

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	04/01/2022 17:57 (SGT)
Date of Accident	31/12/2021 23:00 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	ALONG ORCHARD ROAD (OUTSIDE MANDARIN ORCHARD HOTEL).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM395L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY KWANG LIANG
NRIC No	SXXXX898F
Email Address	jeremytay28@gmail.com
Mobile Phone No	(Phone) +65-98319176
Alternative Phone No	(Office) +65-98319176

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	5008
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000133049-01
Cover Note Number	-

DRIVER

Name of Driver	TAY KWANG LIANG
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NRIC No	SXXXX898F
Date Of Birth	28/12/1980
Occupation	Indoor
Date Of Driving Pass	08/07/2000
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98319176
Alt. Phone Number	(Office) +65-98319176
Email Address	jeremytay28@gmail.com
Address	31 MOONSTONE LANE #06-04 SINGAPORE
Address complement	-
Postcode	328496
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	Raining
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SO LAI SAN SUSAN
Gender	Female

PASSENGER 2

Name	NAW CHAN MYAE THU
Gender	Female

PASSENGER 3

Name	ALDEN TAY KAI RONG
Gender	Male

PASSENGER 4

Name	JAVIER TAY KAI CONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 SMZ9069C
 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 TAY KWANG LIANG
 Gender Male
 Phone No (Phone) +65-98319176
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained HEAD
 Injured person in which vehicle? SKM395L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SO LAI SAN SUSAN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained HEAD
 Injured person in which vehicle? SKM395L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person NAW CHAN MYAE THU
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained HEAD

Injured person in which vehicle?	SKM395L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	ALDEN TAY KAI RONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD
Injured person in which vehicle?	SKM395L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	JAVIER TAY KAI CONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD
Injured person in which vehicle?	SKM395L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-96451314
Email	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

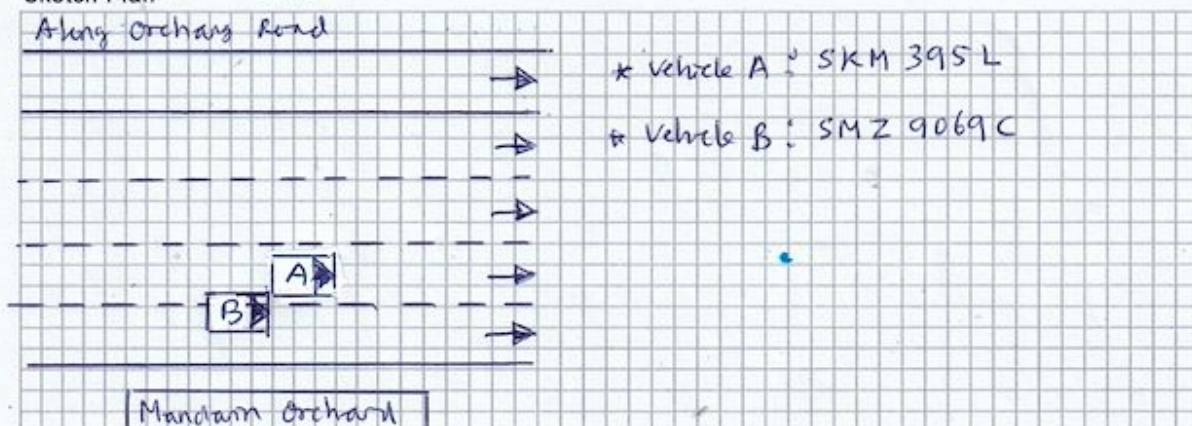

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



Sketch Plan



* Refr to police report : T/2022 0104/7022

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20220104/7022

Police Station Of Origin:
Traffic.Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220104/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2022 14:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY KWANG LIANG			Address: 31 MOONSTONE LANE #06-04 SINGAPORE 328496		
ID Type / ID No.: NRIC NO / S8040898F			Contact No.: Home/Office: Mobile: 98319176		
Nationality: SINGAPORE CITIZEN			Email: JEREMYTAY28@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 28/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other engineering professionals nec			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2021 23:00	Type of Location: Straight Road
Location: ALONG ORCHARD ROAD (OUTSIDE MANDARIN ORCHARD HOTEL)				
Weather: After Rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKM395L	Car					0
SMZ9069C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220104/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20220104/7022

CONTINUATION OF REPORT

Driver			
Name	TAY KWANG LIANG		ID No. S8040898F
Related Vehicle	SKM395L (Car)		Contact No. 98319176
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Slight
Passenger			
Name	SO LAI SAN SUSAN		ID No. S7925539D
Related Vehicle	SKM395L (Car)		Contact No. 90280161
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/01/2022		Date NIL
No. of Days granted Medical Leave	02		Degree of Slight
Passenger			
Name	ALDEN TAY KAI RONG		ID No. T1311332C
Related Vehicle	SKM395L (Car)		Contact No. NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	01/01/2022		Date NIL
No. of Days granted Medical Leave	03		Degree of Slight
Passenger			
Name	NAWCHAN MYAE THU		ID No. G8797782Q
Related Vehicle	SKM395L (Car)		Contact No. NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03		Degree of Slight



**SINGAPORE
POLICE FORCE**



T/20220104/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20220104/7022

CONTINUATION OF REPORT

Passenger			
Name	JAVIER TAY KAI CONG		ID No. T1507804E
Related Vehicle	SMZ9069C (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	UNKNOWN		ID No. NIL
Related Vehicle	SMZ9069C (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

On the stated date and time, I (SKM 395 L) was travelling along the stated venue with my wife, helper and 2 sons. When I was about to change lane, suddenly a vehicle bearing registration number : SMZ 9069 C hit my car from the rear (right side). The huge impact caused vehicle no: SMZ 9069 C to flip and bounce back. After a while, an ambulance arrived at the scene followed by the Traffic Police officer. My family and I were not feeling well at that point of time especially our heads. The paramedic then advised us to go hospital. All of us including the driver of vehicle no: SMZ 9069 C were then conveyed to hospital by ambulance. A witness has seen the whole accident and mentioned that vehicle no: SMZ 9069 C was travelling at high speed. The witness also provided a statement to the Traffic Police officer who was at the accident scene. He also passed me his contact number: 9645 1314.



**SINGAPORE
POLICE FORCE**



T/20220104/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20220104/7022

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/01/2022 14:11

Classification Of Case:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SD 0822140001 Vehicle Registration No : SKM 395L
 Name(as shown in NRIC): Tay Kwang Liang
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S 8040898F
 Address : 31 Moonstone Lane # 06-04 (S) 328496.
 Contact (Tel) : _____ (H/P) : 9831 9176
 (Email) : jeremytay28@gmail.com
 Date of Accident : 31/12/21 Time of Accident : 2300hr
 Place of Accident : Orchard Road (outside Mandarin Orchard Hotel)
 Insurance Company : China Taiping Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amendments :

Claiming under own insurance instead claiming third party.


 Signature of Vehicle Owner / Driver
 Date: _____

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
 Operating Hours : Monday to Friday 9am to 5pm