

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	08/07/2021 11:23 (SGT)
Date of Accident	04/07/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TIONG BAHRU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4827H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAWN ENTERPRISES
Company Reg No	4XXXX800D
Email Address	dawnent88@gmail.com
Mobile Phone No	(Phone) +65-63832661
Alternative Phone No	+65-63832661

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V09549/VPZ/R09
Cover Note Number	-

DRIVER

Name of Driver	Tay Jun Hao Clement
NRIC No	SXXXX898F

Date Of Birth	23/02/1992
Occupation	Indoor
Date Of Driving Pass	29/12/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96231343
Alt. Phone Number	-
Email Address	clementtay1992@gmail.com
Address	APT BLK 910 HOUGANG STREET 91 #06-80
Address complement	-
Postcode	530910
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Property
Weather Conditions	CLOUDY
Road Surface	Wet

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?	Yes
Was any other vehicle or property damaged?	Yes
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

PLEASE REFER TO POLICE REPORT.

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	GBB5682P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 Jun Hao, Clement
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SKH4827H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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 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.



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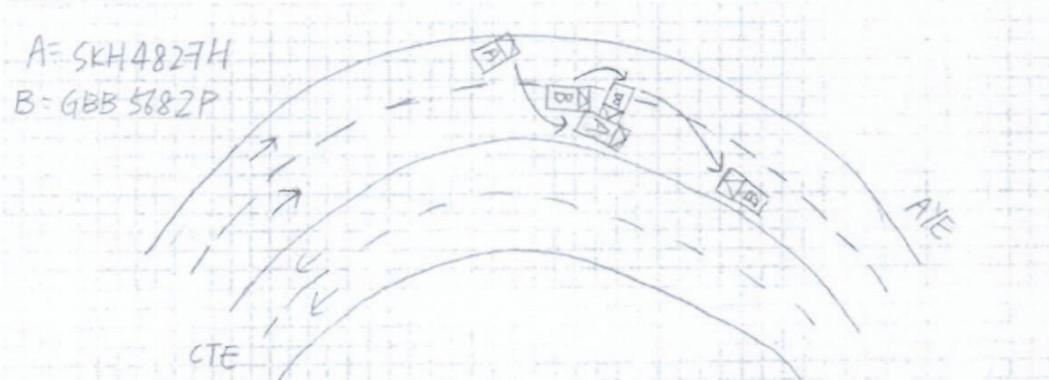


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





T/20210707/2058

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Report No. T/20210707/2058

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210705/2095
 Report Number T/20210707/2058
 Vehicle Report Number
 Date/Time of Report Made 07/07/2021 15:05
 Place Report Lodged Traffic Police
 Type of Informant Driver
 Name of Informant TAY JUN HAO
 ID Type / ID No. NRIC NO / S9206898F
 Home/Office
 Mobile 96231343
 Email
 Type of Accident Injury / Attended by Police
 Drink Drive No
 Anyone conveyed by ambulance No
 Date/Time of Accident 04/07/2021 11:30
 Accident Location AYER RAJAH EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH4827H	Car				Seriously Damaged	0

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



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Report No. T/20210707/2058

Continuation of CSF For NP168

Driver			
Name	TAY JUN HAO	ID No.	S9206898F
Related Vehicle	SKH4827H (Car)	Contact No.	96231343
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2021	Date Discharge	05/07/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Facts.

ON STATED DATE, TIME AND LOCATION.

ON THE 04/07/2021 AT ABOUT 1130 HRS I WAS BEARING PLATE NUMBER SKH4827H.

I WAS DRIVING A RENTED CAR ALONG AYE TOWARS TIONG BAHRU. AT A BEND ROAD I LOSE CONTROL OF MY CAR AND HIT LEFT BARRIER

AND I TRIED TO REGAIN CONTROL OF MY VEHICLE BUT I WENT TO THE SECOND LANE AND STOPPED WHEN I NEARLY COLLIDED INTO THE OTHER SIDE BARRIER.

I STOPPED AND TURNED ON MY HAZARD LIGHTS. I THEN ALLIGHTED AND STOOD BESIDE MY CAR.

SUDDENLY A LORRY COLLIDED ONTO MY CAR RESULTING MY CAR TO CRASH INTO ME.

I THEN FELL INSIDE THE BARRIER. I WAS NOT ABLE TO EXCHANGE CONTACT WITH THE LORRY DRIVER DUE TO MY INJURIES.

AMBULANCE AND POLICE ARRIVED AT SCENE. I THEN WAS CONVEYED TO HOSPITAL VIA AMBULANCE AND WAS DISCHARGED THE NEXT DAY.

THAT IS ALL.



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Report No. T/20210707/2058

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN
Classification of Case	1) INJURY / ATTENDED BY POLICE

Informant's Signature