

## 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	11/04/2018 15:39
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	AMK AVE 6 TWDS LENTOR AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE485J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSTA-WELL ELECTRICAL ENGINEERING PTE LTD
Co Reg No	199302236Z
Email Address	INSTAWELL@INSTAWELL.COM.SG
Mobile Phone No	(LOCAL) +65-90269869
Alternative Phone No	OFFICE-67447754

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5093262951
Cover Note Number	

### Driver

Name of Driver	TAY BOO YONG
NRIC No	S1549674F
Date Of Birth	29/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93677834
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1 ANG MO KIO ST 66 #04-01
Postcode	567705
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	CHAIN COLLISION
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?	YES
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180411/2044

#### 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	SJK6861R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96788986
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKB6582G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN2364X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGF1622J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAY BOO YONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBE485J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

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

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

# SKETCH PLAN

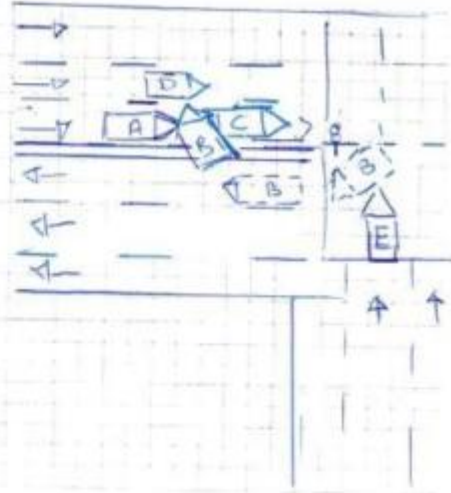
Vehicle A: GBE485J

Vehicle B: SJK6861R

Vehicle C: SKB6582G

Vehicle D: SLN2364X

Vehicle E: SGF1622J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the stated venue. The traffic Light was red so I stopped behind SKB6582G. Suddenly, SJK6861R from the opposite Road flew over & hit onto my car and also the car in front of me & beside me C (SLN2364X). When I alighted I realized I was involved in a 5 cars accident.

## 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.:



**SINGAPORE  
POLICE FORCE**

T/20180411/2044

2 of 3

Report No. T/20180411/2044

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAY BOO YONG	ID No.	S1549674F
Related Vehicle	NIL	Contact No.	93677834
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 11/04/2018 at about 0730hrs, I was driving along Ang Mo Kio Ave 6 heading towards Lentor Ave.

My van was stationary at the red light at the X-junction of Ang Mo Kio Ave 6 and Yio Chu Kang Rd. Out of a sudden, a car from the opposite side of the road swerve and flew over into my lane and was overturned. The said car had hit 3 stationary vehicles on my side of the road, including my van. I realised that a total of 5 vehicles were involved in the accident.

I was not injured during the accident. However, the front portion of my van, grille and bumper were badly damaged.

Traffic police attended to the accident.

I am lodging this report as instructed by the traffic police vide F/20180411/0053.

*Ty Bo Yong*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



SINGAPORE  
POLICE FORCE



T20180411/2044

1 of 3

Police Station Of Origin:  
Geylang N.P.C.  
132 Paya Lebar Road SINGAPORE 409014  
Tel No. 1800-8488999

Report No. T20180411/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 11:28	Video Report No. F20180411/0053	Station Diary No. 80
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### Informant's Particulars

Name of Informant: TAY BOO YONG		Address: APT BLK 1 ANG MO KIO STREET 88 #04-01 SINGAPORE 557705	
ID Type / ID No.: NRIC NO / S1549674F	Contact No.: Home/Office:	Mobile: 93677834	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 29/10/1962	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 2B.3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2018 07:30	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 6 TOWARDS LENTOR AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE485J	Van				Seriously Damaged	0
SGF1622J	Car					0
SJK5861R	Car					1
SKB5582G	Car					0
SLN2364X	Car					0

## Police Report



SINGAPORE  
POLICE FORCE

T/20180411/2044

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 408014  
Tel No: 1800-8486999

Report No. T/20180411/2044

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAY BOO YONG	ID No.	S1549674F
Related Vehicle	NIL	Contact No.	93677834
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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My van was stationary at the red light at the X-junction of Ang Mo Kio Ave 6 and Yio Chu Kang Rd. Out of a sudden, a car from the opposite side of the road swerve and flew over into my lane and was overturned. The said car had hit 3 stationary vehicles on my side of the road, including my van. I realised that a total of 5 vehicles were involved in the accident.

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I am lodging this report as instructed by the traffic police vide F/20180411/0053.

*Ty Booy*

## Police Report



SINGAPORE  
POLICE FORCE



T20180411/2044

Police Station Of Origin:  
Gaylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-6486999

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Report No: T20180411/2044

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 MUHAMMAD HAMIZAN BIN RITWAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/04/2018 11:28

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476397

Classification Of Case:

Authentication Stamp  
NP158

