

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	27/12/2019 14:58
Date Of Accident	26/12/2019 18:40
Exact Location Of Accident	JURONG WEST ST 93 SLIP RD INTO UPP JURONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6517R
Insured/Policyholder	
Name Of Registered Owner	MR TAY WEE SENG,TERRY(ZHENG WEISHENG)
NRIC No	SXXXX419E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92992323
Alternative Phone No	OTHERS-92992323

Vehicle Particulars

Manufacturer	AUDI
Model	A6
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3017801900
Cover Note Number	

Driver

Name of Driver	MR TAY WEE SENG,TERRY(ZHENG WEISHENG)
NRIC No	SXXXX419E
Date Of Birth	23/05/1986
Occupation	INDOOR
Date Of Driving Pass	03/04/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92992323
Fax Number	
Contact Number	OTHERS-92992323
EEmail Address	NOEMAIL

Address	BLK 685B JURONG WEST ST 64 #12-165
Postcode	642685
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	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	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT:T/20191227/7001

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	SJA1376K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH BOON AN
NRIC/Passport Number	SXXXX134B
Contact Number	98429262
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MR TAY WEE SENG,TERRY(ZHENG WEISHENG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH6517R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

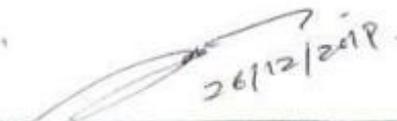
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 26/12/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/12/2019

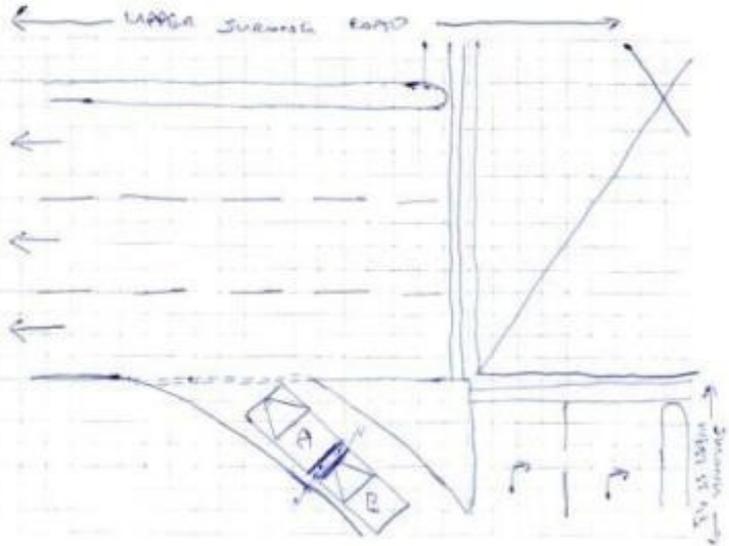

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A - SMH 6517R

Vehicle B - SJA 1376K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jurong West Sd 93 and entering into the slip road into Upper Jurong Road, towards Boun Lay Way direction.

While on the slip road, I brake to complete stop at the give way line to give way to the on-going vehicle, which suddenly I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realised it was a vehicle with licence plate (SJA 1376K) that collided to the rear of my vehicle.

Vehicle A - SMH 6517R
Vehicle B - SJA 1376K

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time:

[Signature]
26/12/2019

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

[Signature]
26/12/2019

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

[Signature] 27/12/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191227/7001

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

2 of 3

Report No. T/20191227/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH BOON AN	ID No.	S9737134B
Related Vehicle	SJA1376K (Car)	Contact No.	98429262
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY WEE SENG, TERRY	ID No.	S8613419E
Related Vehicle	SMH6517R (Car)	Contact No.	92992323
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was driving along Jurong west street 93 and entering into the slip road onto upper Jurong road towards boon lay way direction. While at the slip road, I slow down to a complete stop at the give way line to give way to on going vehicle when I suddenly felt a great impact from the rear of my vehicle. I alighted my vehicle and realized that it was a vehicle with license plate number SJA1376K that has collided onto the rear of my vehicle. After the impact I felt pain and strain on my neck and shoulder area and went on to see a doctor at Mount Alvernia and was given 4 days MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



