

# 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 Actual 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 ..... 11/11/2022 13:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 09/11/2022 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG YISHUN AVE 1 TOWARD YISHUN AVE 8  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK5886X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MARKETSTALL TRADING PTE LTD  
Company Reg No ..... 2XXXXX071R  
Email Address ..... winson.ngty@gmail.com  
Mobile Phone No ..... (Phone) +65-96246346  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPCVE002856

### DRIVER

Name of Driver ..... TAY AIK MING, DANIEL  
NRIC No ..... SXXXX745E  
Date Of Birth ..... 07/08/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/08/2008
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96246346
Alt. Phone Number .....	-
Email Address .....	winson.ngty@gmail.com
Address .....	BLKK 443C FAJAR ROAD #18-62
Address complement .....	-
Postcode .....	673443
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	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 .....	6
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK194S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBG5810K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	YQ2409G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	GBH5043C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	GZ377T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 AIK MING, DANIEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBK5886X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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  
(Name as in NRIC/ID card)

Sketch Plan

YISHUN AVE 1		YISHUN AVE 8	A-GRK 5886 X B-GRK 194 S C-GRG 5810 K D-YG 2409 G E-GBH 5043 C F-GZ 377 J
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Describe Circumstance of the Accident

AS PER POLICE REPORT NO 7/20221110/2082.

