

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	27/07/2020 13:55
Date Of Accident	24/07/2020 18:55
Exact Location Of Accident	TANJONG KATONG RD TWDS TANJONG KATONG RD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8033A
Insured/Policyholder	
Name Of Registered Owner	TAY SWEE KENG ANTHONY (ZHENG RUIJING ANTHONY)
NRIC No	SXXXX055J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97513788
Alternative Phone No	OFFICE-97513788

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079610106-04
Cover Note Number	

Driver

Name of Driver	TAY BOON CHONG
NRIC No	SXXXX678C
Date Of Birth	20/10/1950
Occupation	INDOOR
Date Of Driving Pass	09/02/1991
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198033
Fax Number	
Contact Number	
Email Address	TAYSCLINIC@GMAIL.COM

Address	8 AMBER RD #15-01
Postcode	439853
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200725/2066

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH335T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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:



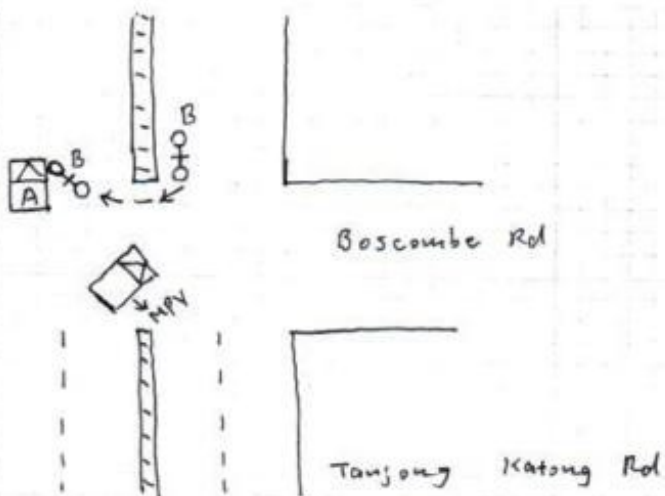
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



A = 52B 8033A

B: FBH 335 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020 0725 / 2066.

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/20200725/2066

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20200725/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2020 14:18	Vide Report No.: G/20200724/0197	Station Diary No.: 38
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: TAY BOON CHONG		Address: 8 AMBER ROAD #15-01 SINGAPORE 439853	
ID Type / ID No.: NRIC NO / S3041678C		Contact No.: Home/Office: Mobile: 98198033	
Nationality: SINGAPORE CITIZEN		Email: taysclinic@gmail.com	
Sex: Male	Age: 69	Date of Birth: 20/10/1950	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CLINIC DOCTOR		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2020 18:55	Type of Location: Straight Road
Location: Along Road 1 TANJONG KATONG ROAD				
ALONG TANJONG KATONG ROAD TOWARDS TANJONG KATONG ROAD SOUTH, NEAR BOSCOMBE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH335T	Motorcycle			Black	Slightly Damaged	0
SLB8033A	Car	TOYOTA	HARRIER	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB8033A	NTUC Income Insurance Co-Operative Limited			

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200725/2066

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3
Report No: T/20200725/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY BOON CHONG	ID No.	S3041678C
Related Vehicle	SLB8033A (Car)	Contact No.	98198033
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 24/07/2020 at about 1855hrs, I was driving a private vehicle (SLB8033A, Toyota Harrier, White colour) along Tanjong Katong Road towards Tanjong Katong Road South to head home. The vehicle owner is my son (Anthony Tay, HP: 97513788) and I am the driver registered with the NTUC Income Car Insurance. I was travelling along Tanjong Katong Road towards Tanjong Katong Road South on the first lane (right lane). There are two lanes on the said road. As I was approaching Tanjong Katong Road junction of Boscombe Road, there was a stationary vehicle who wanted to make right turn into Boscombe Road. As such, I decided to filter out into the left lane slowly.

Suddenly, a motorcycle (FBH335T) hit my vehicle from the front right side. I noted that the motorcycle made an illegal U-turn at the said junction from the opposite direction. The motorcyclist sustained injuries and was then conveyed to hospital by ambulance called by me. I am not injured. Traffic police was at the accident location.

My vehicle sustained slight damages to the front right corner. My vehicle has an in-car camera. I have handed over to the SD card to Traffic Police SGT(2) T180033 Zheng Yao.

Details of witness: Jasper, HP: 96929668.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200725/2066

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20200725/2066

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:
G /
Sr Staff Sgt NUR ZARIFAH BINTE ZULKIFLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/07/2020 14:18

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66530020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120063067 Vehicle Registration No: SLB8033A
Name (as shown in NRIC) : TAY BOON CHONG NRIC/FIN/Passport No : SXXXX678C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98198033
Email Address : _____
Date of Accident : 24/07/2020 Time of Accident : 18:55
Place of Accident : TANJONG KATONG RD TWDS TANJONG KATONG RD SOUTH
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REVERT FROM THIRD PARTY TO OWN DAMAGE CLAIMS.

✓

DR Tay Boon Chong

Policyholder / Driver's Signature
Date:

28 AUG 2020

[Signature]

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