

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 11/05/2021 15:07 (SGT)
Date of Accident 11/05/2021 08:05 (SGT)
Exact Location of Accident Jurong Town Hall Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV1028R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SGV1028R
Company Reg No 5XXXX803A
Email Address TAY1628894@GMAIL.COM
Mobile Phone No (Phone) +65-97978688
Alternative Phone No +65-97978688

VEHICLE PARTICULARS

Manufacturer Renault
Model Scenic
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00002132100
Cover Note Number -

DRIVER

Name of Driver TAY CHENG KWANG
NRIC No SXXXX894B

| | |
|--------------------------------------------------------------------|---------------------------|
| Date Of Birth | 16/02/1964 |
| Occupation | Indoor |
| Date Of Driving Pass | 16/07/1985 |
| Driving experience | 35 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97978688 |
| Alt. Phone Number | - |
| Email Address | TAY1628894@GMAIL.COM |
| Address | BLK 60 TEBAN GARDENS ROAD |
| Address complement | #24-450 |
| Postcode | 600060 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Other |
| 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 | Side Swipe |
| 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? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------|
| Name | LATIFAH |
| Gender | Female |

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

PLS REFER TO THE POLICE REPORT:T/20210511/7020

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 | PD3888A |
| Vehicle Manufacturer | - |

| | |
|-----------------------------------------------|-----|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|-----------------------------------------------------------|-----------------|
| Name of injured person | TAY CHENG KWANG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS |
| Injured person in which vehicle? | SGV1028R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|-----------------------------------------------------------|----------|
| Name of injured person | LATIFAH |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SGV1028R |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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.
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.



P.

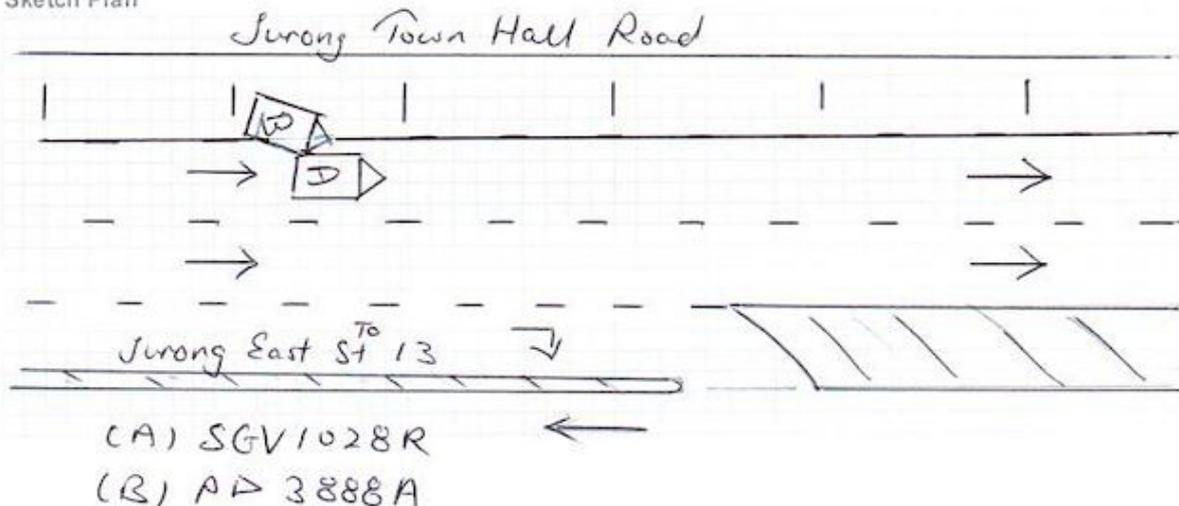
2/ym 11/05/21

Policyholder's Signature / Date & Time

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

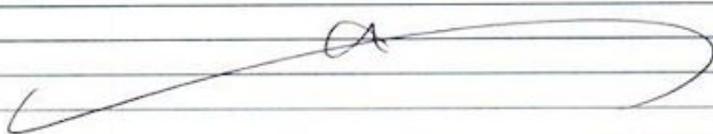
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report
Report No:-
7/20210511/7020



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210511/7020

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

2 of 3

Report No. T/20210511/7020

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|
| Name | LATIFAH | ID No. | NIL |
| Related Vehicle | SGV1028R (Car) | Contact No. | 96585137 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Driver | | | |
| Name | TAY CHENG KWANG | ID No. | S1628894B |
| Related Vehicle | SGV1028R (Car) | Contact No. | 97978688 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

Brief Details.

ON 11/05/2021 AT ABOUT 0805 HOURS AT ALONG JURONG TOWN HALL TOWARDS BOON LAY WAY BEFORE JURONG EAST STREET 13. I WAS TRAVELLING ON CENTER LANE AND SUDDENLY A VEHICLE (B) ON MY LEFT VEERED INTO MY LANE WITHOUT PROPER LOOK OUT AND HENCE COLLIDED ONTO MY LEFT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I WISH TO STATE THAT AFTER THE IMPACT, VEHICLE (B) HAD NO INTENTION TO STOP AND I HAD TO GO AFTER HIS VEHICLE AND SIGNAL HIM TO STOP HIS VEHICLE. MY PASSENGER AND I WERE INJURED DUE TO THIS ACCIDENT AND I WAS GIVEN 5 DAYS MC FOR MY INJURY.

