

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	21/03/2022 14:31 (SGT)
Date of Accident	18/03/2022 16:15 (SGT)
Exact Location of Accident	Jurong West Street 75, Singapore
Additional Location Information	TOWARDS JURONG WEST AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9811M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY TIAN YUAN
NRIC No	SXXXX350G
Email Address	WONDERLYBBQ@GMAIL.COM
Mobile Phone No	(Phone) +65-96745357
Alternative Phone No	+65-96745357

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG22002129
Cover Note Number	-

DRIVER

Name of Driver	TAY TIAN YUAN
NRIC No	SXXXX350G

Date Of Birth	02/10/1986
Occupation	Indoor
Date Of Driving Pass	22/11/2005
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96745357
Alt. Phone Number	+65-96745357
Email Address	WONDERLYBBQ@GMAIL.COM
Address	BLK 997A BUANGKOK CRESCENT #09-811
Address complement	-
Postcode	531997
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHEN WEN WEN
Gender	Female

PASSENGER 2

Name	TAY ZHE RUI
Gender	Male

PASSENGER 3

Name	IVY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS2343D
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
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 TIAN YUAN
Gender	Male
Phone No	(Phone) +65-96745357
Address	BLK 997A BUANGKOK CRESCENT #09-811
Address Complement	-
Post Code	531997
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS9811M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

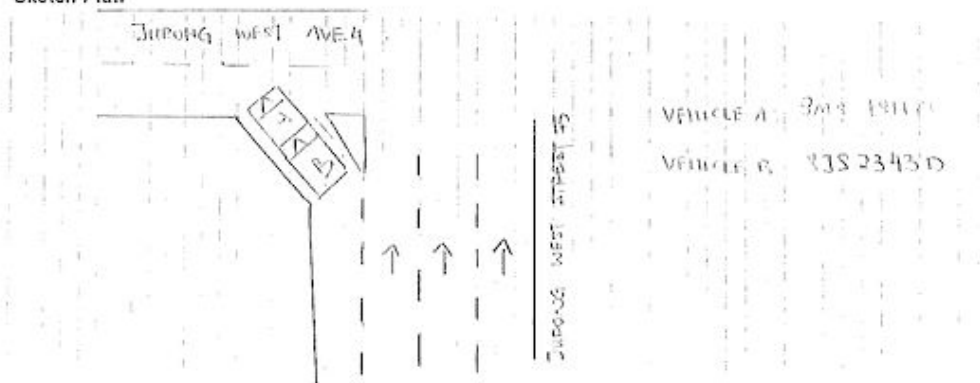
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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



