# **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 witholding 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.

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   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 01/07/2021 11:00 (SGT) Date of Accident 30/06/2021 16:55 (SGT) Exact Location of Accident PIE, Singapore PIE (TUAS TO CHANGI) TOA PAYOH SAFA BEFORE UPPER Additional Location Information SERANGOON Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SMJ3031J

Manufacturer

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **TAY JUNCTION** Company Reg No A53055388X Email Address TAYZH.OWEN@TAYJUNCTION.COM.SG Mobile Phone No (Phone) +65-90886269 Alternative Phone No +65-96874434

# VEHICLE PARTICULARS

Model X3 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 Transmission Auto CC 2000

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V03229/VPC/R00 Cover Note Number

## DRIVER

Name of Driver TAY ZHI HONG NRIC No S9646914D Date Of Birth 10/12/1996 Occupation Indoor Date Of Driving Pass 20/07/2015 Driving experience 5 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90886269 Alt. Phone Number Email Address TAYZH.OWEN@TAYJUNCTION.COM.SG Address 139 TAMPINES ST 11 #01-40 Address complement Postcode 521139 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Police Station Name Changkat Neighbourhood Police Post Police Station Phone No (Phone) +65-18007819999 Alt. Police Station Phone No (Fax) +65-67832722 Police Station Address Blk 109 Tampines Street 11 #01-261 Singapore 521109 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SMX5661D Volkswagen
Vehicle Model	Scirocco
Vehicle Variant	-
Vehicle Colour	Blue

Private car
HUMAIDI TARUNA BIN JAYA TARUNA
S8842793I
(Phone) +65-97834040
-
-
-
India International Insurance Pte Ltd
FRONT
-
-

#### 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)
  - (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.

TAY JUNCTION 733 Bukit Timah Road #01-04 Singapore 269748

Policyholder's S

Tel: 6466 224 Date & Timey

Driver's Signature

(If driver is not the policyholder)

Date & Time: | JUL フロント

Reporting Centre Personnel's Signature Name:

Joseph Yaguel NRIC/FIN Merformance Motors Limited

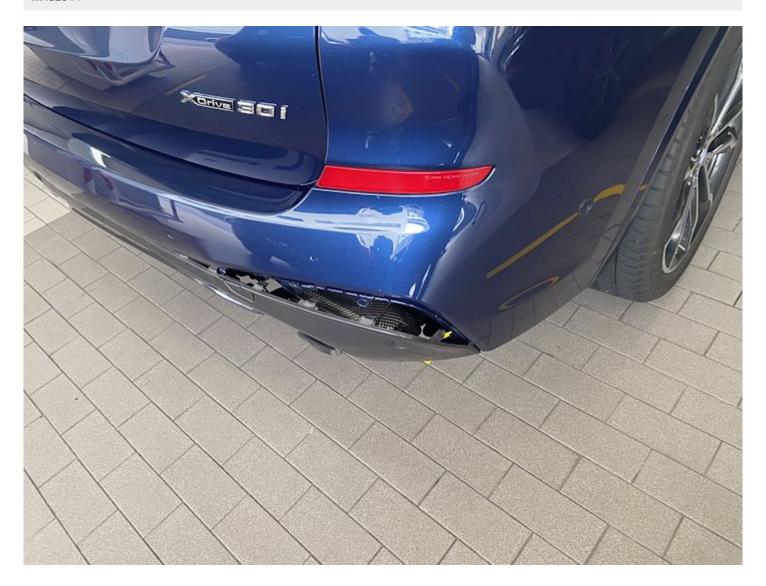
303 Alexandra Road Sime Darby Performance Centre Singapore 159941

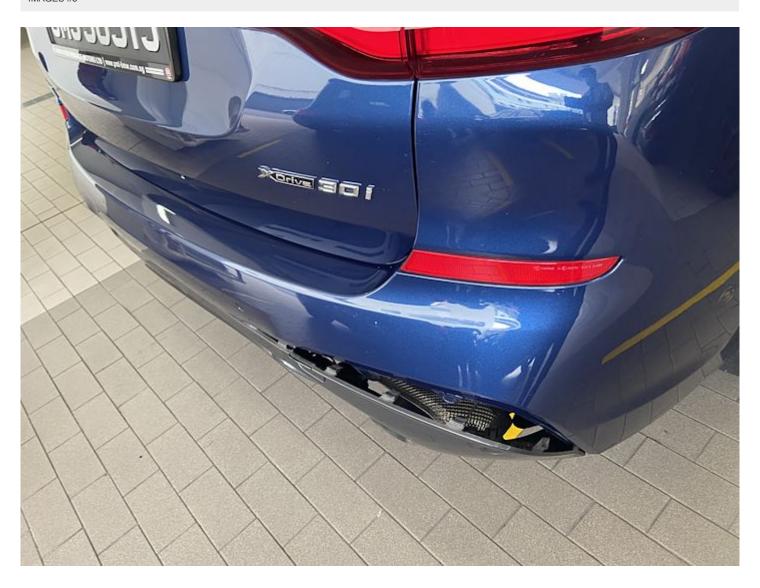
ETCH PLAN		PIE (TUAS -) CHANGI) TOA PAYOH SAFRA BEFORE UPP SERANGOUN E
	SM X 5661D	©)
ESCRIBE CIRCUMSTANCES OF T		
D Emergency brate o	curved in front.	2007
I stopped in time	(My vehicle is SJM)	1566(D) failed to stop in time
and roar ended	mu car	secret failer to stop in face
My whicle suffer	d damages to the	rear burner
101/010	) (	2007
CLADATION		
ECLARATION We declare the foregoing particulars	are true in every respect.	
TAY JUNCTION 733 Bukit Timah Road	yla -	Line -
H-04 Singapore 289748 Honolder's Santiture 289748 He & Time 43 February 26466 9535	Driver's Signature (If driver is not the policyholder)	Joseph Yaguel  Repertor Gentle Motors Limited  Name: 303 Alexandra Road  SING (Denby Performance Centre





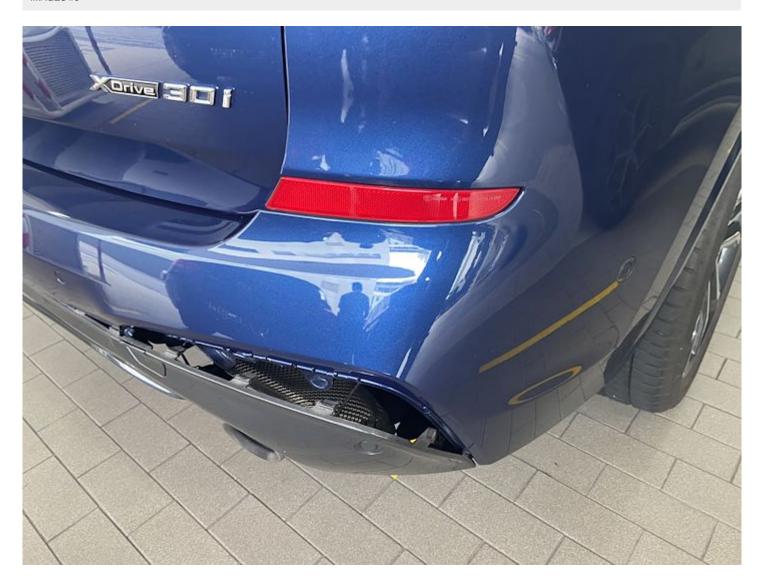


















Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

1 of 3 Report No. T/20210630/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2021 22:15		lade:	Vide Report No.:	Station Diary No.: 27		
Informa	nt's Partici	ulars				
Name of Informant: TAY ZHI HONG			Address: APT BLK 139 TAMPINES STREET 11 #01-40 SINGAPORE			
			521139			
ID Type / ID No.: NRIC NO / S9646914D		14D	Contact No.: Home/Office:	Mobile: 97834040		
Nationality: SINGAPORE CITIZEN		EN	Email: faith.zhihong@gmail.com			
Sex: Male	Age: 24	Date of Birth: 10/12/1996	Type of Informant: Driver			
Race: Chinese			Language: Institution / School N English NUS			
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 30/06/2021 17:00	Type of Location Straight Road	
PAN-ISLAND	EXPRESSWAY	Road Surface:	] [	Road Speed Limit:	
Sunny Dry		Dry			
5-2-6-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		Traffic Control:	i -	Traffic Volume: Heavy	
One Way		Not Controlled		Heavy	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ3031J	Car	BMW	X3 XDRIVE30I LED NAV HUD MSPT	Blue	Slightly Damaged	0
SMX5661D	Car	VOLKSWAGO N	SCIROCCO GP 1.4 TSI AT 1382G5	Blue	Slightly Damaged	0



T/20240820/1422

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 2 of 3 Report No. T/20210630/2132

# CONTINUATION OF REPORT

Ann Dadastrian I	avalvadi Na	Contract of the Contract of th	COOPERING OF SMIRE SHARE		7.16.075013-05.	
Any Pedestrian II			Use of D	a da atria a	0	
No. of Pedestrians Injured: NIL			Use of Pe	edestrian	Cross	ing: NA
Driver	7.17.7111.110110			L.S.	Harrison.	
Name	TAY ZHI HONG			ID No.		S9646914D
Related Vehicle	SMJ3031J (Car)			Conta	ct No.	97834040
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	nted Medical Leave NIL Degre			of Injury	NIL	
Driver						
Name	HUMAIDI TARUNA BIN JAYA TARUNA			ID No		S8842793I
Related Vehicle	SMX5661D (Car)			Conta	ct No.	97834040
Hospital/Clinic	NIL			Class Drivin Licena Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

### Brief Details.

On 30/06/2021 at about 1700hrs, I was driving my car bearing plate number, SMJ3031J, along PIE (towards Changi) nearby Toa Payoh exit, when a car bearing plate number, SMX5661D, suddenly hit the rear of my car. My rear bumper was damaged, while the other car had slight scratches at the front of his car. The traffic was heavy due to a bad jam, thus he informed that he was unable to stop in time. No TP or ambulance was at scene. We both exchanged mobile number before going off, and soon after exchanged our particulars through WhatsApp.





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 3 of 3 Report No. T/20210630/2132

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 / Sgt 2 SITI RAHAYU BINTE MOHAMED SMAIL	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 30/06/2021 22:15
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	H