOVER

A-SKB9995D

B-SKX2524K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on AYE (MCE) on 1/4/2018 at 1020am location at Gillman Flyover 5.5km on the 1st Lane then the car SKX2524K driving from second lane suddenly cut into my lane and hit on to my car and my car lost control and hit on to the divider that causes my car right hand side badly damage

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:

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180401/2083

2 of 3

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

Report No. T/20180401/2083

CONTINUATION OF REPORT

Brief Details.

On 01/04/2018 at about 1020hrs, while I was driving along AYE(MCE) on lane 1, another vehicle (SKX2524K) driving on lane 2, suddenly filtered into my lane. His rear right wheels hit onto my front left bumper. Due to the impact, I lost control of my vehicle and hit onto the divider that caused serious damage to the front right part of my car. My car was then towed away as it was no longer able to drive. We exchanged particulars and he mentioned that he was in a hurry to the airport. No one was injured but Police attended to the scene.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



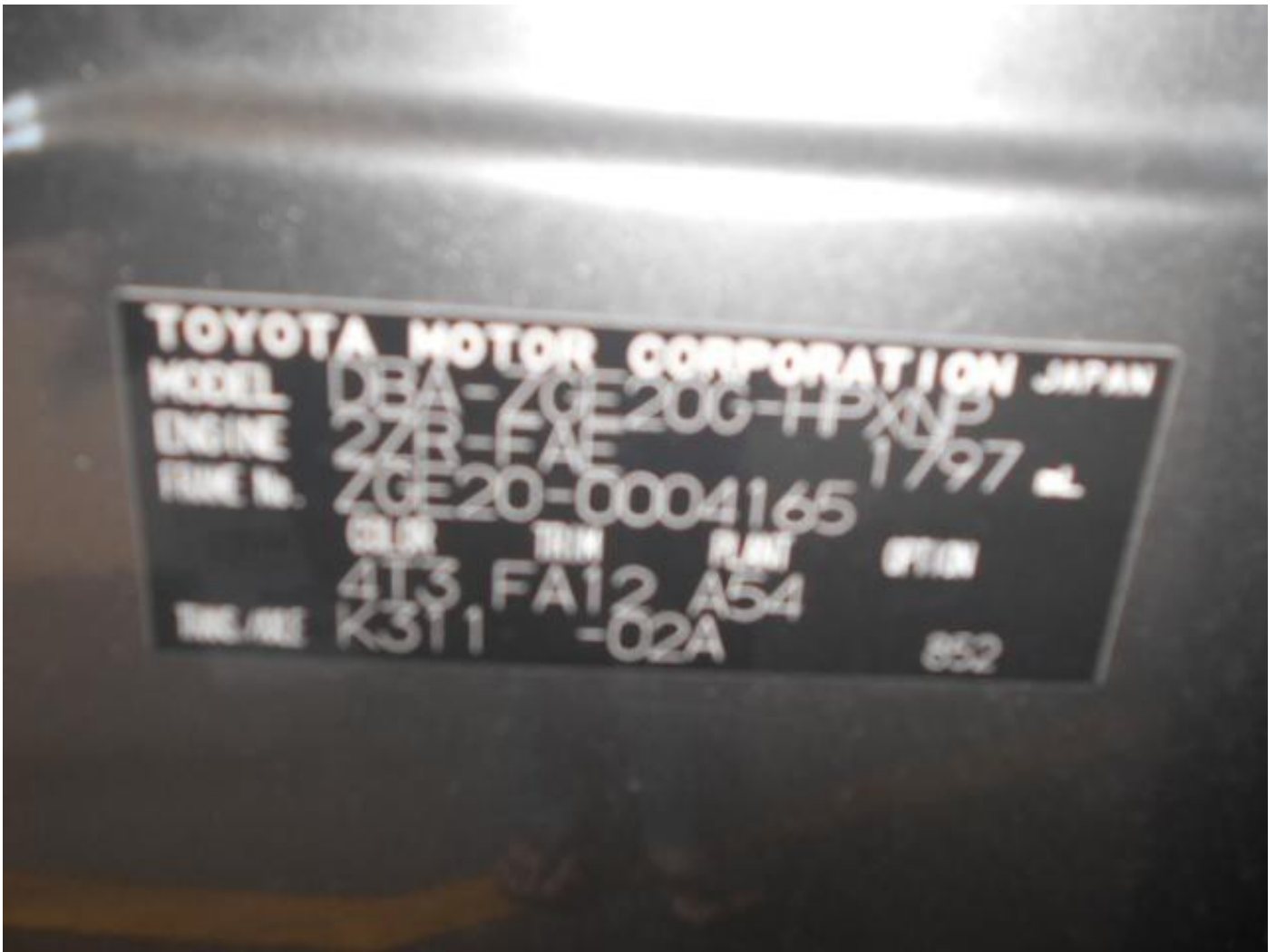
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T:20180401/2083

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 189681
Tel No: 1800-2718999

1 of 3

Report No: T/20180401/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 21:20		Vide Report No.: D/20180401/0075		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAY BOON KENG			Address: APT BLK 32 TEBAN GARDENS ROAD #10-356 SINGAPORE 600032		
ID Type / ID No.: NRIC NO / S1390551G			Contact No.: Home/Office: Mobile: 84242622		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 03/06/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 01/04/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE(MCE) below Giltman Flyover at 5.5km Lamp Post Number: 286				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB9995D	Car				Seriously Damaged	0
SKX2524K	Car				Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180401/2083

2 of 3

Police Station Of Origin:

Kim Seng NPP

5 Beo Crescent SINGAPORE 169981

Tel No: 1800-2718999

Report No: T/20180401/2083

CONTINUATION OF REPORT

Brief Details:

On 01/04/2018 at about 1020hrs, while I was driving along AYE(MCE) on lane 1, another vehicle (SKX2524K) driving on lane 2, suddenly filtered into my lane. His rear right wheels hit onto my front left bumper. Due to the impact, I lost control of my vehicle and hit onto the divider that caused serious damage to the front right part of my car. My car was then towed away as it was no longer able to drive. We exchanged particulars and he mentioned that he was in a hurry to the airport. No one was injured but Police attended to the scene.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180401/2083

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 168981
Tel No: 1800-2718999

3 of 3

Report No. T/20180401/2083

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:
E/
Sgt 2 TAY KAH JUN

Signature Of Informant:

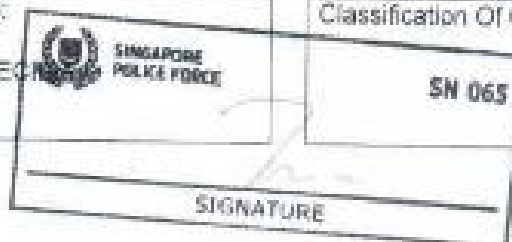
PF

Signature Of Interpreter:
Not applicable

Date/Time:
01/04/2018 21:20

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CEC
Contact No.: 65476404

Classification Of Case:



Authentication Stamp
NP108