

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	09/09/2020 14:48
Date Of Accident	08/09/2020 14:05
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR ANAK BUKIT FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9477U
Insured/Policyholder	
Name Of Registered Owner	TAY MENG MENG
NRIC No	SXXXX176F
Email Address	JOEYTKY1995@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96508310
Alternative Phone No	OTHERS-92376941

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085296774-03
Cover Note Number	

Driver

Name of Driver	JOEY TAY KIAT YING (ZHENG JIEYING)
NRIC No	SXXXX481D
Date Of Birth	09/01/1995
Occupation	INDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92376941
Fax Number	
Contact Number	OTHERS-96508310
Email Address	JOEYTKY1995@GMAIL.COM

Address	BLK 402 BUKIT BATOK WEST AVENUE 7 #03-28
Postcode	650402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20200908/7037

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	SJV1828M
Vehicle Make/Model/Colour	TOYOTA CH-R
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GERALD LAW
NRIC/Passport Number	
Contact Number	87211180
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:

9/9/20 15:00

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

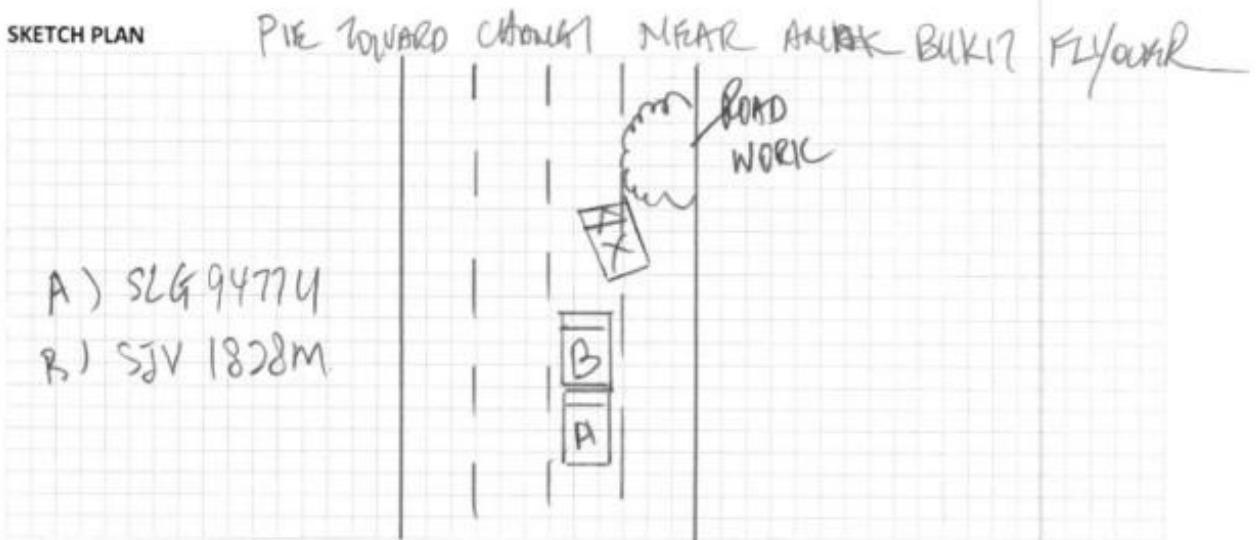
9/9/2020
14:52

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

9/9/2020
Rahdi Mutha

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20200908/7037

DECLARATION

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

Policyholder's Signature

Date & Time:

9/9/20 15:20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9/9/2020 14:52

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

9/9/2020

1452

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20200908/7037

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20200908/7037

Date/Time Report Made 08/09/2020 17:40		Vide Report No.		Station Diary No.	
Name Of Informant JOEY TAY KIAT YING		Address 402 BUKIT BATOK WEST AVENUE 7 #03-28 SINGAPORE 650402			
ID Type / ID No. NRIC NO / S9500481D		Contact No. Home/Office: Mobile: 92376941			
Nationality SINGAPORE CITIZEN		Email Address JOEYTKY1995@GMAIL.COM			
Occupation Other administrative and related associate professionals nec		Sex Female	Age 25	Date of Birth 09/01/1995	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 08/09/2020 14:05 - 08/09/2020 14:10		Location Of Incident PAN ISLAND EXPRESSWAY			

Brief details.

The car in front (car plate SJV1828M) slowed down due to road works in the first lane of Bukit Timah PIE. Cars in the first lane had to change lanes upon seeing the road works ahead. My car was in the second lane. I jammed the brakes but was unable to halt in time which led to my car hitting the rear of the car (car plate SJV1828M). As a result of the slight impact, the rear of the car (car plate SJV1828M) had some small cracks and scratches. I shifted gear to "Park" mode and turned on the hazard lights. The car owner (Mr Gerald Law) and I took pictures of both cars. As it was my first time hitting someone else's car and I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2020 17:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20200908/7037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200908/7037

was driving my dad's car, I was at a lost on what are the procedures for a traffic car accident. Mr Law asked for my driving license and took a snapshot of it using his mobile phone. I told him that I am not the car owner and he told me that we could either settle offline or report to the car insurance company. Nevertheless, since my dad is the car owner, I could not make the decision. He gave him his name card and asked me to contact him after I had made a decision. Subsequently, I drove back home and told my dad about the traffic car accident. In the end, my dad gave a car workshop contact details to Mr Law intending to settle offline unless the quote for car repair is too high and we would report this to the car insurance company.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2020 17:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

