

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	19/10/2020 15:32
Date Of Accident	18/10/2020 09:20
Exact Location Of Accident	PIE TWDS PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6484G
Insured/Policyholder	
Name Of Registered Owner	FRANKLY ENTERPRISE
Co Reg No	5XXXX160L
Email Address	FRANKIEPSL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81190138
Alternative Phone No	OFFICE-81190138

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 4AT ABS D/AB 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105129730-01
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	JOHNNY TAY TIAN CHYE
NRIC No	SXXXX109C
Date Of Birth	08/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1980
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378822
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 371 TAMPINES ST 34 #03-14
Postcode	520371
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : JASLEE GENDER: : FEMALE

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

SEE ATTACHED POLICE REPORT NO : T20201019/2007

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 Witness 1

Name	JASLEE
Phone Number	94573870
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2686L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	AKIYAMA ITSUMA
NRIC/Passport Number	SXXXX442Z
Contact Number	81217192
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JASLEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB6484G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

19/10/20 2.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/10/20 2.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Payu \leftarrow PIE

A. SKB 6484 G
B. SKV 2686 I


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached Police Report No: T/20201019/2007

DECLARATION

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

I/We declare the foregoing to be true and correct.


 *[Signature]*

Policyholder's Signature

Date & Time:

Date & Time: 19/10/20 2:30 pm

re true in every respect.

 19/10/20 230pm

Driver's Signature

Re

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201019/2007

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/20201019/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 09:04		Vide Report No.:	Station Diary No.: 25
Informant's Particulars			
Name of Informant: JOHNNY TAY TIAN CHYE		Address: APT BLK 371 TAMPINES STREET 34 #03-14 SINGAPORE 520371	
ID Type / ID No.: NRIC NO / S1591109C		Contact No.: Home/Office: Mobile: 96378822	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 08/07/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2020 09:20	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 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
SKB6484G	Car				Seriously Damaged	1
SKV2686L	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201019/2007

2 of 3

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

Report No. T/20201019/2007


CONTINUATION OF REPORT


Driver			
Name	JOHNNY TAY TIAN CHYE		ID No. S1591109C
Related Vehicle	SKB6484G (Car)		Contact No. 96378822
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	AKIYAMA ITSUMA		ID No. S6866442Z
Related Vehicle	SKV2686L (Car)		Contact No. 81217192
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 the above mentioned date and time, I was driving along PIE Exit towards Paya Lebar on Lane 2. The vehicle in front of me started to slow down and slowly came to a stop. I stopped shortly after. As I started to move off, a black Subaru Forester (SKV2686L) hit the rear side of my car causing me to stop my vehicle. His vehicle sustained a few damages which is scratched bumper, right headlight cover damaged and plate number bend slightly forward. I wish to state that no injuries was sustained on me or the other driver. My vehicle (SKB4484G) sustained two dents on the rear side of my vehicle and my right brake light was detached from the vehicle.

However, I had a passenger(Jaslee, 94573870) on the rear seat of my vehicle. She said that she was okay on the day of incident. On 19/10/2020, she had informed my organization, (Grab) that she has a headache and thus Grab asked me to lodge a report.

 SINGAPORE
POLICE FORCE



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20201019/2007

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/20201019/2007

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 / Sgt 1 NOORSHARFIRAH BINTE MOHAMED JUMADI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 19/10/2020 09:04
Classification Of Case:

	SINGAPORE POLICE FORCE
SIGNATURE 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO

