

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	25/06/2018 11:09
Date Of Accident	23/06/2018 12:15
Exact Location Of Accident	T-JUNCTION OF YISHUN AVE 11 & YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4407P
Insured/Policyholder	
Name Of Registered Owner	TAY AH LENG
NRIC No	S1084820B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503310
Alternative Phone No	OTHERS-98503310

Vehicle Particulars

Manufacturer	NISSAN
Model	ALMERA-1.5 4AT ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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/00422841
Cover Note Number	

Driver

Name of Driver	TAY AH LENG
NRIC No	S1084820B
Date Of Birth	07/05/1953
Occupation	INDOOR
Date Of Driving Pass	20/02/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98503310
Fax Number	
Contact Number	OTHERS-98503310
EMail Address	NOEMAIL

Address	BLK 7 PUNGGOL FIELD WALK #10-13 SINGAPORE
Postcode	828742
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : KEE GEOK CHOO GENDER: : FEMALE
Passenger 2	NAME: : SOPHIA ZHENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHC8390K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TING AH HEE

NRIC/Passport Number

Contact Number

85020468

Address

Postcode

Insurance Company Name

Nature Of Damage


No. Of Passenger (Including Driver)

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)


 Policyholder's Signature
 Date & Time: 25/6/18
 10:15AM

Reporting Centre Personnel's Signature
Name: *Person*
NRIC/PIN No.: *Person*

Sketch Plan #2

SKETCH PLAN

Vehicle No	
A	SKD 4407P
B	SFC 8390K

Legend	
A	B
Vehicle	Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/06/2018 at about 12:15, I was driving from Yishun Avenue 11 toward the Yishun Central. I stopped my car at junction of Yishun Central for pedestrian crossing. Whilst, I was waiting for pedestrian crossing my car SKD 4407P was knocked by a taxi (SFC 8390K) from behind my car.

My left rear bumper was damaged.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

10/5/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Report/Centre Personnel's Signature

Name:

NRIC/FIN No.:

PERMAN,

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Tay Ah Leng,
NRIC/FIN S1084820B, has reported to the Police a non-injury traffic accident
which occurred at T-Junction of Yishun Avenue 11 and Yishun Central
on 23/06/2018 at 12:15 am/pm involving the following vehicles:

Vehicle 1: SKQ4407P - Tay Ah Leng, Hp: 98503310

Vehicle 2: SHC8390K - Ting Ah Hee, Hp: 85020468

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Rickson Ong

Date: 23/06/2018 Time: 1250hrs

S/D Ref: 69

Police Post/Unit: Ang Mo Kio Police Division / Yishun North NPC

YISHUN NORTH NPC
31 YISHUN CENTRAL
SINGAPORE 76827
TEL: 6852 9999
FAX: 6852 2299

[Signature]
23/06/2018

CONFIDENTIAL