

# 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 ..... 26/08/2021 17:48 (SGT)  
Date of Accident ..... 25/08/2021 12:40 (SGT)  
Exact Location of Accident ..... Church St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGW8668S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY SIEW LENG  
NRIC No ..... S1812083F  
Email Address ..... tsl.siew@gmail.com  
Mobile Phone No ..... (Phone) +65-90179234  
Alternative Phone No ..... +65-90179234

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Mobilio  
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 ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119700010  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAY CHUN KENG  
NRIC No ..... S7037355F

Date Of Birth .....	27/10/1970
Occupation .....	Indoor
Date Of Driving Pass .....	26/10/1988
Driving experience .....	32 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90179234
Alt. Phone Number .....	-
Email Address .....	tsl.siew@gmail.com
Address .....	BLK 305B PUNGGOL RD #08-723
Address complement .....	-
Postcode .....	822305
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ALFRED
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.T/20210826/2022.

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMF6108Z
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97336473
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 CHIN KENG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGW8668S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	ALFRED
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGW8668S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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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.

P. Jayaraj  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Church street

(A) SGW 8668S

(B) SMF 6108Z

Refer to police. Report. No: T/20210826/2022

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel

26/8/21 1730hrs.

NTUL

SGW 86685

Date Of Accident

25, 08, 2021

☐ Reporting Only☐ Own Damage Claim☒ Third Party Claim

































**SINGAPORE  
POLICE FORCE**



T/20210826/2022

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210826/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2021 11:01		Vide Report No.: A/20210825/0046		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: TAY CHUN KENG			Address: APT BLK 305B PUNGGOL ROAD #08-723 SINGAPORE 822305		
ID Type / ID No.: NRIC NO / S7037355F			Contact No.: Home/Office: Mobile: 90179234		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 27/10/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2021 12:40	Type of Location:
Location: CHURCH STREET				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW8668S	Car				Seriously Damaged	1
SMF6108Z	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210826/2022

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210826/2022

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY CHUN KENG	ID No.	S7037355F
Related Vehicle	SGW8668S (Car)	Contact No.	90179234
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2021	Date Discharge	25/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 25/08/2021 at about 1240 hrs, I was fetching one male passenger from 18 Cross street and was going to 60 Paya Lebar Road as her destination.

At about 1245 hrs, I was waiting for the traffic light at Church Street as it was red and there were about 2 cars in front of me. Out of sudden, one vehicle SMF6108Z hit me from behind and it cause a dent at my car boot area. We both alighted from our vehicles but he refused to give me his particulars. As such, I decided to call for Police.

Police and Ambulance came down and both me and my passenger was conveyed to Singapore General Hospital. I was advised by the Traffic Police to lodged a Traffic report reference report number A/20210825/0046 after I was discharge from hospital.

I was discharged on the same day and was given 3 days out patient MC from 25-27 Aug.

*Amir D*



**SINGAPORE  
POLICE FORCE**



T/20210826/2022

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20210826/2022

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:

F /

Sr Staff Sgt WU WENHAO, DENIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

SN 159

Date/Time:

26/08/2021 11:01

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID

Contact No.: 65476247

Classification Of Case:

Authentication Stamp

NP168





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119700010

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKS3446Y  
 Chassis Number : MRHDD4870FP000061
2. Name of Policyholder : TAY SIEW LENG
3. Effective Date of Insurance : 03 Nov 2020
4. Expiry Date of Insurance : 02 Nov 2021
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAY SIEW LENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
 Date of Issue : 03 Nov 2020 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive