

## 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                                                               | 02/07/2018 13:47                       |
| Date Of Accident                                                             | 29/06/2018 13:15                       |
| Exact Location Of Accident                                                   | CTE TOWARDS CITY EXIT 7D               |
| Country/State of Loss                                                        | SINGAPORE                              |
| DETAILS OF OWN VEHICLE                                                       |                                        |
| Vehicle Registration Number                                                  | SFP2245S                               |
| <b>Insured/Policyholder</b>                                                  |                                        |
| Name Of Registered Owner                                                     | TAY KOK TIONG                          |
| NRIC No                                                                      | S6932007D                              |
| Email Address                                                                | NOEMAIL                                |
| Mobile Phone No                                                              | (LOCAL) +65-81805679                   |
| Alternative Phone No                                                         | OTHERS-81805679                        |
| <b>Vehicle Particulars</b>                                                   |                                        |
| Manufacturer                                                                 | MERCEDES-BENZ                          |
| Model                                                                        | CLA 180                                |
| 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                            |
| <b>Insurance Company</b>                                                     |                                        |
| Name of Insurance Company                                                    | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage                                                             | COMPREHENSIVE                          |
| Fleet Policy                                                                 | NO                                     |
| Policy Number                                                                | 5092816231                             |
| Cover Note Number                                                            |                                        |
| <b>Driver</b>                                                                |                                        |
| Name of Driver                                                               | TAY KOK TIONG                          |
| NRIC No                                                                      | S6932007D                              |
| Date Of Birth                                                                | 10/09/1969                             |
| Occupation                                                                   | OUTDOOR                                |
| Date Of Driving Pass                                                         | 12/05/1994                             |
| Driving Experience                                                           | 24 YEARS AND 1 MONTH                   |
| Gender                                                                       | MALE                                   |
| Mobile Number                                                                | (LOCAL) +65-81805679                   |
| Fax Number                                                                   |                                        |
| Contact Number                                                               | OTHERS-81805679                        |
| Email Address                                                                | NOEMAIL                                |

|                                                     |                                             |
|-----------------------------------------------------|---------------------------------------------|
| Address                                             | BLK 601 WOODLANDS DR 42 #09-93<br>SINGAPORE |
| Postcode                                            | 730601                                      |
| 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   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| 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?                                                       | 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                       | SERANGOON NEIGHBOURHOOD POLICE CENTRE                                   |
| Police Station Address                    | ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-4880999 - FAX NO: 64883561                                 |
| Was notice of intended Prosecution given? | NO                                                                      |
| If Yes, against whom?                     |                                                                         |

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP6514P            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | POOSAIDURAI SELVAM |
| NRIC/Passport Number        | G8259487L          |
| Contact Number              | 90045819           |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |
| Nature Of Damage            |                    |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|                                                     |                     |
|-----------------------------------------------------|---------------------|
| Name                                                | TAY KOK TIONG       |
| Approximate Age                                     |                     |
| Injuries Sustain                                    | REFER POLICE REPORT |
| Injured person in which vehicle?                    | SFP2245S            |
| Were seat belts worn?                               |                     |
| Was this injured conveyed to hospital by ambulance? |                     |
| Address                                             |                     |
| Postcode                                            |                     |




**SKETCH PLAN**


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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.

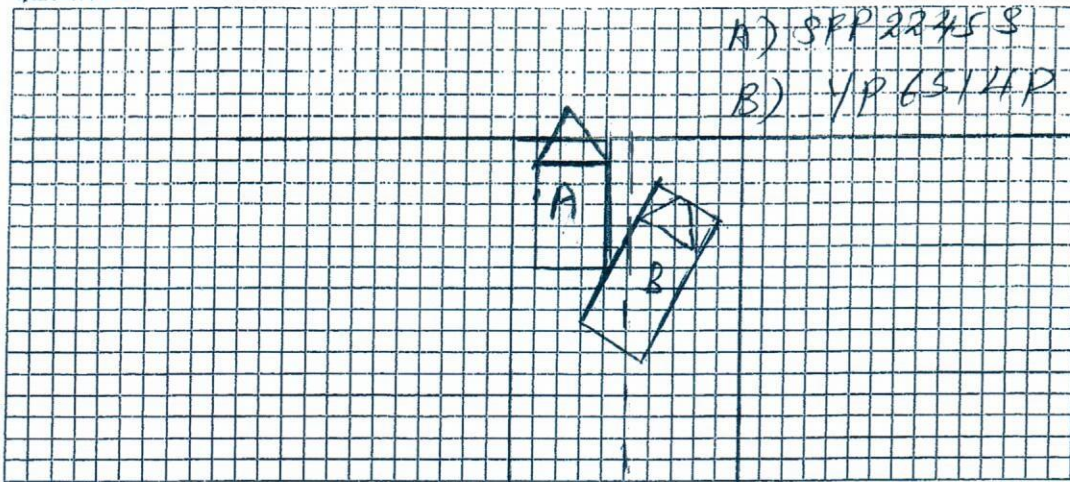
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

