

Vehicle Make/Model/Colour

Name of Driver

TAY JEROLD

Insurance Company Name

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGZ76L

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

**DETAILS OF INJURED PERSON 1**

Name

TAY JEROLD

Injured person in which vehicle?

SJX9133X

**DETAILS OF INJURED PERSON 2**

Name

UNKNOWN PASSENGER

Injured person in which vehicle?

SJX9133X

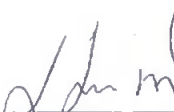
**SKETCH PLAN**

**IMPORTANT NOTICE**

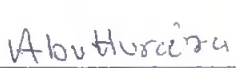
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

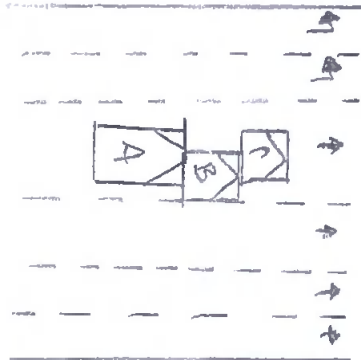
  
Policyholder's Signature  
Date & Time:



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

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

### SKETCH PLAN



VEHICLE A - YQ 2337E  
VEHICLE B - SJX 9133X  
VEHICLE C - SGZ 76L

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION:	
<p style="font-size: 1.2em; margin-top: 0;">REFER TO POLICE REPORT NO. T/20200827/2133</p>	
<p><b>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</b></p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim DP/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

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

Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Abu Huraira

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

Date & Time:

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200827/2133

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

1 of 3

Report No. T/20200827/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2020 21:48	Vide Report No.: F/20200827/0165	Station Diary No.: 54
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Informant's Particulars				
Name of Informant: HURAIRA ABU			Address:	
ID Type / ID No.: FIN NO / G2434859N			Contact No.: Home/Office: Mobile: 82811532	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 26	Date of Birth: 10/10/1993	Type of Informant: Driver	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry: 09/10/2022	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2020 19:45	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ76L	Car					0
SJX9133X	Car					0
YQ2337E	Lorry					0

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

## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20200827/2133

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

2 of 3

Report No. T/20200827/2133

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Tay Jerold	ID No.	S9606761E
Related Vehicle	SJX9133X (Car)	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	NIL
<b>Driver</b>			
Name	HURAIRA ABU	ID No.	G2434859N
Related Vehicle	YQ2337E (Lorry)	Contact No.	82811532
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 09/10/2022
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 the said road on the 4th lane from the right. Suddenly the vehicle in front of me<SJX9133X> wanted to filter right but the vehicle<SGZ71L> in front of that vehicle had suddenly brake, <SJX9133X> had also brake however when I jammed brake, my vehicle was not in time to come to a stop and collided into SJX9133X. The driver and passenger were both conveyed to hospital by ambulance. Traffic police were at scene vide E/F/20200827/0165. I was advised to lodge a traffic accident report.

POLICE REPORT Pg. 3



SINGAPORE  
POLICE FORCE



T/20200827/2133

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

3 of 3





Report No. T/20200827/2133

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: E / Staff Sgt LOCK KANG WEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 21:48
Officer In Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349	Classification Of Case: :
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY  SIGNATURE
	SN 57





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-117960

Date of Request: 30/09/2020

Your Ref No: PDPI.191327/ES

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 27/08/2020

Place of Accident: CENTRAL EXPRESSWAY

Client Vehicle No: SGZ76L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

SYX 9133X



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-118052

Date of Request: 30/09/2020

Your Ref No: PDPI.191327/ES

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 27/08/2020

Place of Accident: CENTRAL EXPRESSWAY

Client Vehicle No: SGZ76L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

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For GIARMC Official use:

Date:

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-118006

Date of Request: 30/09/2020

Your Ref No: PDPI.191327/ES

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

Date of Accident: 27/08/2020  
Vehicle No: SGZ76L  
Place of Accident: CENTRAL EXPRESSWAY  
Involving Vehicle No: SJX9133X

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJX9133X	CENTRAL EXPRESSWAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-118071

Date of Request: 30/09/2020

Your Ref No: PDPI.191327/ES

S L LAW CHAMBERS  
91 Rowell Road  
Singapore 208019

Dear Sir/Madam,

Date of Accident: 27/08/2020

Vehicle No: YQ2337E

Place of Accident: CTE TWDS CITY NEAR L/P 241

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
YQ2337E	CTE TWDS CITY NEAR L/P 241	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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