

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	30/11/2022 16:21 (SGT)
Reported by	Driver
Date of Accident	30/11/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8648L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	dericktay@gmail.com
Mobile Phone No	(Phone) +65-98760361
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	TAY TOK TONG
NRIC No	SXXXX592A
Date Of Birth	10/09/1979
Occupation	Outdoor

Date Of Driving Pass	24/01/2017
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98760361
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	BLK 334A ANCHORVALE CRES
Address complement	#13-116
Postcode	541334
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221130/2046

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN8641U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KHEE YONG
NRIC No	SXXXX685A
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 TOK TONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	SKZ8648L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKZ8648L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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 being 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

Ben

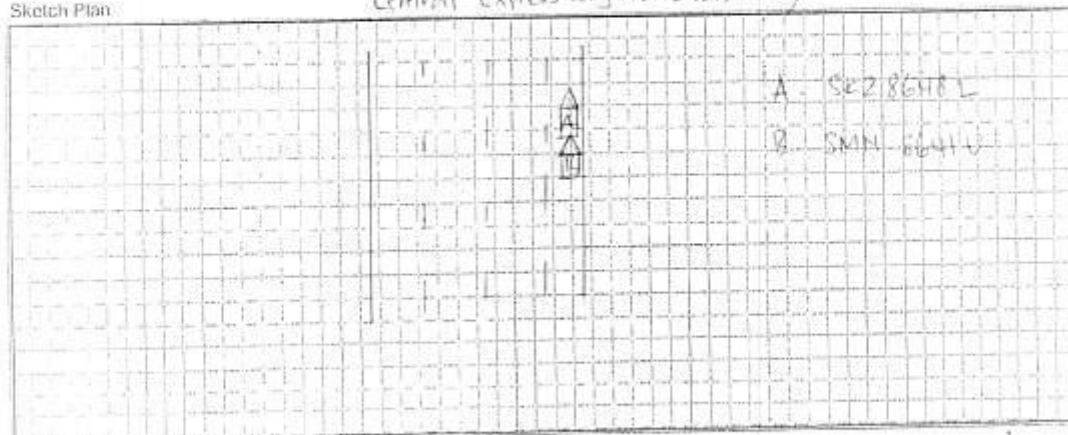
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