(A) SGV1028R
(B) PD3888A







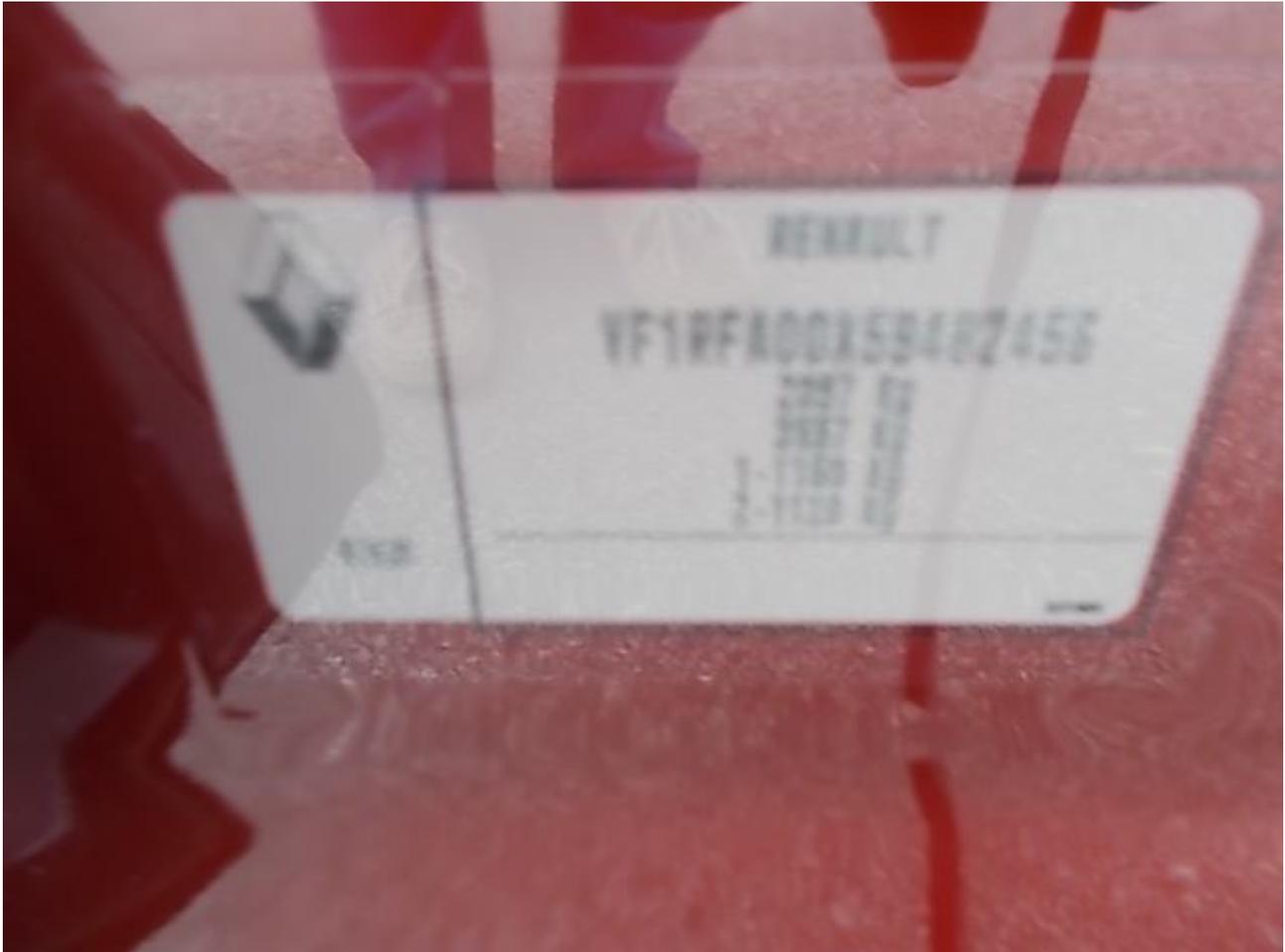
















**SINGAPORE
POLICE FORCE**



T/20210511/7020

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

1 of 3

Report No. T/20210511/7020

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made: 11/05/2021 14:05 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

Informant's Particulars

| | | | |
|------------------------------------------|------------|--------------------------------------------------------------------|------------------------------|
| Name of Informant: TAY CHENG KWANG | | Address: 60 TEBAN GARDENS ROAD #24-450 SINGAPORE 600060 | |
| ID Type / ID No.: NRIC NO / S1628894B | | Contact No.: Home/Office: Mobile: 97978688 | |
| Nationality: SINGAPORE CITIZEN | | Email: TAY1628894@GMAIL.COM | |
| Sex: Male | Age: 57 | Date of Birth: 16/02/1964 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: PRIVATE HIRER | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | | |
|-----------------------------------------------------------------------------|------------------|----------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/05/2021 08:05 | Type of Location: Straight Road |
| Location: JURONG TOWN HALL ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-----------------------|------|-------|-------|----------|-------|
| PD3888A | Bus/Coach/Mi nibus | | | | | 0 |
| SGV1028R | Car | | | | | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210511/7020

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

2 of 3

Report No. T/20210511/7020

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|---------------------------|-----------------------------------|-----------------------------------|
| Name | LATIFAH | ID No. | NIL |
| Related Vehicle | SGV1028R (Car) | Contact No. | 96585137 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Driver | | | |
| Name | TAY CHENG KWANG | ID No. | S1628894B |
| Related Vehicle | SGV1028R (Car) | Contact No. | 97978688 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
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(A) SGV1028R
(B) PD3888A



**SINGAPORE
POLICE FORCE**



T/20210511/7020

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

3 of 3

Report No. T/20210511/7020

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 /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

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

Date/Time:
11/05/2021 14:05

Classification Of Case:

