

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	25/11/2019 18:48
Date Of Accident	23/11/2019 10:05
Exact Location Of Accident	CTE (SLE) NEAR AMK AVE 3 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5813X
Insured/Policyholder	
Name Of Registered Owner	TAY ZHONG BI, EUGENE
NRIC No	S8628840J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90405115
Alternative Phone No	OFFICE-90405115

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700055711-02
Cover Note Number	

Driver

Name of Driver	TAY ZHONG BI, EUGENE
NRIC No	S8628840J
Date Of Birth	18/09/1986
Occupation	INDOOR
Date Of Driving Pass	14/12/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90405115
Fax Number	
Contact Number	OFFICE-90405115
Email Address	NOEMAIL

Address	BLK 259C PUNGGOL FIELD #13-53
Postcode	823259
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	CHAIN COLLISION
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	4
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)	5
Passenger 1	NAME: : WANG WUMAI GENDER: : FEMALE
Passenger 2	NAME: : SU YUEYING GENDER: : FEMALE
Passenger 3	NAME: : ELVIN TAY XIANG YU GENDER: : MALE
Passenger 4	NAME: : ELINA TAY YI TING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191123/2108.

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	SDB191Z
Vehicle Make/Model/Colour	PORSCHE
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 2

Vehicle Registration Number	SGT8647T
Vehicle Make/Model/Colour	TOYOTA
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	SHA2853S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
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 ZHONG BI, EUGENE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS5813X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WANG WUMAI
------	------------

Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLS5813X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SU YUEYING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLS5813X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name ELVIN TAY XIANG YU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLS5813X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 5

Name ELINA TAY YI TING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLS5813X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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 Person's Signature

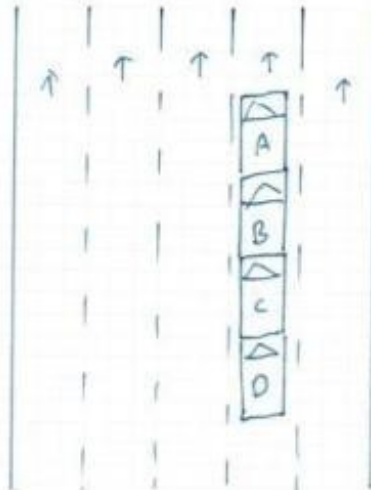
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CTE (SLE)
before Exit 12A



A - SL5 5813 X
B - SGT 8647 T
C - SHA 2853 S
D - SDB 191 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191123/2108

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Report No. T/20191123/2108

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No. 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2019 16:33		Vide Report No.:		Station Diary No.: 31
Informant's Particulars				
Name of Informant: TAY ZHONG BI, EUGENE		Address: APT BLK 259C PUNGGOL FIELD #13-53 SINGAPORE 823259		
ID Type / ID No.: NRIC NO / S8628840J		Contact No.: Home/Office: Mobile: 90405115		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 18/09/1986	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Security Manager		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2019 10:05	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards TPE on the second lane near Ang Mo Kio Ave 3, 12a exit (lamp post 162)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain collision head to rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDB191Z	Car	PORSCHE	911 CARRERA (991-II) PDK E6	Silver		0
SGT8647T	Car	TOYOTA	VIOS 1.5E A	Silver		0
SHA2853S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

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Police Report



**SINGAPORE
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Report No. T/20191123/2108

Police Station Of Origin:
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320029
Tel No: 1800-2507999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS5813X	Car	KIA	CERATO K3 1.6A	Red	No Damage	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS5813X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700055711-02	28/09/2019	27/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Yeo Soon Heng		ID No.	S7643176J
Related Vehicle	SGT8647T (Car)		Contact No.	96737734
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	Rahmat		ID No.	NIL
Related Vehicle	SHA2853S (Car)		Contact No.	96661416
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

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Police Report



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Report No. T/20191123/2108

CONTINUATION OF REPORT

Passenger			
Name	Wang Wumai	ID No.	NIL
Related Vehicle	SLS5813X (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	Su Yueying	ID No.	NIL
Related Vehicle	SLS5813X (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY ZHONG BI, EUGENE	ID No.	S8628840J
Related Vehicle	SLS5813X (Car)	Contact No.	90405115
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Elvin Tay Xiang Yu	ID No.	NIL
Related Vehicle	SLS5813X (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

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Police Report



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Report No. T/20191123/2108

CONTINUATION OF REPORT

Passenger			
Name	Elina Tay Yi Ting	ID No.	NIL
Related Vehicle	SLS5813X (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 23/11/2019 at about 1005hrs, I was driving my vehicle (SLS5813X) along CTE towards TPE on the second lane near Ang Mo Kio Ave 3, 12a exit (lamp post 162) together with my family (my wife: Su Yueying, mother-in-law: Wang Wumai, daughter: Elina Tay Yi Ting, son: Elvin Tay Xiang Yu. Suddenly a vehicle in front of us stopped. As such I stopped my vehicle. Subsequently, I felt collision from the rear of my vehicle.

After which, I alighted from my vehicle to make a check and realized that it's a chain collision that involves 4 vehicles (SGT8647T, SHA2853S, SDB191Z) including mine. Thereafter, all parties exchanged particulars. During that point of time, no one requires immediate medical attention. My vehicle sustained dent and scratches on the rear bumper.

On the same day at about 1100hrs, my family were having headache. Therefore, my family decided to go Raffles Medical located at No. 83 Punggol Central Level #02-29. Thereafter, me and my wife received 3 days of MC starting from 23/11/2019 to 25/11/2019.

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Police Report



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T/20191123/2108

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Report No. T/20191123/2108

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 JANSON CHEW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2019 16:33
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	SN 167

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