T/20180629/2199

## 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.:



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180629/2199

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 4  
Report No. T/20180629/2199

## REPORT OF A TRAFFIC ACCIDENT

|                                            |            |                                                                    |                              |
|--------------------------------------------|------------|--------------------------------------------------------------------|------------------------------|
| Date/Time Report Made:<br>29/06/2018 22:52 |            | Vide Report No.:                                                   | Station Diary No.:<br>83     |
| <b>Informant's Particulars</b>             |            |                                                                    |                              |
| Name of Informant:<br>TAY KOK TIONG        |            | Address:<br>APT BLK 601 WOODLANDS DRIVE 42 #09-93 SINGAPORE 730601 |                              |
| ID Type / ID No.:<br>NRIC NO / S6932007D   |            | Contact No.:<br>Home/Office:                                       | Mobile: 81805679             |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:                                                             |                              |
| Sex:<br>Male                               | Age:<br>48 | Date of Birth:<br>10/09/1969                                       | Type of Informant:<br>Driver |
| Race:<br>Chinese                           |            | Language:                                                          | Institution / School Name:   |
| Occupation:<br>STAFF OFFICER               |            | Driving Licence Information:<br>Class: Date of Expiry:             |                              |

## General Information of the Accident

|                                                                                                   |               |                                             |                                            |                                     |
|---------------------------------------------------------------------------------------------------|---------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                                                                 | Injury Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>29/06/2018 13:10 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>CENTRAL EXPRESSWAY<br><br>Central Expressway Towards City<br>Exit 7D |               |                                             |                                            |                                     |
| Weather:<br>Clear                                                                                 |               | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                                                          |               | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction                       |               |                                             |                                            | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make          | Model                    | Color | Condition        | No. of Passenger |
|-------------|-------|---------------|--------------------------|-------|------------------|------------------|
| SFP2245S    | Car   | MERCEDES BENZ | CLA180 AMG LINE (R18 BI) | Red   | Slightly Damaged | 0                |
| YP6514P     | Lorry | MITSUBISHI    | CANTER FEB21ER4S DEB     | White | Slightly Damaged | 1                |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180629/2199

2 of 4

Report No. T/20180629/2199

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                            |               |            |             |
|------------------------------|--------------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No. | Effective  | Expiry Date |
| SFP2245S                     | NTUC Income Insurance Co-Operative Limited | 5092816231    | 21/08/2017 | 20/08/2018  |

| Details of Person Involved        |                      |                                        |                                   |
|-----------------------------------|----------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                      |                                        |                                   |
| No. of Pedestrians Injured: NIL   |                      | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                      |                                        |                                   |
| Name                              | TAY KOK TIONG        | ID No.                                 | S6932007D                         |
| Related Vehicle                   | SFP2245S (Car)       | Contact No.                            | 81805679                          |
| Hospital/Clinic                   | KINGS MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 29/06/2018           | Date Discharge                         | 29/06/2018                        |
| No. of Days granted Medical Leave | 03                   | Degree of Injury                       | Slight                            |
| Driver                            |                      |                                        |                                   |
| Name                              | POOsaidural Selvam   | ID No.                                 | G8259487L                         |
| Related Vehicle                   | NIL                  | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                               |

## **Brief Details.**

On 29/06/2018 at around 1310hrs, I was driving my vehicle SFP2245S along Central Expressway towards City Side. As I had travel towards the exit of the CTE (7D), there was a comfort taxi (SHA4890X) in front of me. The front taxi had slow down, thus I also slowed down my vehicle. Out of sudden, I felt an moderate impact coming from the rear. I stopped my vehicle and came out to make a check. The lorry (YP6514P) had hit onto the right rear bumper of my vehicle.

