

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

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMJ3031J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
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

Manufacturer .....	BMW
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 .....	No
Policy Number .....	SD21V03229/VPC/R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAY ZHI HONG
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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 .....	Male
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? .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	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? .....	No
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

Vehicle Category .....	Private car
Name of Driver .....	HUMAI DI TARUNA BIN JAYA TARUNA
NRIC No .....	S8842793I
Contact Number .....	(Phone) +65-97834040
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	India International Insurance Pte Ltd
Nature Of Damage .....	FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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

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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) 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.
- (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  
 Tel: 6466 2241 Fax: 6466 9535  
 Policyholder's Signature  
 Date & Time: 1 Jul 2021

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 1 Jul 2021

Reporting Centre Personnel's Signature  
 Name: Joseph Yaguel  
 NRIC/FIN: Performance Motors Limited  
 303 Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 159941



































**SINGAPORE  
POLICE FORCE**



T/20210630/2132

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

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Report No. T/20210630/2132

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2021 22:15	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: TAY ZHI HONG			Address: APT BLK 139 TAMPINES STREET 11 #01-40 SINGAPORE 521139		
ID Type / ID No.: NRIC NO / S9646914D			Contact No.: Home/Office: Mobile: 97834040		
Nationality: SINGAPORE CITIZEN			Email: faith.zhihong@gmail.com		
Sex: Male	Age: 24	Date of Birth: 10/12/1996	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: NUS	
Occupation: Student			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

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



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Report No. T/20210630/2132

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAY ZHI HONG	ID No.	S9646914D
Related Vehicle	SMJ3031J (Car)	Contact No.	97834040
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	HUMAI DI TARUNA BIN JAYA TARUNA	ID No.	S8842793I
Related Vehicle	SMX5661D (Car)	Contact No.	97834040
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 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.





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POLICE FORCE**



T/20210630/2132

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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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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 ISMAIL

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