

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	05/12/2019 17:31
Date Of Accident	28/11/2019 01:00
Exact Location Of Accident	AYE TWDS CITY BEFORE TIONG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2238R
Insured/Policyholder	
Name Of Registered Owner	ANG YAOWEI HACTER
NRIC No	S9217079I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81683821
Alternative Phone No	OFFICE-81683821

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100789067-01
Cover Note Number	

Driver

Name of Driver	TAY SHIJIE, BARRY
NRIC No	S9108814B
Date Of Birth	07/03/1991
Occupation	INDOOR
Date Of Driving Pass	07/12/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88080837
Fax Number	
Contact Number	OFFICE-88080837
Email Address	NOEMAIL

Address	BLK 927 HOUGANG STREET 91 #11-69
Postcode	530927
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	2
Passenger 1	NAME: : ANG YAOWEI HACTER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191128/2142 & T/20191203/2009.

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 INJURED PERSON 1

Name	TAY SHIJIE, BARRY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU2238R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name	ANG YAOWEI HACTER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU2238R
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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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.

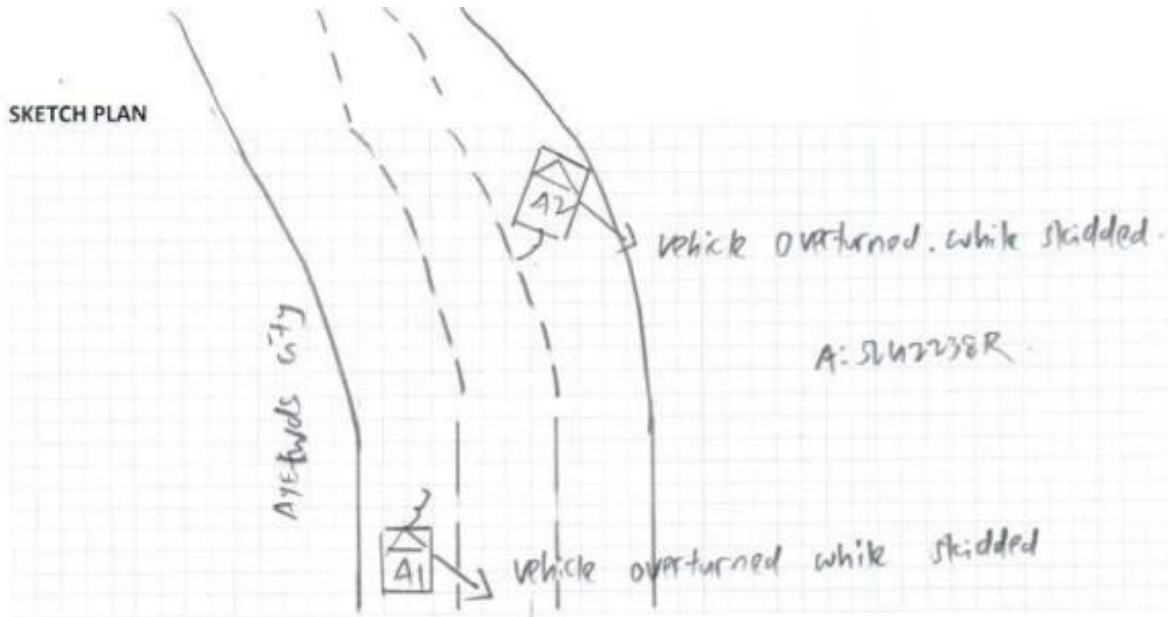

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 1203/1009 & 7/10/19 1203/1009

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/20191128/2142

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191128/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 17:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAY SHI JIE, BARRY			Address: APT BLK 927 HOUGANG STREET 91 #11-69 SINGAPORE 530927		
ID Type / ID No.: NRIC NO / S9108814B			Contact No.: Home/Office: Mobile: 88080837		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 07/03/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2019 01:00	Type of Location: Bend
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE TWDS CTE BEFORE TIONG BAHRU EXIT				
Weather: Cloudy	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: No Traffic	
Type of Collision: SELF SKID	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU2238R	Car	TOYOTA	VIOS E AUTO	White	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		

Police Report



**SINGAPORE
POLICE FORCE**



T/20191128/2142

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191128/2142

CONTINUATION OF REPORT

Driver				
Name	TAY SHI JIE, BARRY		ID No.	S9108814B
Related Vehicle	SLU2238R (Car)		Contact No.	88080837
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/11/2019		Date Discharge	27/11/2019
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Passenger				
Name	ANG YAO WEI, HACTER		ID No.	S9217079I
Related Vehicle	SLU2238R (Car)		Contact No.	81683821
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	27/11/2019		Date Discharge	27/11/2019
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS TRAVELLING ALONG AYE TOWARDS CTE THEN WHEN I WAS AT A BEND I WAS DRIVING AT A SPEED OF 60-80KM/H, AS THE FLOOR SURFACE IS WET MY VEHICLE SKIDDED AND THE VEHICLE HIT A BARRIER AND THEN THE VEHICLE OVERTURNED. AFTER THE VEHICLE OVERTURNED WE CRAWLED OUT OF OUR VEHICLE AND SOME PASSERBY VEHICLE STOP AND SENT US TO SINGAPORE GENERAL HOSPITAL. WE SUFFERED MINOR INJURIES.

THAT IS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20191128/2142

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191128/2142

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:
TP /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/11/2019 17:57

Classification Of Case:



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999



1/2019126/2142

Report No: T0519126/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 01:17		Video Report No. 1/2019126/2142		Station Diary No. 6	
Informant's Particulars					
Name of Informant: TAY SHUIE, BARRY			Address: APT BLK 527 HOUGANG STREET 91 #11-59 SINGAPORE 530927		
ID Type / ID No.: NRIC NO / S61089148			Contact No. Home/Office: Mobile: 98080637		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 07/03/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 2B.2		Date of Expiry:

General Information of the Accident

Type of Accident: Injury Others	Date/Time of Accident: 28/11/2019 01:05	Type of Location: Bend
Location: Along Road 1 AYER RAJAH EXPRESSWAY		
AYE Towards CTE Before Tiong Bahru Exit		
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume:
Type of Collision: SELF SKID	Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLU223BR	Car				Seriously Damaged	1

Details of Person Involved

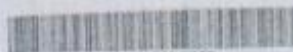
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T20191203/2008

2 of 3

Report No: T20191203/2008

CONTINUATION OF REPORT

Driver				
Name	TAY SHI-E, BARRY		ID No.	S91066148
Related Vehicle	SLU2236R (Car)		Contact No.	88080837
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019	
No. of Days granted Medical Leave	08	Degree of Injury	Slight	
Passenger				
Name	ANG YAO WEI HACTER		ID No.	S9217079
Related Vehicle	SLU2236R (Car)		Contact No.	81683821
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019	
No. of Days granted Medical Leave	08	Degree of Injury	Slight	

Brief Details:
THIS REPORT IS TO AMEND THE DATE OF THE ACCIDENT AND TO INCLUDE THE MEDICAL DETAILS

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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