shym 30/11/22

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

Sketch Plan

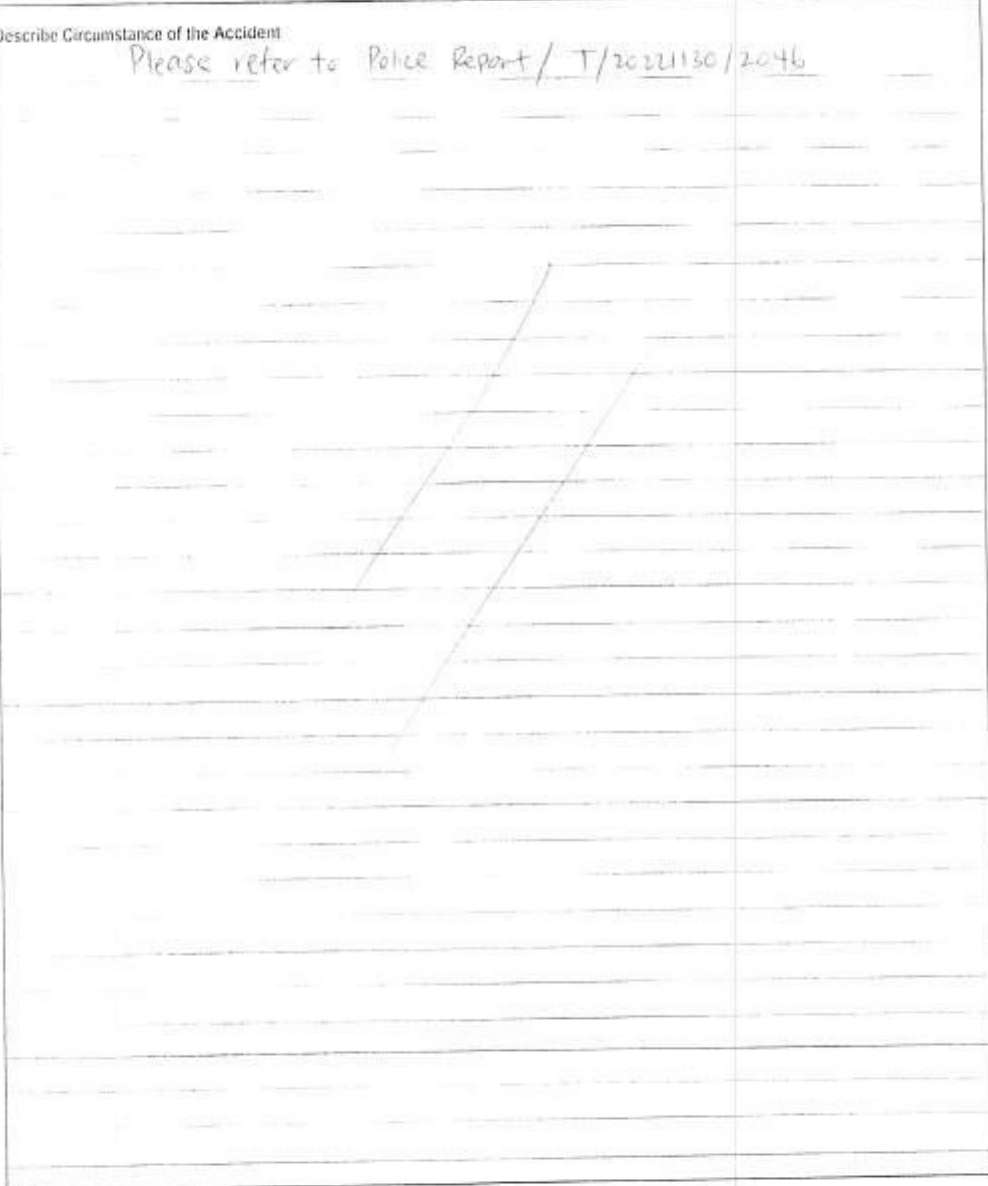
Central Expressway towards City



shym2022

Describe Circumstance of the Accident

Please refer to Police Report / T/2022/130/2046



Declaration

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



Policyholder's Name & Title

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

Witnessed by Reporting Centre Personnel
(Name as in NR/CAD card)

[Signature] 30/11/22

2010/2022

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SINGAPORE POLICE FORCE

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20221130/2046

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Report No. T/20221130/2046

CONTINUATION OF REPORT

Driver			
Name	TAY TOK TONG		ID No. S7927592A
Related Vehicle	SKZ8648L (Car)		Contact No. 98760361
Hospital/Clinic	GSH CLINIC & SURGERY PTE. LTD.		Class of Driving Licence & Expiry Date Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	30/11/2022	Date Discharge	30/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAN KHEE YONG		ID No. S0854685A
Related Vehicle	SMN8641U (Car)		Contact No. NIL
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	NIL

Brief Details.

On 30/11/2022 at about 7.50pm, I was driving my car(SKZ8648L/Honda/Black) along CTE towards City. While travelling straight on the said expressway on the most right lane, before Boundary Road exit, the traffic ahead of me suddenly had slowed down and stopped. I then had slowed down and come to a stop. Suddenly, about 3 seconds later, I felt an impact collision on my car's rear. I then had alighted and managed to exchange particulars with the driver(SMN8641U), who collided onto my car's rear.

As there was no need for immediate medical attention, both the driver and myself had drove off after exchanging particulars and took photos of the accident.

After I had drove off, about 10 minutes later, I felt pain on my neck and shoulder. Subsequently, I went to GSH Clinic & Surgery to make a check on myself. I was discharge from the clinic with 3 days of medical leave.















