

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	21/07/2021 11:48 (SGT)
Date of Accident	20/07/2021 10:45 (SGT)
Exact Location of Accident	Simei Street 1, Singapore
Additional Location Information	JUNCTION OF SIMEI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6929X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARL TAY LIQUAN (ZHEN LIQUAN)
NRIC No	SXXXX137A
Email Address	ltkarl25@hotmail.com
Mobile Phone No	(Phone) +65-82019177
Alternative Phone No	+65-82019177

VEHICLE PARTICULARS

Manufacturer	Seat
Model	Leon
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	1395

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00041102100
Cover Note Number	-

DRIVER

Name of Driver	KARL TAY LIQUAN (ZHEN LIQUAN)
NRIC No	SXXXX137A

Date Of Birth	25/10/1989
Occupation	Indoor
Date Of Driving Pass	14/06/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82019177
Alt. Phone Number	+65-82019177
Email Address	ltkarl25@hotmail.com
Address	108 SIMEI STREET 1 #11-750
Address complement	-
Postcode	520108
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20210720/7035

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	SLF2520D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

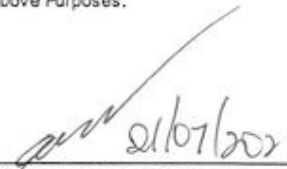
Name of injured person	KARL TAY LIQUAN (ZHEN LIQUAN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF6929X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

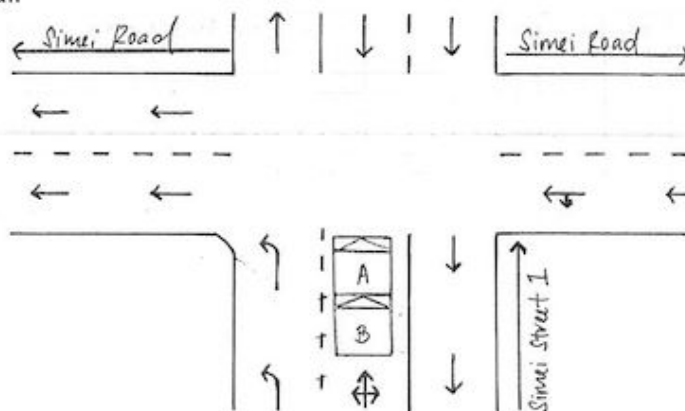
SKETCH PLAN**IMPORTANT NOTICE**

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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/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

Veh A - SMF6929X
Veh B - SLF2520D

Refer to Police Report : 6120210720 | 7035

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



G/20210720/7035

1 of 2

POLICE REPORT (NP299)

Report No. G/20210720/7035

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 20/07/2021 17:04	Vide Report No.	Station Diary No.
Name Of Informant KARL TAY LIQUAN	Address 108 SIMEI STREET 1 #11-750 SINGAPORE 520108	
ID Type / ID No. NRIC NO / S8938137A	Contact No. Home/Office:	Mobile: 82019177
Nationality SINGAPORE CITIZEN	Email Address LTKARL25@GMAIL.COM	
Occupation Public servant	Sex Male	Age 31
Institution/School Name	Date of Birth 25/10/1989	Race Chinese
Date/Time Of Incident 20/07/2021 10:45	Location Of Incident SIMEI STREET 1	

Brief details.

On the above mentioned date and time, I was driving my vehicle SMF6929X along Simei Street 1 towards Simei Road.

At the junction of Simei street 1 and Simei Road, there was a vehicle in front of me making a left turn.

I followed suit travelling behind said vehicle when suddenly a massive impact from the rear propelled by vehicle forward.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2021 17:04
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210720/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210720/7035

My body lunged forward as a result and my left knee knocked against the centre console.

I alighted to realise that SLF2520D had crashed into my vehicle's rear.

Initially, only my left knee felt pain. However, a couple of hours later, my neck, shoulders and lower back areas started feeling stiff and sore.

I went to a nearby clinic, Intemedical Kovan, from where I was at that time as the pain got pretty bad, to seek treatment.

I was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2021 17:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	