The driver look dazed and admitted that it was his fault. The supervisor informed that his driver did tried to avoid however was unable to. We exchange particular and left the scene. I felt pain on my rear neck. I went to see a doctor and was given a 3 days MC. I got the CCTV footage of the incident.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180629/2199

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3 of 4

Report No. T/20180629/2199

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20180629/2199

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

4 of 4  
Report No. T/20180629/2199

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 LAM CHEW KIT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/06/2018 22:52

Officer In Charge Of Case:

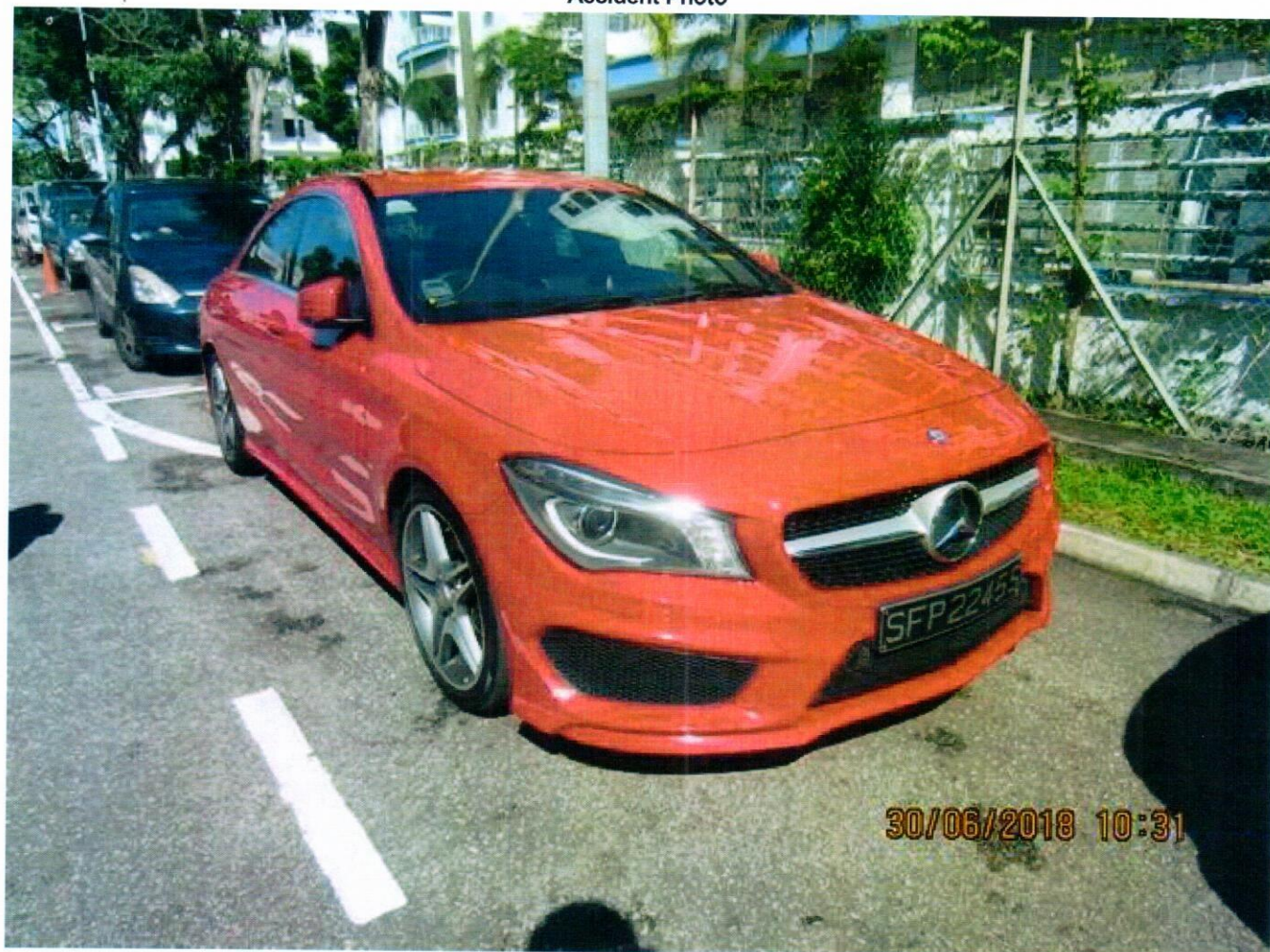
TP / AEIT /  
SI DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