A-GRK 5886 X

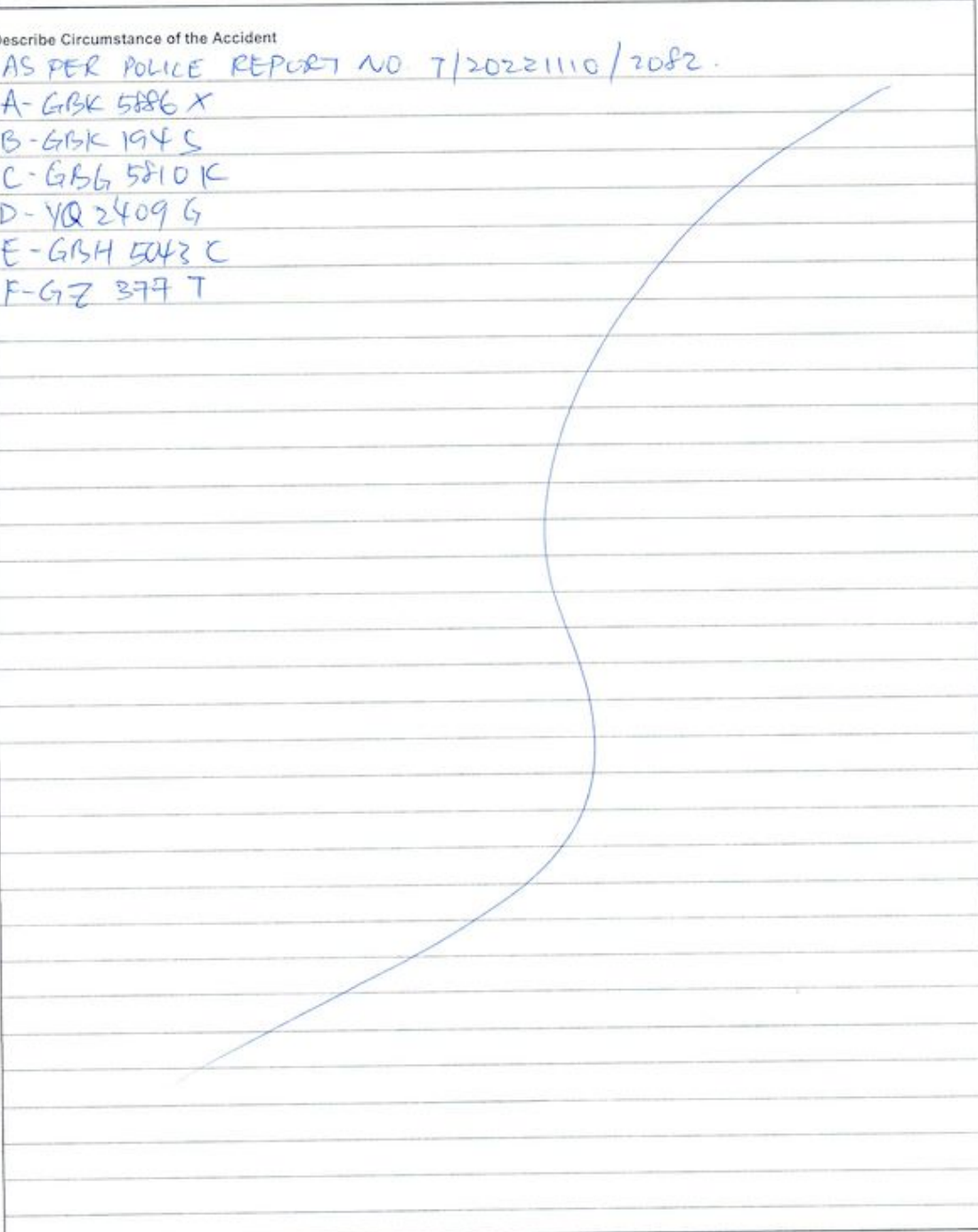
B-GRK 194 S

C-GBG 5810 K

D-YQ 2409 G

E-GRH 5043 C

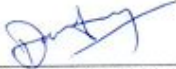
F-GZ 377 T



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

 11/11/2022  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221110/2082

1 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20221110/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2022 17:19	Vide Report No.: L/20221109/0071	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: TAY AIK MING, DANIEL			Address: APT BLK 443C FAJAR ROAD #18-62 SINGAPORE 673443	
ID Type / ID No.: NRIC NO / S8525745E			Contact No.:	Mobile: 96246346
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 07/08/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2022 16:00	Type of Location: Straight Road
Location:  YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5810K	Van					0
GBH5043C	Van					0
GBK194S	Van					0
GBK5886X	Lorry				Seriously Damaged	0
GZ377T	PICK UP					0









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Nov 11, 2022, 11:07



















**SINGAPORE  
POLICE FORCE**



T/20221110/2082

1 of 3

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ID Type / ID No.: NRIC NO / S8525745E			Contact No.:	Mobile: 96246346
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 07/08/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

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Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5810K	Van					0
GBH5043C	Van					0
GBK194S	Van					0
GBK5886X	Lorry				Seriously Damaged	0
GZ377T	PICK UP					0



**SINGAPORE  
POLICE FORCE**

T/20221110/2082

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20221110/2082

**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:

L /

SGT 3 MUHAMMAD SADLI BIN  
RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/11/2022 17:19

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Classification Of Case:

NP168



V3

# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: L/2022/1109/0071

I, SGT T170218 Ameer  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One micro SD card / unknown brand / 16GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S8525745E Tay Aik Ming Daniel  
(Name, NRIC or Passport No. / Rank and No.)  
of B/ 443C Fajar road #18-02 S673443  
(Address / Police Station / NPC / NPP)  
on 9/11/22 at 1715  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)  
S8525745E  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)  
T170218  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: I0; Jof  
Ext: 65476960



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20221110/2082

2 of 3

Report No. T/20221110/2082

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YQ2409G	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY AIK MING, DANIEL		ID No. S8525745E
Related Vehicle	GBK5886X (Lorry)		Contact No. 96246346
Hospital/Clinic	DUXTON MEDICAL CLINIC CANBERRA		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	10/11/2022	Date Discharge	10/11/2022
No. of Days granted Medical Leave		03	Degree of Injury Slight

**Brief Details.**

On 09/11/2022 at about 1600hrs, I was driving my company's vehicle GBK5886X along Yishun Ave 1 ( Yishun Dam ). I slowed down and stopped my vehicle because vehicle GZ377T that was in front of me was not moving.

Suddenly, I felt something a hit on the rear of my vehicle 4 times. Due to the impact, my vehicle moved forward and hit onto GZ377T. I exited my vehicle and make a checked. I realized that I was involved in a chain accident with another 5 vehicles. Traffic police and ambulance was at scene. One of the drivers were conveyed to hospital.

My vehicle front and rear bumper were damaged. My vehicle was towed away and sent to my company workshop located 8 Kaki Bukit Ave 4 #07-16 Singapore 415875 Averment Auto Pte Ltd.

On 10/11/2022 at about 1000hrs, I felt pain on my right shoulder. I visited Duxton Medical Clinic Canberra to seek medical assistance. I was given 3 days medical leave by the doctor.

This is the 1st time such incident had happened. I am lodging this report for traffic police actions and insurance claims.





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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922BB0006 Vehicle Registration No: GRK 5886 X  
 Name (as shown in NRIC): Tay Aik Ming, Daniel NRIC/FIN/Passport No: S8525745E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 445C Fajar Road #18-62 Singapore (67344)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9624 6346  
 Email Address: winston.ngty@gmail.com  
 Date of Accident: 9/11/2022 Time of Accident: 15:45  
 Place of Accident: Along Yishun Ave1 Toward Yishun Ave 8  
 Insurance Company: Sompo 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:

Amend add on Police statement.

Policyholder / Driver's Signature  
Date:

17/11/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: