

## 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 ..... 16/11/2021 15:38 (SGT)  
Date of Accident ..... 14/11/2021 13:54 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EV48M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY KOK SEN PETER  
NRIC No ..... S7117404B  
Email Address ..... POMPOM@ASIA.COM  
Mobile Phone No ..... (Phone) +65-90035007  
Alternative Phone No ..... +65-90035007

#### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... Cayenne  
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 ..... 4806

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00056262100-000-001  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAY KOK SEN PETER  
NRIC No ..... S7117404B

Date Of Birth .....	25/05/1971
Occupation .....	Indoor
Date Of Driving Pass .....	09/12/1988
Driving experience .....	32 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90035007
Alt. Phone Number .....	+65-90035007
Email Address .....	POMPOM@ASIA.COM
Address .....	1 FRASER ST #42-20
Address complement .....	-
Postcode .....	189350
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	EN48E
Insurance Company of Other Vehicle Owned by Driver .....	Liberty Insurance Pte Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211116/2019/.

#### ATTACHMENT(S)

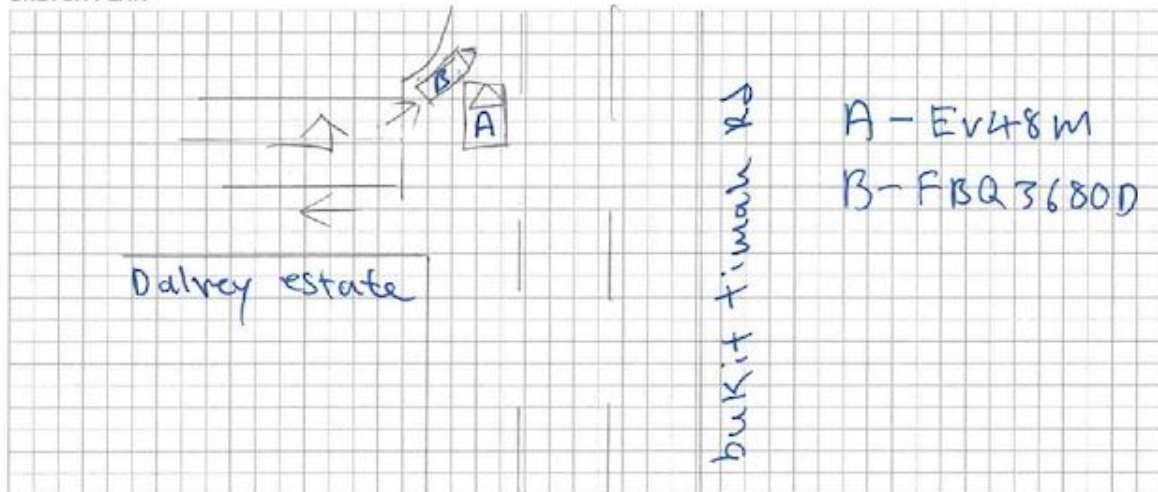
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ3680D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

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) .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20211116/2019.

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN

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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.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

























**SINGAPORE  
POLICE FORCE**



T/20211116/2019

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20211116/2019

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 E / Sgt 3 POON CHENG SIANG, ARTHUR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2021 08:51
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case: SN 172
Authentication Stamp NP168	SIGNATURE



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T/20211116/2019

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51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20211116/2019

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EV48M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000562 62100	16/03/2021	15/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY KOK SEN PETER		ID No.	S7117404B
Related Vehicle	EV48M (Car)		Contact No.	90035007
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	Slight
Rider				
Name	PECK ZI HAO		ID No.	S9931267Z
Related Vehicle	FBQ3680D (Motorcycle)		Contact No.	84992650
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	Slight

**Brief Details.**

I am lodging this police report as I was involved in a vehicle accident.

This accident happened on 14/11/2021 at about 1355hrs. The car I was driving will hereby be named as V1. The motorcycle that the rider was riding will be named as V2. On the above mentioned date and time, I was driving V1 along Bukit Timah Road, towards Upper Bukit Timah Road. I was driving towards the T-Junction of Bukit Timah Road and Dalvey Estate when V2 collided onto the front left bumper of V1. What happened was that, V1 was going straight and V2 was attempting to merge into Bukit Timah Road from Dalvey Estate. I believe that the rider of V2 did not pay attention to the traffic flow, thus collided V2 into V1 as mentioned above.

The damages to V1 are as follows:

1. Front left bumper scratched and dented
2. Suspension twisted (as informed by my mechanic)
3. Steering tie rod



**SINGAPORE  
POLICE FORCE**



T/20211116/2019

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Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20211116/2019

**CONTINUATION OF REPORT**

I would like to state that no one was injured. The rider of V2 fell off his bike, but did not appear to suffer any injuries as he was able to stand up on his own immediately after. I am unsure of the extent of damages on V2. V1 has dashcam on the front and back. I currently do not have the SD card for my dashcam as it is with my car insurance company. I did not suffer any form of injuries. No police and no ambulance were at scene. This is not the first time that I am involved in a motor accident.

I am lodging this report for record purposes to disclaim any liability, and also to facilitate the claiming of any insurance.





**SINGAPORE  
POLICE FORCE**



T/20211116/2019

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Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20211116/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2021 08:51		Vide Report No.:		Station Diary No.: 16
<b>Informant's Particulars</b>				
Name of Informant: TAY KOK SEN PETER		Address: 1 FRASER STREET #47-20 SINGAPORE 189350		
ID Type / ID No.: NRIC NO / S7117404B		Contact No.: Home/Office: Mobile: 90035007		
Nationality: SINGAPORE CITIZEN		Email: pompom@asia.com		
Sex: Male	Age: 50	Date of Birth: 25/05/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Architect		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: 14/11/2021 13:55	Type of Location: T-Junction
Location:  DALVEY ESTATE				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EV48M	Car	PORSCHE	PORSCHE CAYENNE TURBO (V8)	Grey	Slightly Damaged	0
FBQ3680D	Motorcycle	SUZUKI	UH200AL6 BURGMAN 200 ABS	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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