Describe Circumstances of the Accident

RECEIVED BY POLICE DEPT. ATTACHED

Declaration

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

Witnessed by Reporting Centre
Personnel







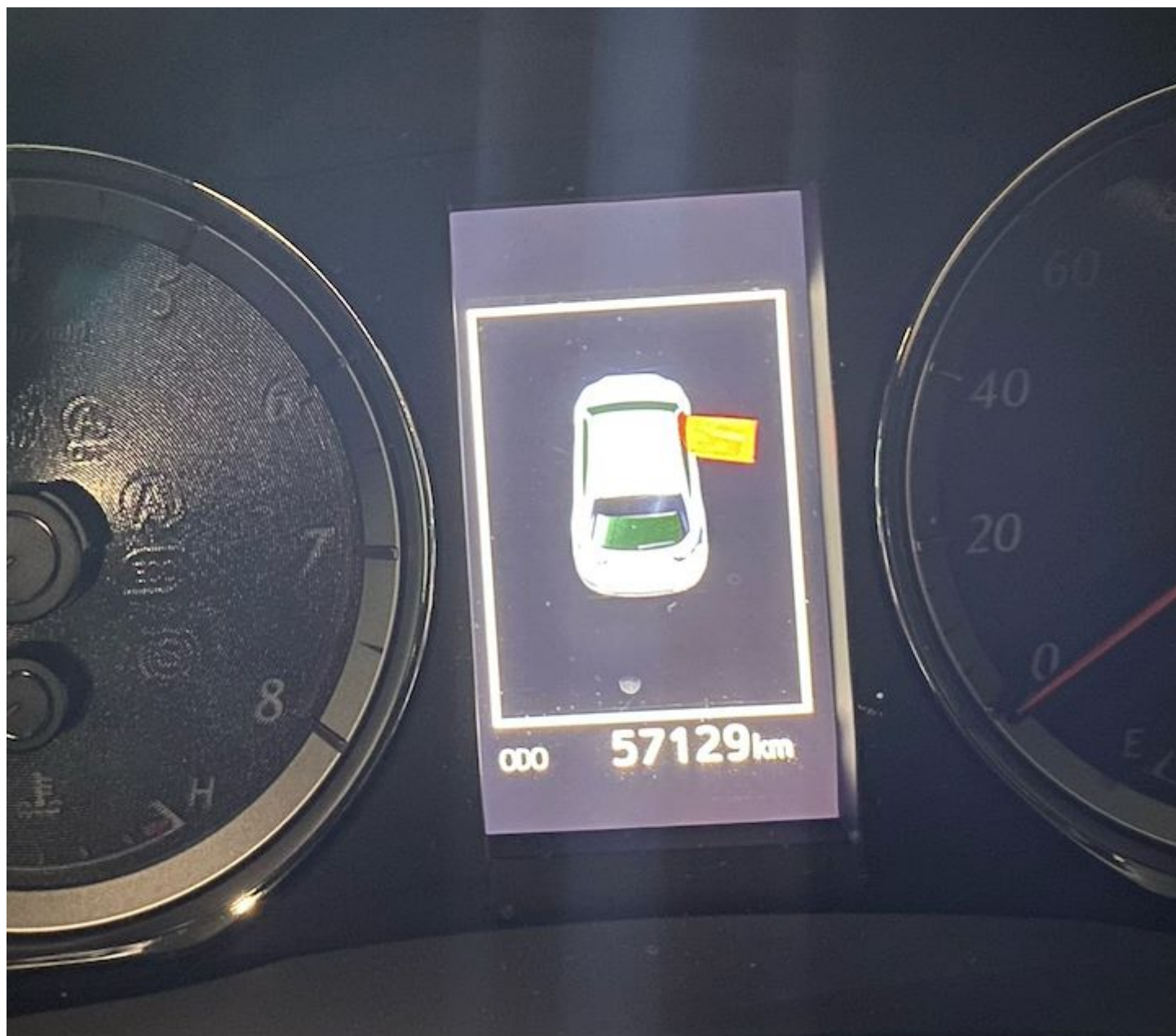


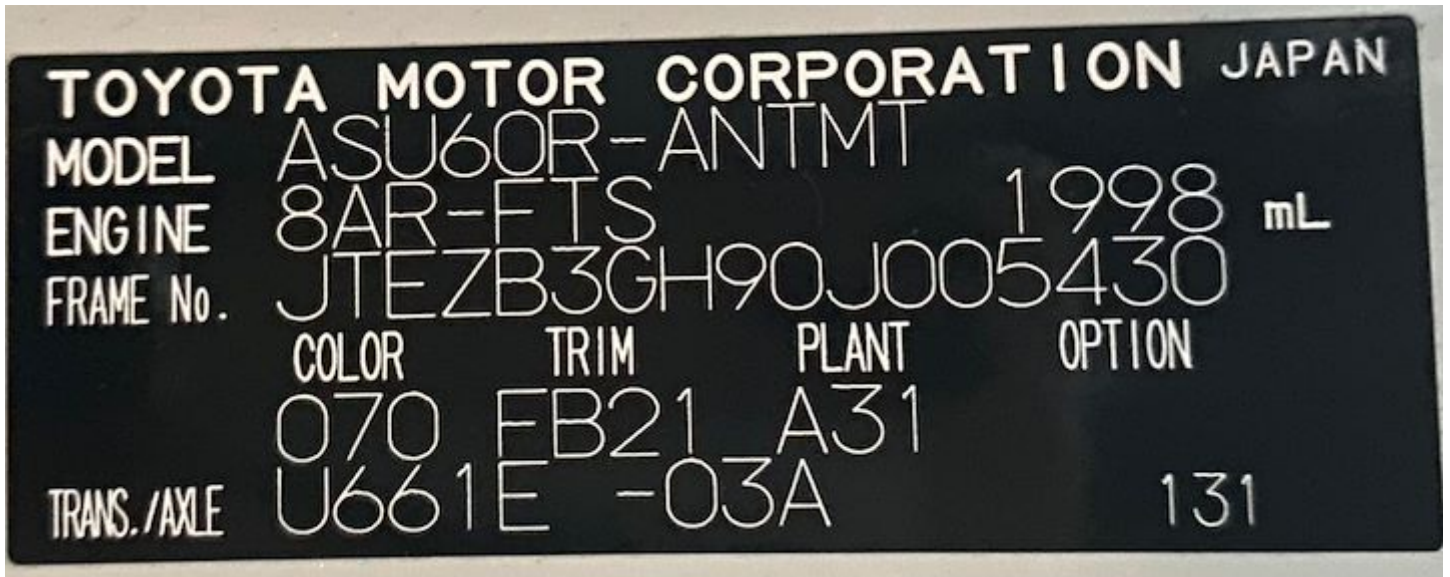














**SINGAPORE
POLICE FORCE**



J20220318/7065

1 of 2

POLICE REPORT (NP299)

Report No. J/20220318/7065

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 18/03/2022 20:05	Vide Report No.	Station Diary No.
Name Of Informant TAY TIAN YUAN	Address 997A BUANGKOK CRESCENT #09-811 SINGAPORE 531997	
ID Type / ID No. NRIC NO / S8630350G	Contact No. Home/Office:	Mobile: 96745357
Nationality SINGAPORE CITIZEN	Email Address wonderlybbq@gmail.com	
Occupation Sales	Sex Male	Age 35
Institution/School Name	Date of Birth 02/10/1986	Race Chinese
Date/Time Of Incident 18/03/2022 16:15	Location Of Incident JURONG WEST AVENUE 4	

Brief details.

On the stated date and time, I was driving my vehicle SMS9811M along Jurong West Ave 4 when I had stopped at the give way line of the slip road towards Street 64 direction.

My wife, Shen Wen Wen, son, Tay Zhe Rui and my helper, Ivy, were my passengers.

I was tilting my head to the right, looking out for oncoming traffic when suddenly a huge impact hit the rear of my vehicle, catching me completely off guard.

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: 18/03/2022 20:05
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE
POLICE FORCE



J/20220318/7065

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220318/7065

As my vehicle jerked forward, my body lurched forward as well.

In order to prevent my head from hitting the steering wheel, I instinctively pushed against my steering wheel using my right hand.

Upon alighting, I realised that SJS2343D had hit onto my vehicle's rear.

After taking some photos, the driver of SJS2343D, who had also alighted, agreed to shift our vehicles to the front to discuss how to resolve the matter.

The both of us got back into our vehicles after agreeing that he will follow my car.

However, the driver of SJS2343D slipped off by turning into a minor road.

A couple of hours after the accident, I started feeling pain over my neck, upper back and right wrist areas.

As such, I went to my family doctor at Pow Family Clinic & Surgery for treatment the same evening.

I was given 3 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
18/03/2022 20:05

Classification Of Case: