

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	24/03/2020 11:26
Date Of Accident	13/11/2019 08:30
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVENUE 1 EXIT TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2580A
Insured/Policyholder	
Name Of Registered Owner	TAY AI HOAN
NRIC No	SXXXX278C
Email Address	GRACETAY7@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97560345
Alternative Phone No	OTHERS-97560345

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093123MFPC
Cover Note Number	

Driver

Name of Driver	TAY AI HOAN
NRIC No	SXXXX278C
Date Of Birth	21/06/1964
Occupation	INDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97560345
Fax Number	
Contact Number	OTHERS-97560345
Email Address	GRACETAY7@YAHOO.COM.SG

Address	36 BEGONIA WALK
Postcode	805816
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTS5076 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT

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	JTS5076
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ASRIZAN BIN MOHAMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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: 24/3/2020
11:20 am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

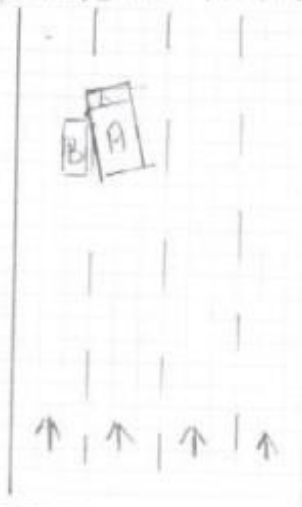
Reporting Centre Person's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CTE JONGROS BUK MO KIO AVE 1



A) SKN 2580A

B) 518 5076

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/2020, at around 8+ am, I was driving on the CTE near Ang Mo Kio Ave 1.

I decided to switch lane and failed to check properly and end up hitting a motorbike.

No serious injury as the motor cyclist said he suffered a minor cut on his finger.

I asked him if he wanted to report and ~~do~~ make an insurance claim. He said it should be ok.

I gave him my contact number if he decide to claim from my insurance.

Police Report 1/20200324/2044

DECLARATION

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

atlay
Policyholder's Signature

Date & Time: 23/3/2020

11.25 am

Driver's Signature
(If driver is not the policyholder)

Date & Time:

24/03/2020
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2044

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20200324/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 12:17		Vide Report No.:		Station Diary No.: 17
Informant's Particulars				
Name of Informant: TAY AI HOAN		Address: 36 BEGONIA WALK SINGAPORE 805816		
ID Type / ID No.: NRIC NO / S1641278C		Contact No.: Home/Office: Mobile: 97560345		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 55	Date of Birth: 21/06/1964	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: OFFICER MANAGER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/11/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE EXIT 11 TOWARDS ANG MO KIO AVE 1			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTS5076	Motorcycle				Slightly Damaged	0
SKN2580A	Car	MERCEDES BENZ	A180 (R17)	Grey	Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2044

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200324/2044

CONTINUATION OF REPORT

Name	ASRIZAN BIN MOHAMED		ID No.	NIL
Related Vehicle	JTS5076 (Motorcycle)		Contact No.	NIL
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	Slight
Driver				
Name	TAY AI HOAN		ID No.	S1641278C
Related Vehicle	SKN2580A (Car)		Contact No.	97560345
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

Brief Details.

On 13/11/2019 at about 0830hrs, I was driving my car, SKN2580A, along CTE on Lane 3, heading to work. There are a total of 4 lanes along CTE. As I wanted to make a left turn to exit to Ang Mo Kio Ave 1, I signaled my intention and wanted to make a lane change to Lane 4. I checked my side mirror and blind spot on the left and proceed to change lane. Suddenly, I felt an impact on my car. I noticed that my left side mirror has hit onto a motorcycle, JTS5076. The motorcyclist and I drove our respective vehicles to the road shoulder. I came out of my car and approached the motorcyclist. Both of us exchanged particulars and took pictures of the damages. I asked the motorcyclist if he requires any medical attention but he said he is okay and does not require ambulance. I told him to contact me if he needed to claim for any damages or medical fees. My left side mirror was damaged. I noticed a few parts of his motorcycle was slightly damaged as well and he suffered a few scratches his fingers. I did not think to make a Police report as he said that he is okay. I did not know that it was necessary to make a Police report thus I did not make one. No ambulance, Police was activated. No government property was damaged.

I am making this delayed accident report as on 23/03/2020 at about 1900hrs. I have just received a lawyer's letter from the said motorcyclist. I have consulted with my insurance agency and was advised to make a Police report for them to process my application further.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20200324/2044

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Report No. T/20200324/2044

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:
D /
Sgt 2 CHOW YUN NI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

attay

Date/Time:
24/03/2020 12:17

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



The image shows a close-up of the vehicle's chassis, specifically the area where the VIN plate and a sealant label are located. The VIN plate is a black rectangular plate with white text. It features the Mercedes-Benz logo at the top left, followed by the text "Mercedes-Benz". Below this, it lists "G88", "TYP: 240 0", "PC: X", and "ID: 1.0 5". To the right of these details is a small rectangular box. Below the box, it says "Made in Germany". The main part of the plate contains the VIN "WDD1760422J245627" and the weight specifications "1920 kg", "1- 1000 kg", and "2- 920 kg". To the right of the VIN plate is a white rectangular label with the text "Nam Sealant" in blue. Below this, it shows the date "26.11.2015" and the signature "25.11.2015".

 Mercedes-Benz G88 TYP: 240 0 PC: X ID: 1.0 5 Made in Germany	DAIMLER AG WDD1760422J245627 1920 kg 1- 1000 kg 2- 920 kg	Nam Sealant 26.11.2015 25.11.2015
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