

# 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 ..... 09/07/2021 17:55 (SGT)  
Date of Accident ..... 09/07/2021 09:40 (SGT)  
Exact Location of Accident ..... Moulmein Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB6930Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRESTIGE LEASING PTE LTD  
Company Reg No ..... 201723326H  
Email Address ..... PRESTIGELEASINGPTELT@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88580162  
Alternative Phone No ..... +65-88580162

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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 ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... P2341220  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ALOYSIUS TAY CHI KEONG  
NRIC No ..... S7607625A

Date Of Birth .....	27/02/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	12/08/2011
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90488584
Alt. Phone Number .....	-
Email Address .....	ALOYSIUSTAYCK@GMAIL.COM
Address .....	BLK 342C YISHUN RING ROAD #05-1944
Address complement .....	-
Postcode .....	761342
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 .....	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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Joo Chiat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-1800345999
Alt. Police Station Phone No .....	(Fax) +65-64474181
Police Station Address .....	267 Onan Road Singapore 424773
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB2989D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	ALOYSIUS TAY CHI KEONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB6930Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.



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**

MY CAR WAS STATIONARY BECAUSE TRAFFIC LIGHT IS RED. THE TAXI  
 CAR PLATE:                      JUST HIT TO MY REAR suddenly. I felt pain of  
 MY NECK and back after the accident.


AS Per Police Report

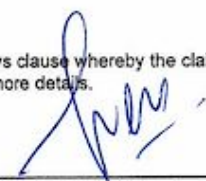
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

   
 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/20210709/2082

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20210709/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2021 16:40	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars				
Name of Informant: ALOYSIUS TAY CHI KEONG			Address: APT BLK 342C YISHUN RING ROAD #05-1944 SINGAPORE 763342	
ID Type / ID No.: NRIC NO / S7607625A			Contact No.: Home/Office: Mobile: 90488584	
Nationality: SINGAPORE CITIZEN			Email: aloysius.tayck@gmail.com	
Sex: Male	Age: 45	Date of Birth: 27/02/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private Hirer Driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2021 09:40	Type of Location: T-Junction
Location:  MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHB2989D	Car					0
SLB6930Z	Car				Seriously Damaged	2

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



**SINGAPORE  
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T/20210709/2082

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Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

Report No. T/20210709/2082

## CONTINUATION OF REPORT

Driver			
Name	ALOYSIUS TAY CHI KEONG	ID No.	S7607625A
Related Vehicle	SLB6930Z (Car)	Contact No.	90488584
Hospital/Clinic	InSync Medical	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/07/2021	Date Discharge	09/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHONG NAM	ID No.	S2598074C
Related Vehicle	NIL	Contact No.	98308074
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

**Brief Details.**

On 09/07/2021, at about 0940hrs, I was driving along Moulmein Road. I was stopping at the junction of Balestier Road and Serangoon Road. I was at the first lane of the road, and was turning left to Serangoon Road, as I am driving to CTE.

While my car was stationery at the traffic light, I felt a hard banging impact coming from the rear of my car. I then went down to make a check and noticed that a yellow in colour taxi (SHB2989D) had knocked onto the rear of my car. We then exchange particulars and photos of the accident was taken.

After the accident I felt pain at the back of my body and went to consult the doctor. I was then given 3 days of medical leaves and was advised to lodge a police report regarding the accident.

I wish to state that during the accident, there were a male passenger and a baby inside my car.





**SINGAPORE  
POLICE FORCE**



T/20210709/2082

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20210709/2082

**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 /

Staff Sgt KWOK WEI JIE, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2021 16:40

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:



SIGNATURE

