

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	14/09/2021 13:08 (SGT)
Date of Accident	13/09/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUANGKOK GREEN TOWARDS SENGKANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1572J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY CHOON MONG
NRIC No	S1572597D
Email Address	apapl@singnet.com.sg
Mobile Phone No	(Phone) +65-81126737
Alternative Phone No	+65-81126737

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119665105
Cover Note Number	drivo CLASSIC, Accessory

DRIVER

Name of Driver	TAY CHOON MONG
NRIC No	S1572597D

Date Of Birth	04/05/1963
Occupation	Indoor
Date Of Driving Pass	25/10/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81126737
Alt. Phone Number	+65-81126737
Email Address	apapl@singnet.com.sg
Address	BLK 642A #14-341 PUNGGOL DRIVE
Address complement	-
Postcode	821642
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	Joo Chiat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003459999
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 SKETCH PLAN

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 WILL RETRIEVE BY OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX5831E
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	MUHAMMAD ARSHAD BIN HAJA MAIDEN
NRIC No	T0001662J
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	TAY CHOON MONG
Gender	Male
Phone No	(Phone) +65-81126737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW1572J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 14/09/2021 / 12:58

Report No: MT/

D.O.A: 13/09/2021

Time: 18:00 hrs

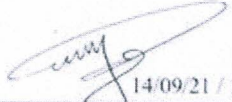
Vehicle No: SMW1572J Reporting Type:

SKETCH PLANIMPORTANT NOTICE


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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:

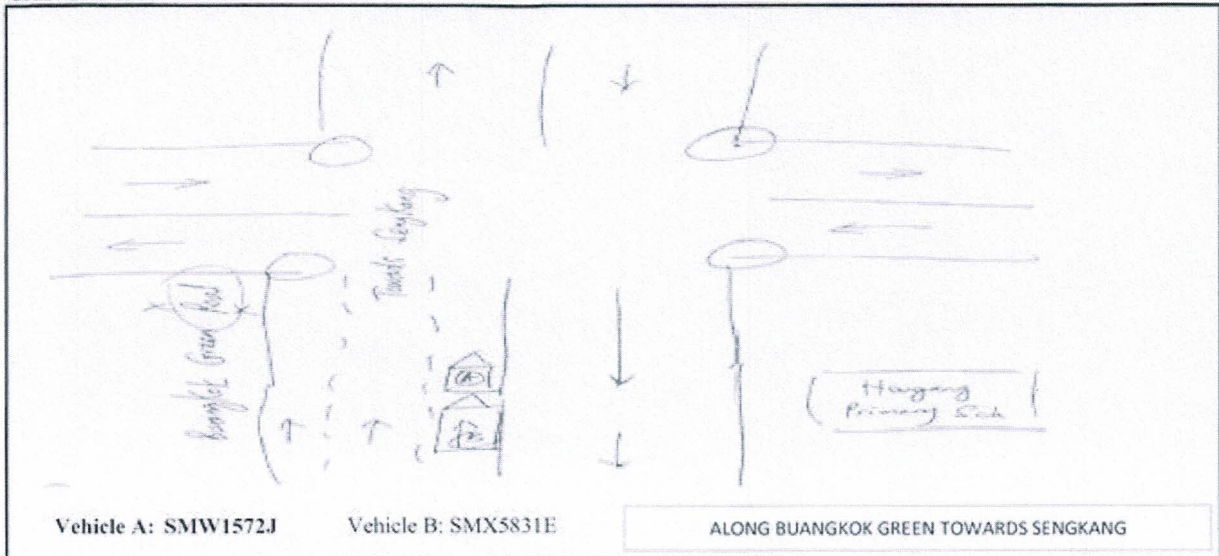
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 14/09/21 / 12:58
 Policyholder's Signature / Date & Time

 14/09/21 / 12:58
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Ganesh (S993561)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20210914/2029

Declaration

I/We declare the foregoing particulars are true in every respect.

14/09/21 / 12:58

Policyholder's Signature / Date & Time

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

14/09/21 / 12:58

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

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20210914/2029

1 of 3

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

Report No. T/20210914/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2021 12:26	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: TAY CHOON MONG			Address: APT BLK 642A PUNGGOL DRIVE #14-341 SINGAPORE 821642		
ID Type / ID No.: NRIC NO / S1572597D			Contact No.: Home/Office: Mobile: 81126737		
Nationality: SINGAPORE CITIZEN			Email: apapl@singnet.com.sg		
Sex: Male	Age: 58	Date of Birth: 04/05/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2021 18:00	Type of Location: Straight Road
Location: BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMW1572J	Car	TOYOTA	VELLFIRE 2.5Z G- EDITION CVT	White	Slightly Damaged	0
SMX5831E	Van				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210914/2029

2 of 3

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

Report No. T/20210914/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW1572J	NTUC Income Insurance Co-Operative Limited	5119665105	09/11/2020	08/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY CHOON MONG		ID No. S1572597D
Related Vehicle	SMW1572J (Car)		Contact No. 81126737
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	14/09/2021		Date Discharge 14/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/09/2021 at about 1800hrs, I was driving along Buangkok Green towards Sengkang. It is a three-lane road and I was driving on the most right-hand side. As I was approaching the traffic light junction of Buangkok Green and Buangkok Link, I slowed down and eventually come to a stop as the traffic light was red. There were a few cars in front of me.

About 30 seconds later, suddenly I felt an impact coming from my rear. I then got out from my vehicle and look. I then saw an ambulance van with "Emergency First Aid and Rescue" logo by the side behind my car. There was a dent on the van's front bumper and there was a dent at my car's rear bumper. The driver told me that he did not see my car and hit onto the rear side of my car. The driver and I exchanged particulars and we left.

At that point of time, I felt pain on my shoulder area. On 14/09/2021, I went to Mount Alvernia Hospital and got 5 days Medical Leave for my shoulder pain. There is an in-car camera (front and back) in my vehicle but I am not sure if it was recording.



**SINGAPORE
POLICE FORCE**



T/20210914/2029

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

3 of 3

Report No. T/20210914/2029

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 3 MUHAMMAD IDRIS BIN
MOHD ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2021 12:26

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE





Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M21000070898

Serve all with Love

This is to certify that TAY CHOON MONG, S1572597D, is granted Outpatient Sick Leave for 5 day(s) from 14-Sep-2021 to 18-Sep-2021.

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

Remark :

In accordance with the Infectious Disease Act (Chapter 137) under Regulation 2020, patient diagnosed with Acute Respiratory Infection must not leave their place of accommodation within the duration of the medical certificate other than to seek medical attention.

If a swab test is done, patients can leave their place of accommodation once they receive a confirmatory negative result. A negative result on an Antigen Rapid Test (ART) does NOT allow you to leave your place of accommodation. Only the notification of a negative result of a PCR test will do so.

This medical certificate/s not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Ho Li Chin
MCR : 06147F

14/09/2021

Date



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg
GST REGN NO: M4-0003321-8

Patient Name : TAY CHOON MONG Receipt No. : 210095023
ID No. : S1572597D Date : 14/09/2021
Account No. : 0210721464 Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 90MG	5	EA	15.80
KEFENTECH PLASTER 30MG 8/PKT	1	EA	5.92
NORGESIC TAB	12	EA	6.72
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			90.44
GST @ 7%			6.33
			96.77

Paid: 96.77
VISA BY TAY CHOON MONG
Mode of Payment : VISA Reference No. : ---

This is a computer generated official receipt, no signature is required.