

## 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 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. 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	27/12/2018 15:58
Date Of Accident	27/12/2018 01:00
Exact Location Of Accident	JUNCTION OF SERANGOON RD & UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH79C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLAN TAY YONG SEONG
NRIC No	S7973281H
Email Address	TAYALLAN77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93834494
Alternative Phone No	OTHERS-93834494

### Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMERA
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA426961
Coverage Note Number	13/12/2018 - 12/12/2019

### Driver

Name of Driver	ALLAN TAY YONG SEONG
NRIC No	S7973281H
Date Of Birth	01/06/1979
Occupation	INDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834494
Fax Number	
Contact Number	OTHERS-93834494
Email Address	TAYALLAN77@YAHOO.COM

Address	18 LEICESTER RD #13-01
Postcode	358847
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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 [OTHER]	YISHUN NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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	SHD4619Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHEE KOON
NRIC/Passport Number	S0142122J
Contact Number	96186342
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

ALLAN TAY YONG SEONG

Approximate Age

Injuries Sustain

NECK PAIN & BODY UNWELL

Injured person in which vehicle?

SMH79C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

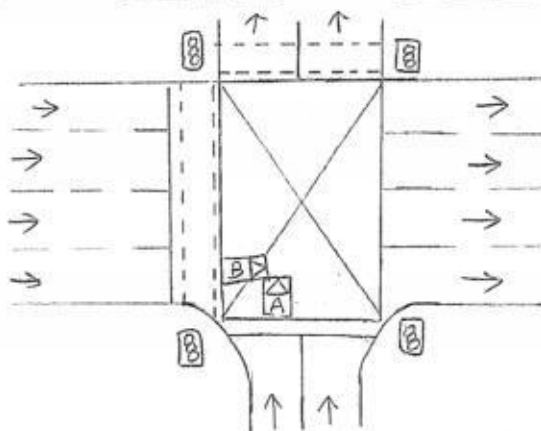
### Sketch Plan Pg. 1

### SKETCH PLAN

SKETCH PLAN

Date of Accident: 27/12/2018 Time: 01:00 AM Location: Junction of Serangoon Road & Upper Serangoon Road

My Vehicle A: SMH 79C Vehicle B: SHD 4619Z Vehicle C/Others: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report No. : T/20181227/2049

( ) Claim OD/TP at Ah Lim Motor (✓) Claim OD(TP) at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : Optima Werkz Pte Ltd

email address : lily.101 @ ow.sg

& myself

email address : tayallan77@yahoo.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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.:

## Sketch Plan Pg. 2

### SKETCH PLAN

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





**SINGAPORE  
POLICE FORCE**



T/20181227/2049

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20181227/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2018 13:49	Vide Report No.:	Station Diary No.: 90
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## Informant's Particulars

Name of Informant: ALLAN TAY YONG SEONG			Address: 18 LEICESTER ROAD #13-01 SINGAPORE 358847		
ID Type / ID No.: NRIC NO / S7973281H			Contact No.: Home/Office: Mobile: 93834494		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 01/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/12/2018 01:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4619Z	COMFORT TAXI	HYUNDAI		Blue	Slightly Damaged	3
SMH79C	Car	PORSCHE	PANAMERA	Silver	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH79C	AXA INSURANCE SINGAPORE PTE LTD	GA426961	13/12/2018	12/12/2019



**SINGAPORE  
POLICE FORCE**



T/20181227/2049

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20181227/2049

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHEE KOON	ID No.	S0142122J
Related Vehicle	SHD4619Z (COMFORT TAXI)	Contact No.	96186342
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	NIL	Degree of Injury	NIL
Driver			
Name	ALLAN TAY YONG SEONG	ID No.	S7973281H
Related Vehicle	SMH79C (Car)	Contact No.	93834494
Hospital/Clinic	YONG CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/12/2018	Date Discharge	27/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 27/12/2018 at around 0100hrs, I was driving on the left lane on Serangoon Road. My car was stationary at traffic light junction of Serangoon Road. When the light turned green, I drove forward across the junction. However, as soon as I drove forward, a comfort taxi came drove out from the left side of the junction and clash into the front of my vehicle. Both the front of our vehicles collided and sustained some damage on our vehicles.

During that time, no one was injured. Shortly after, ambulance and police came down to the scene. No one was conveyed at scene. We then exchanged particulars and left the scene. I have the witness from the taxi's passengers as well. I went to see a doctor later and was given 4 days MC for my injuries.



**SINGAPORE  
POLICE FORCE**



T/20181227/2049

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20181227/2049

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:

L /  
Sgt 2 OH HONG LI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/12/2018 13:49

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

SN 085

Signature:

Authentication Stamp  
NP168



Singapore Police Force