# **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 witholding 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.

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   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 27/06/2022 15:39 (SGT) Reported by Date of Accident 24/06/2022 21:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI NEAR EXIT 9 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJA3963C

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY CHEE HIAM NRIC No S7622784E Email Address taycheehiam@yahoo.co.uk Mobile Phone No (Phone) +65-97552571 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1800

### **INSURANCE COMPANY**

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10444634R01

### DRIVER

Name of Driver TAY CHEE HIAM NRIC No S7622784E Date Of Birth 29/07/1976 Occupation Outdoor

Date Of Driving Pass 15/04/2011 Driving experience 11 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97552571 Alt. Phone Number Email Address taycheehiam@yahoo.co.uk Address BLK 633 JURONG WEST STREET 65 #14-312 Address complement Postcode 640633 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name OON YEE HON Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220625/2002. ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SHD104T
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

# DETAILS OF OTHER VEHICLE PROPERTY 2

SHB3909D
-
-
-
-
Taxi
-
-
-
_
_
_
_
VEHICLE C
2

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLJ9760K
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	VEHICLE D
No. Of Passenger (Including Driver)	1

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SLP7593H
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 VEHICLE E
No. Of Passenger (Including Driver) 2

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SHD104T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 6. The 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.
- 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.

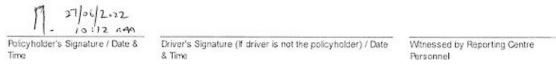
#### 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

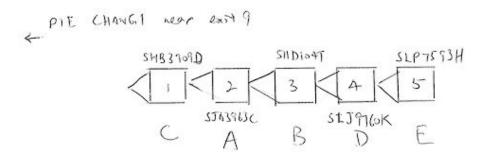
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 law yers/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;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



### Sketch Plan



Describe Circumstances of the Accident

-		
Declaration		
We declare the foregoing particular	s are true in every respect.	
-1		
1 27/36/2022		
1 1 1 1 1 1 1 1		
13.17 8-7	Driver's Signature (If driver is not the policyholder) / Date	
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
fime	& Time	Personnel

As per according to police report made on 25th Jine 2022.

















Date of Expiry:

22.00

1 of 3 Report No. T/20220625/2002

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Marine Radio Surveyor

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2022 00:32		Vide Report No.:         Station Diary N           G/20220624/0205         11			
Informa	nt's Partic	ulars			
	f Informant: EE HIAM		Address: APT BLK 633 JURON SINGAPORE 640633	G WEST STREET 65 #14-312	
ID Type / ID No.: NRIC NO / S7622784E		Contact No.: Home/Office: Mobile: 97552571			
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 45	Date of Birth: 29/07/1976	Type of Informant: Driver		
Race; Chinese		Language:	Institution / School Name:		
Occupation:		Driving Licence Information:			

Class:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2022 21:30	Type of Location Straight Road	
Location: PAN-ISLAND	EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB3909D	Car					1
SHD104T	Car					0
SJA3963C	Car	TOYOTA	WISH 1.8 CVT	White		1

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Report No. T/20220625/2002

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA3963C	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10444634R01	03/11/2021	02/11/2022

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver				Sin H		
Name	TAY CHEE HIAM		ID No		S7622784E	
Related Vehicle	SJA3963C (Car)			Conta	ct No.	97552571
Hospital/Clinic	NIL		Class Drivin Licend Expiry	9	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

### Brief Details.

On 24/6/2022 at about 9.30pm, I was driving my car bearing plate number SJA3963C along PIE towards Changi near Exit 9. While I was driving, I saw that the taxi bearing plate number SHB3909D infront of me had slowed down and came to a stop thus I also slowed down and came to a stop. However, the next moment, I felt an impact from the rear and discovered that another taxi bearing plate number SHD104T had collided onto my rear. The impact caused my car to move forward and collide onto the taxi infront of me. There were 2 other cars involved in the accident. I have an in car vehicle camera. The passenger of the taxi behind me was sent to the hospital.





3 of 3 Report No. T/20220625/2002

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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: J / SGT 2 NURAQILAH BINTE ABDUL HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2022 00:32
Officer In Charge Of Case: TP / GIT / STAFF SGT NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:
NP168	

09:05

.11 4G ■

# Done Car Policy Documents 1880...





Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, =03-01, Singapore Shopping Centre, Singapore 239924. Tel: 6221-2111. budgetdirect.com.sc

6 of 7

It pays to choose Budget Direct insurance

#### Policy Schedule

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

 Period of Insurance
 P1044634R01
 Policy Issued On
 : 21/09/2021

 Policy Mamber
 : 03/13/2023 (00:00)
 Policy End Date
 : 02/211/2022 (23:59)

 Cover
 Type of Cover
 : Comprehensive / Named Driver Plan / Any Workshop
 Optional Cover(s)
 : Please refer to Policy Summary for any optional cover(s) selected.

Excess (An excess amounts are subject to GS7, if approache)

Additional Excess (At excess amounts are subject to GST, if applicable)

55.0.00

Windstreen Named Driver below 25 years old Named Driver with less than 2 years' valid driving licence

Premiums Gross Premium 7% GST Total Premium Payable

Policyholder Name

Tay Chee Hiam 633 Strong West Street 65 #34-312 Singapore 640633 taychecham@yahoo.co.uk 97552571

Name Address Email Address Mobile Number

Main Driver

Date of Birth Gender / Mantal Status

Occupation Certificate of Herit Licence Held For

Tay Chee Hiam 29/07/1976 Male / Married Executive: (Crvl Servant/ Private sector)

Vehicle Insured

Vehicle Registration Number

: SJA3963C

Vehicle Registrat Chassis Number Make & Model Toyota Wish 1-B Year of First Registration Sum Insured Off-Peak Car NCD Vehicle Usage Modifications Declared

Toyota Wish 1.8 White 2017 Market Value No. 50% Private and Occasional Business

Oriver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

Driver(s) OON YEE HOW

Date of Birth Held For 05/03/1976 More than 5 years.

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance** 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sp

It pays to choose

Budget Direct insurance Tax Invoice

Payment Information

21/09/2021