SN 154

Authentication Stamp  
NP168  
Singapore Police Force

Classification Of Case:

Accident Photo



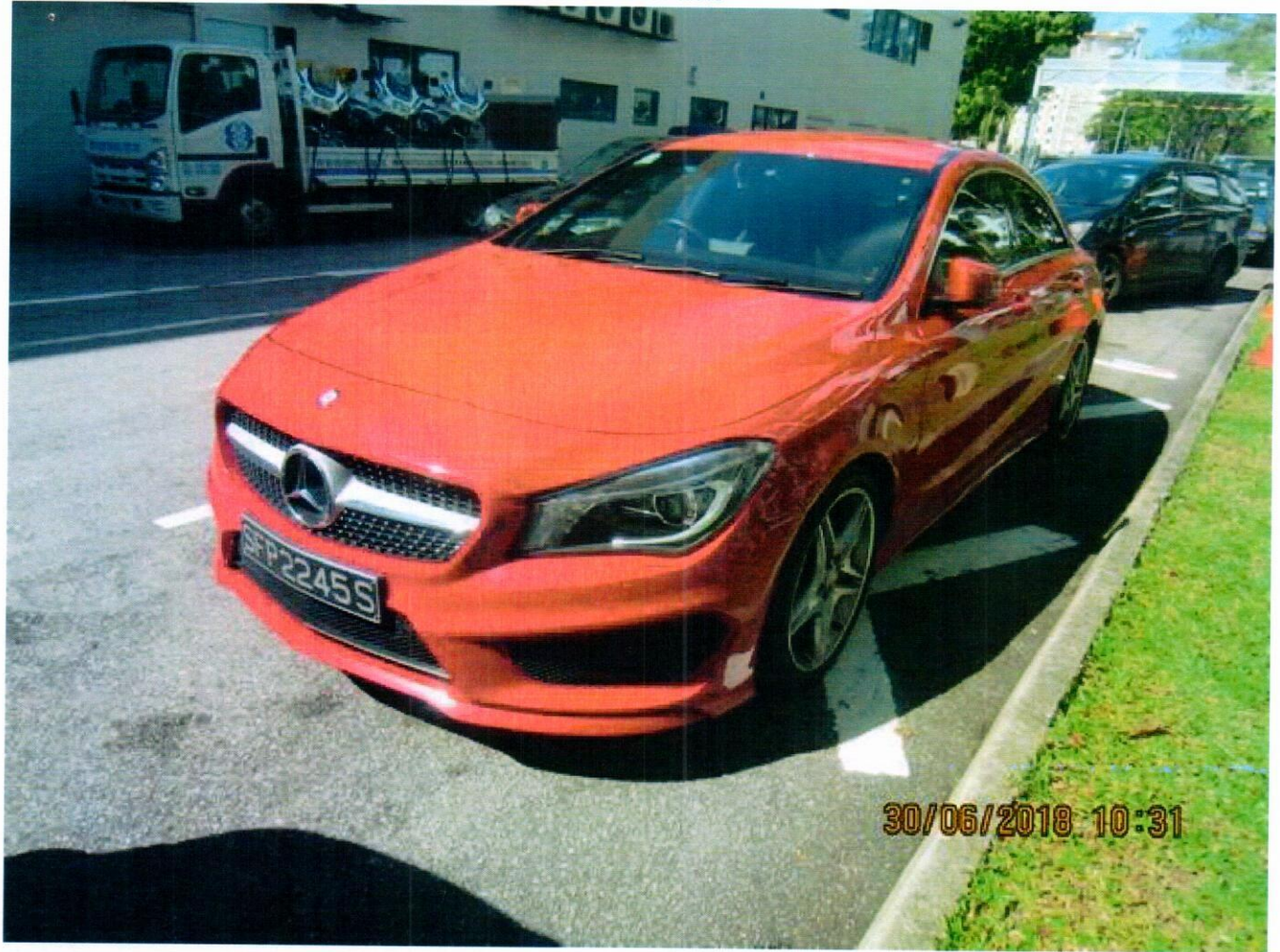


Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

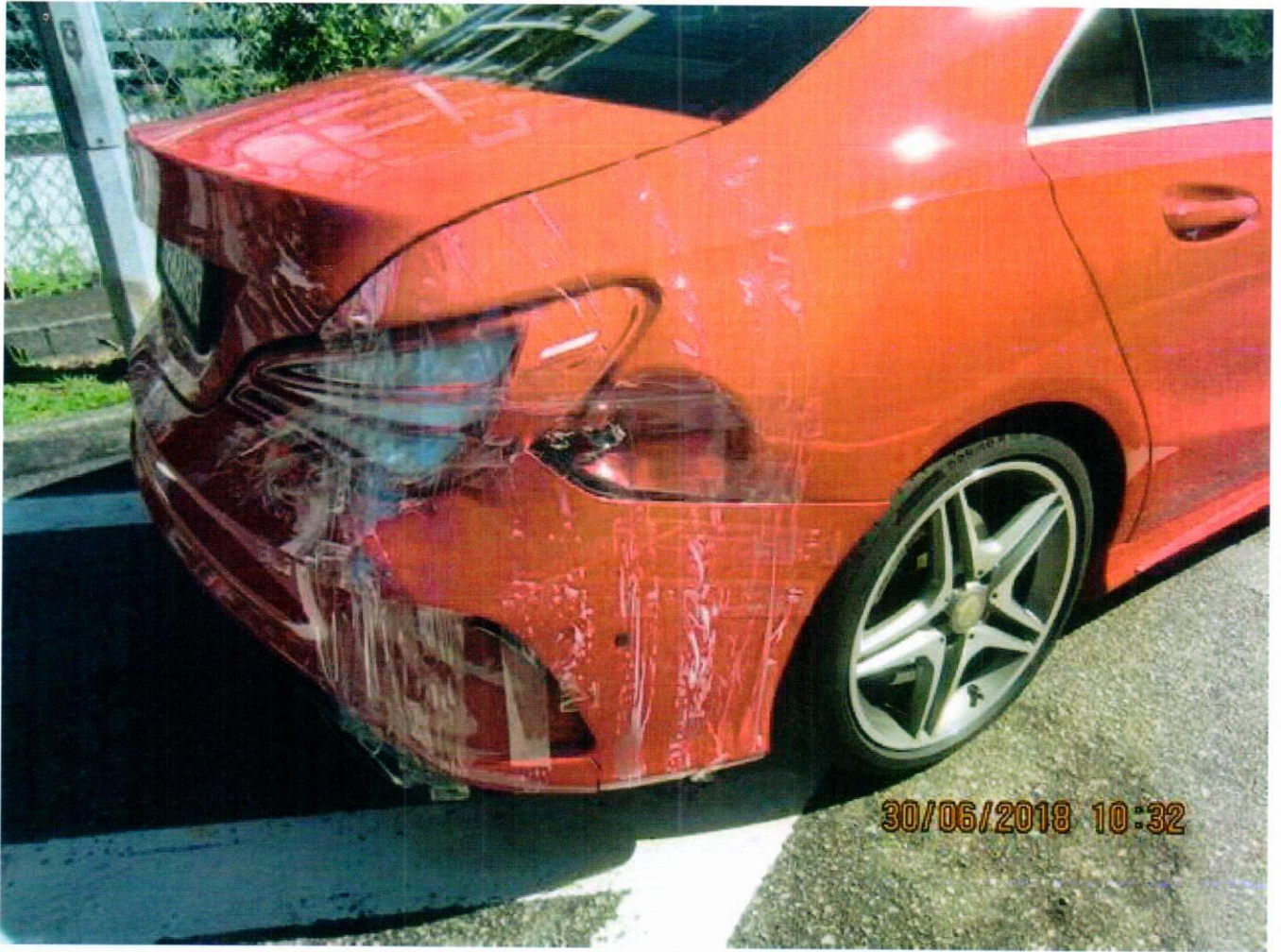


Accident Photo

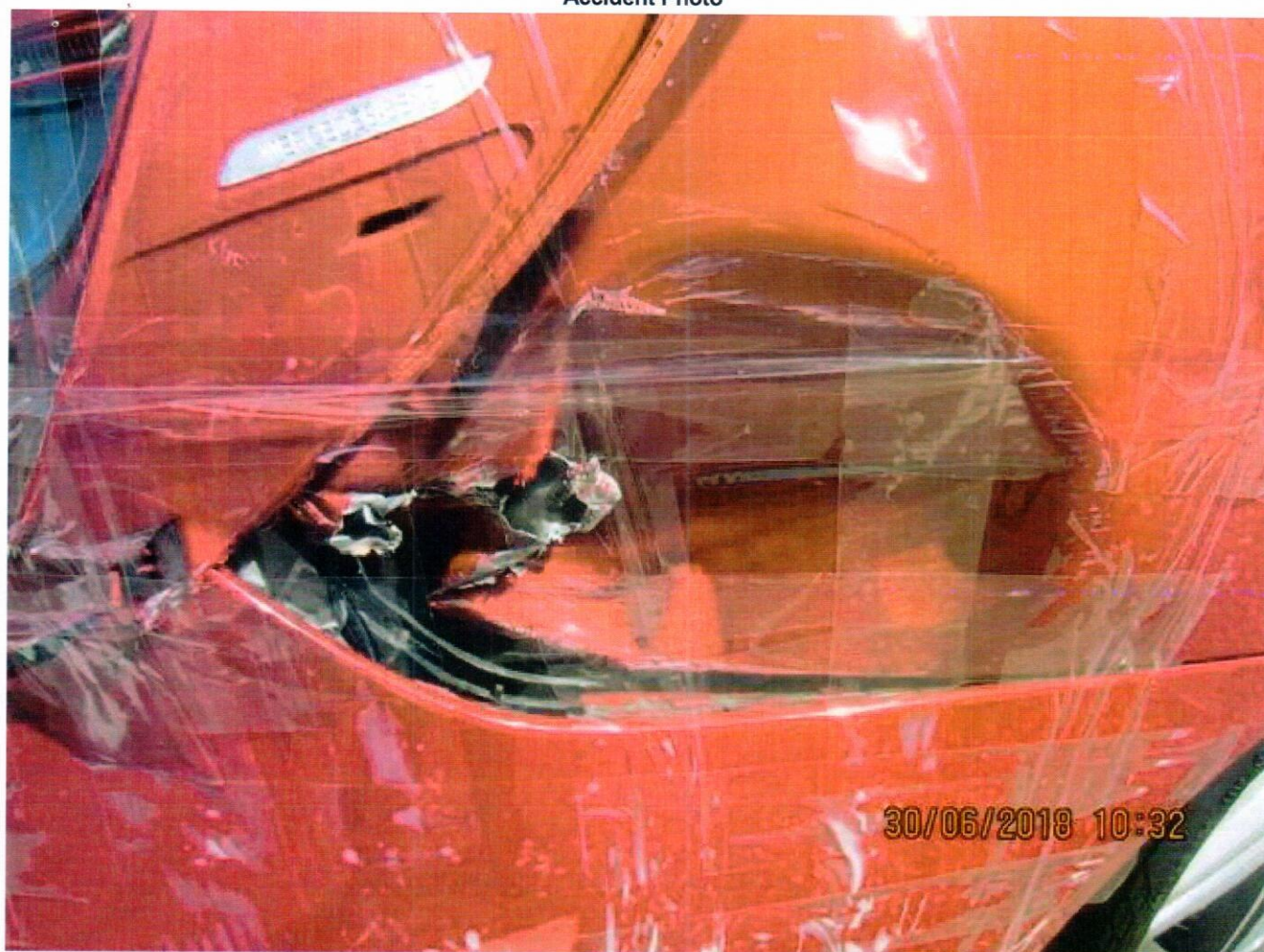




Accident Photo



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