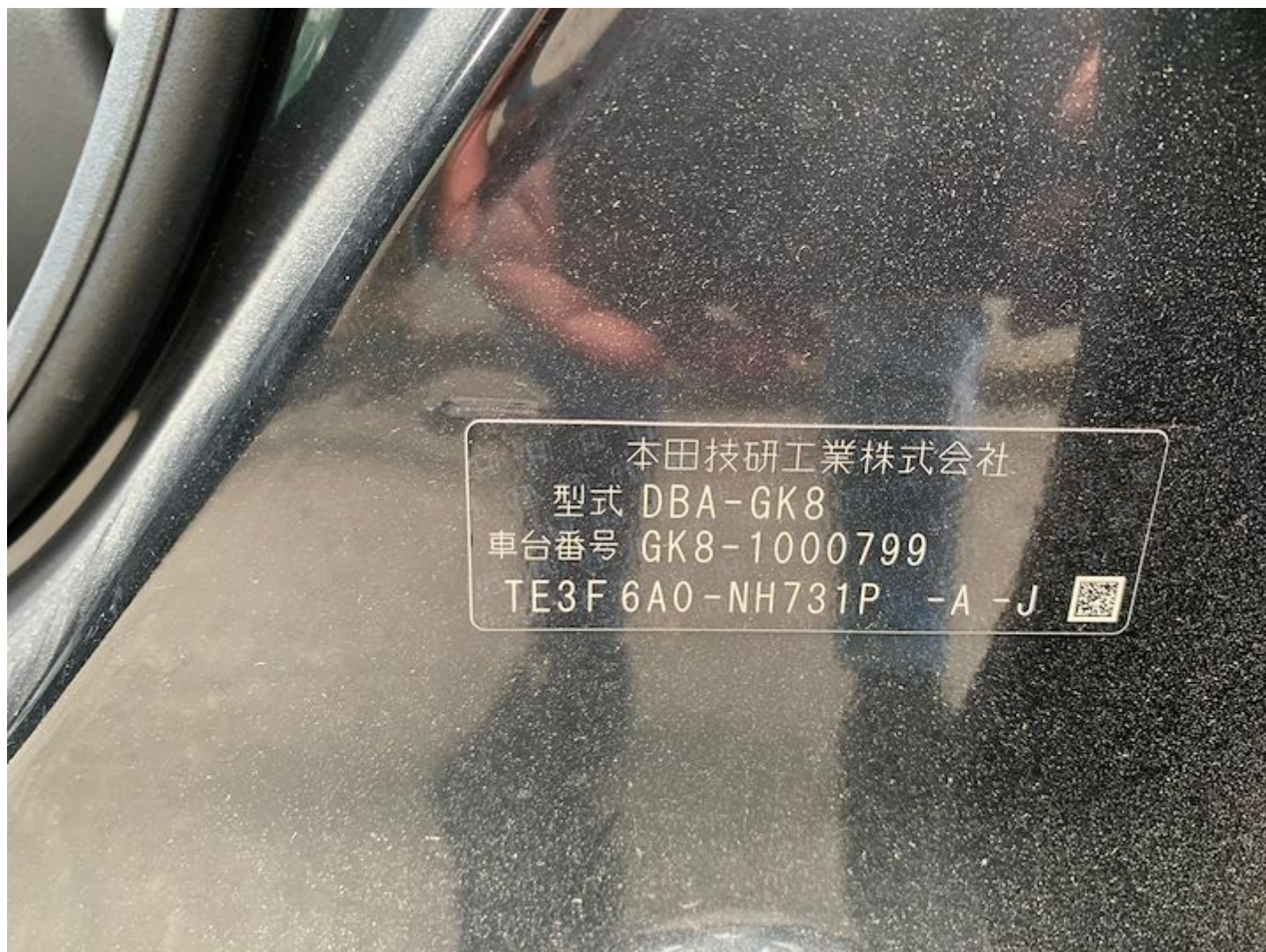




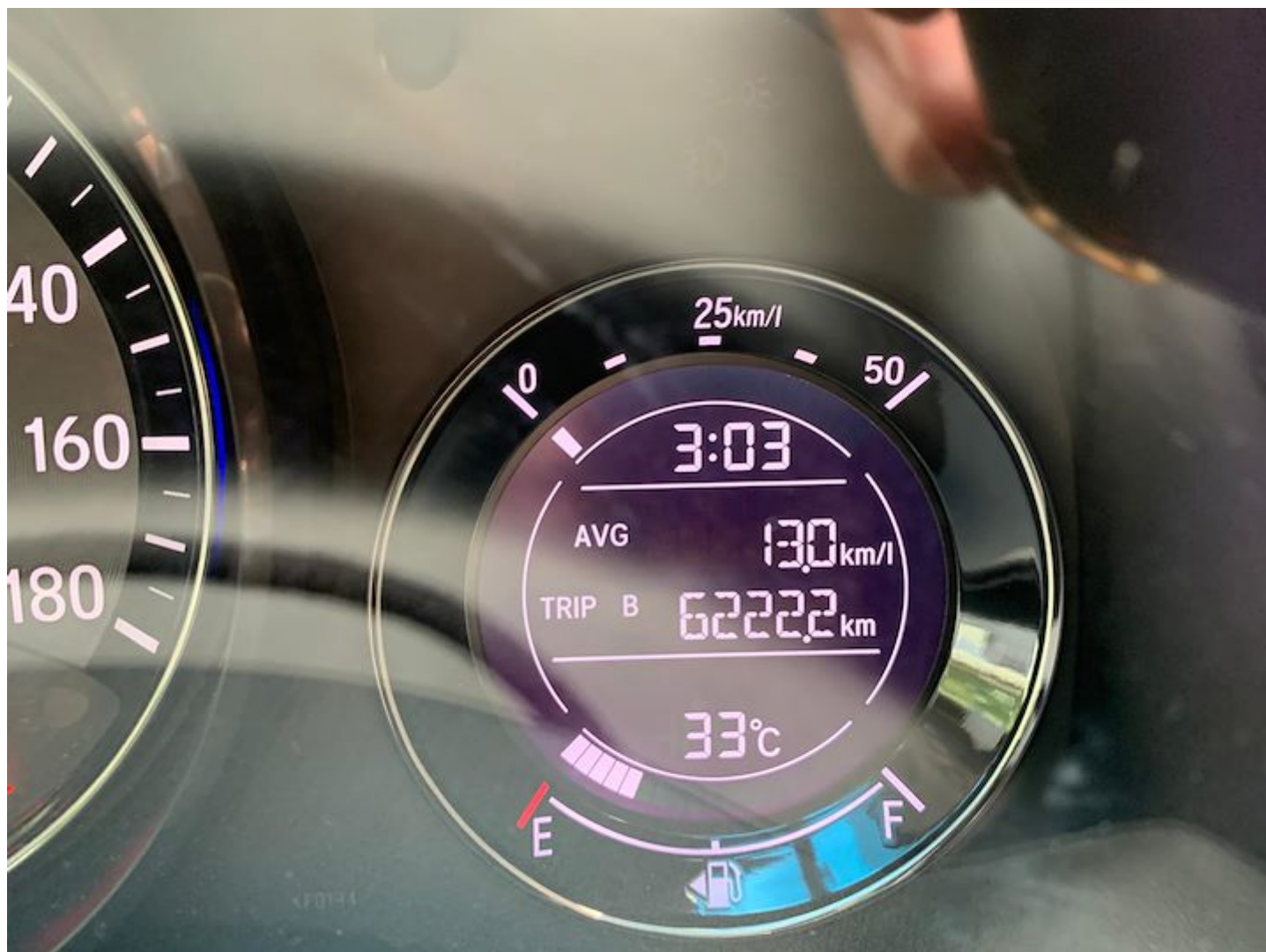














**SINGAPORE
POLICE FORCE**



T/20221130/2046

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Report No: T/20221130/2046

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2022 13:03	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: TAY TOK TONG			Address: APT BLK 334A ANCHORVALE CRES #13-116 SINGAPORE 541334	
ID Type / ID No.: NRIC NO / S7927592A			Contact No.:	Mobile: 98760361
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 43	Date of Birth: 10/09/1979	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: PRIVATE HIRER		Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2022 07:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ8648L	Car	HONDA		Black	Slightly Damaged	1
SMN8641U	Car	HONDA		White	Slightly Damaged	2

Details of Person Involved

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20221130/2046

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Report No. T/20221130/2046

CONTINUATION OF REPORT

Driver			
Name	TAY TOK TONG	ID No.	S7927592A
Related Vehicle	SKZ8648L (Car)	Contact No.	98760361
Hospital/Clinic	GSH CLINIC & SURGERY PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/11/2022	Date Discharge	30/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAN KHEE YONG	ID No.	S0854685A
Related Vehicle	SMN8641U (Car)	Contact No.	NIL
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	NIL

Brief Details.

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T/20221130/2046

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Report No. T/20221130/2046

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:

G /
SGT 3 MUHAMMAD
ABDURRAHMAN MUBARAK BIN
ASMAWI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:

30/11/2022 13.03

Classification Of Case:

NP168