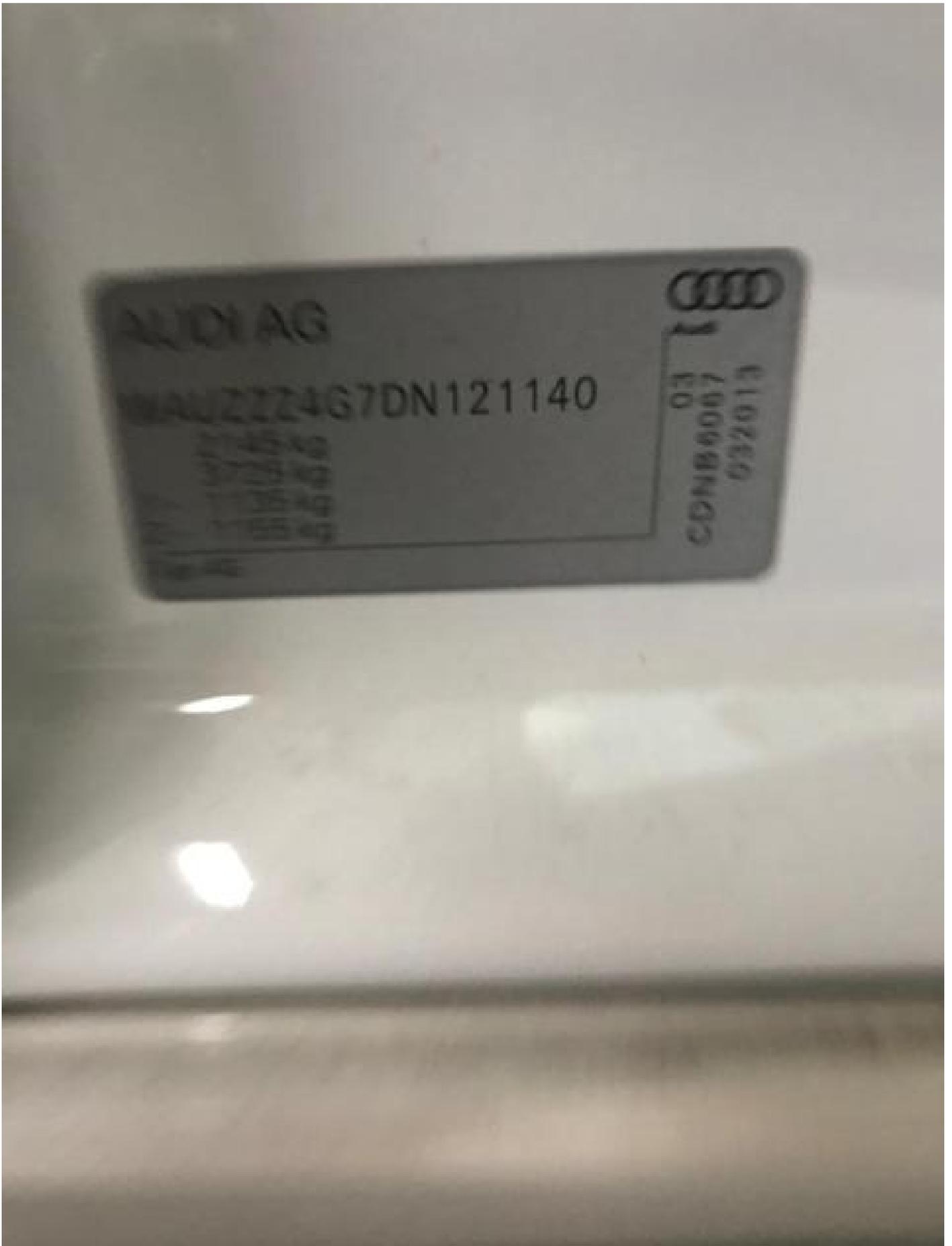
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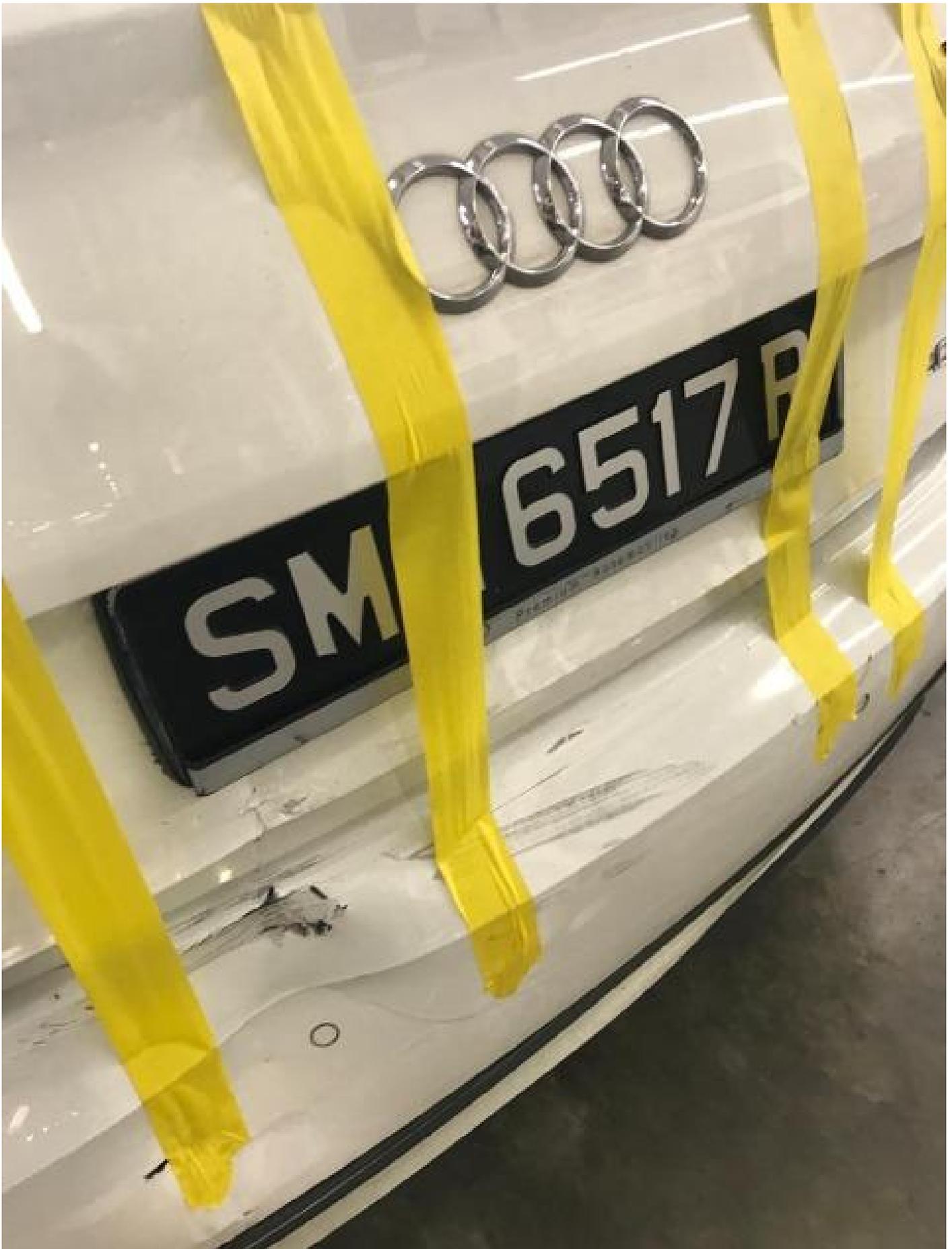
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191227/7001

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

1 of 3

Report No. T/20191227/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2019 00:12	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAY WEE SENG, TERRY		Address: APT BLK 685B JURONG WEST STREET 64 #15-165 SINGAPORE 642685	
ID Type / ID No.:		Contact No.:	
NRIC NO / S8613419E		Home/Office:	Mobile: 92992323
Nationality: SINGAPORE CITIZEN		Email: terrytay88@gmail.com	
Sex: Male	Age: 33	Date of Birth: 23/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real estate agent		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: 26/12/2019 18:40	Type of Location: T-Junction
Location: JURONG WEST STREET 93				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA1376K	Car	HONDA	Stream	Brown		0
SMH6517R	Car	AUDI	A6+2.0+TFSI+MU	White		0

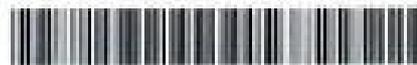
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH6517R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3017801900	07/03/2019	06/03/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191227/7001

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

2 of 3

Report No. T/20191227/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH BOON AN	ID No.	S9737134B
Related Vehicle	SJA1376K (Car)	Contact No.	98429262
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY WEE SENG, TERRY	ID No.	S8613419E
Related Vehicle	SMH6517R (Car)	Contact No.	92992323
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20191227/7001

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

3 of 3

Report No: T/20191227/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP156

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/12/2019 00:12

Classification Of Case: