

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 Submission	17/03/2021 16:17 (SGT)
Date of Accident	16/03/2021 06:55 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	SLIP RD TWDS AYE (PANDAN FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3623H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY PUEY SENG
NRIC No	SXXXX087E
Email Address	rontayps@gmail.com
Mobile Phone No	(Phone) +65-82334075
Alternative Phone No	+65-82334075

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01015574
Cover Note Number	-

DRIVER

Name of Driver	TAY PUEY SENG
NRIC No	SXXXX087E
Date Of Birth	26/05/1961
Occupation	Indoor

Date Of Driving Pass	24/05/1980
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82334075
Alt. Phone Number	+65-82334075
Email Address	rontayps@gmail.com
Address	BLK 84B LORONG 2 TOA PAYOH #22-303
Address complement	-
Postcode	312084
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 16/03/2021, I WAS TRAVELLING ALONG CLEMENTI AVE 6 TOWARDS AYE. WHEN I APPROACHED THE SLIP ROAD, I SLOWED DOWN AND STOPPED TO WAIT FOR THE TRAFFIC TO CLEAR. 5-10 SECONDS LATER, SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE. AS A RESULT, MY CAR SUSTAINED DAMAGES TO THE REAR PORTION. DUE TO THE IMPACT OF COLLISION, I FELT NECK PAIN AND BACK PAIN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY PUEY SENG
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW3623H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 7. By the lodging 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 where and:
 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 for exclusively 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 purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and my 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/are 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 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.



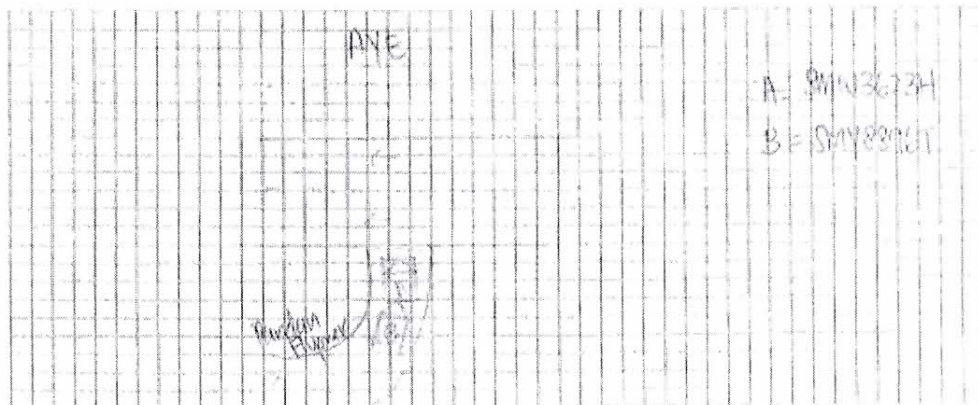
Policyholder's Signature
Date & Time:



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


Reporting Centre Personnel's Signature
Name:
NAC/98 No.:

SKETCH PLAN



DESCRIPTIVE CIRCUMSTANCES OF THE ACCIDENT

On 16/3/2021, I was travelling along Clementi Ave 6 towards AYE. When I approached the slip road, I slowed down and stopped to wait for the traffic to clear. 5-10 secs later, suddenly, I felt a huge impact on my rear and realised that vehicle B has collided on my vehicle. As a result, my car sustained damages on the rear portion. Due to the impact of collision, I felt neck pain and back pain.

DECLARATION

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

Reporting Centre Personnel's Signature
Name:
SIN 12345678



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 11:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAY PUEY SENG		Address: 84B LORONG 2 TOA PAYOH #22-303 SINGAPORE 312084	
ID Type / ID No.: NRIC NO / S1506087E		Contact No.: Home/Office: Mobile: 82334075	
Nationality: SINGAPORE CITIZEN		Email: RONTAYPS@GMAIL.COM	
Sex: Male	Age: 59	Date of Birth: 26/05/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Supervisor/General foreman (building and related trades)		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/03/2021 06:55	Type of Location: Flyover
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMW3623H	Car	HONDA	FREED 1.5B CVT	Blue		0
SMY8896T	Car	SUBARU	ORESTER 2.0XT			1

Details of Vehicle Insurance



**SINGAPORE
POLICE FORCE**



T/20210317/7007

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210317/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW3623H	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0101557 4	16/11/2020	15/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY PUEY SENG		ID No.	S1506087E
Related Vehicle	SMW3623H (Car)		Contact No.	82334075
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/03/2021		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On 16/3/2021, I was travelling along Clementi Ave 6 towards AYE.

When I approached the slip road, I slowed down and stopped to wait for the traffic to clear.

5-10secs later, suddenly I felt a huge impact on my rear and realised that vehicle B has collided on my vehicle.

As a result, my car sustained damages on the rear portion.

Due to the impact of collision, I felt neck pain and back pain.



**SINGAPORE
POLICE FORCE**



T/20210317/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210317/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/03/2021 11:11

Classification Of Case: