SN09234R0001-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 27/04/2023 10:25 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (28/04/2023 09:54 (SGT))

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 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.
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	27/04/2023 10:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 17:05 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND449C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	REUBEN DOMINIC PHAY YI REN
NRIC No	SXXXX422B
Email Address	nic.muff@gmail.com
Mobile Phone No	(Phone) +65-81394104
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1490

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP005554

DRIVER

Name of Driver	REUBEN DOMINIC PHAY YI REN
NRIC No	SXXXX422B
Date Of Birth	24/11/1985
Occupation	Indoor

Date Of Driving Pass	08/08/2006
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81394104
Alt. Phone Number	-
Email Address	nic.muff@gmail.com
Address	21 FLORA DRIVE #06-39
Address complement	-
Postcode	506761
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)	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230426/7111

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	SKD729E
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	RUEBEN DOMINIC PHAY YI REN
Gender	Male
Phone No	(Phone) +65-81394104
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SND449C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.
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.

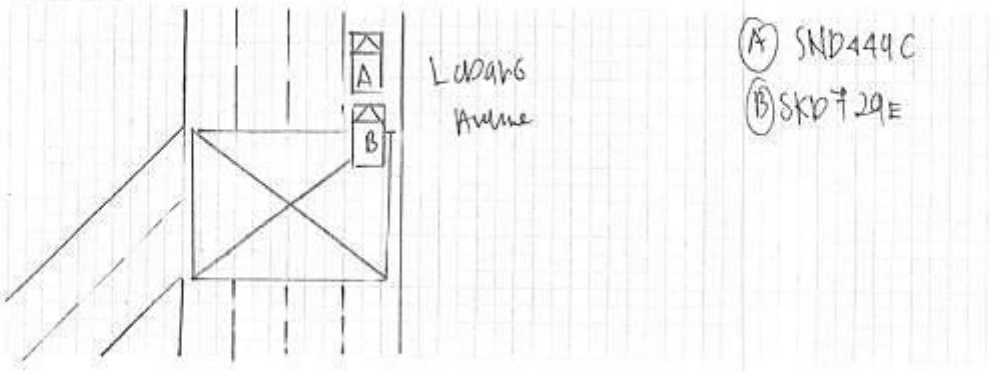
Policyholder's Signature / Date & Time

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

27/04/2023

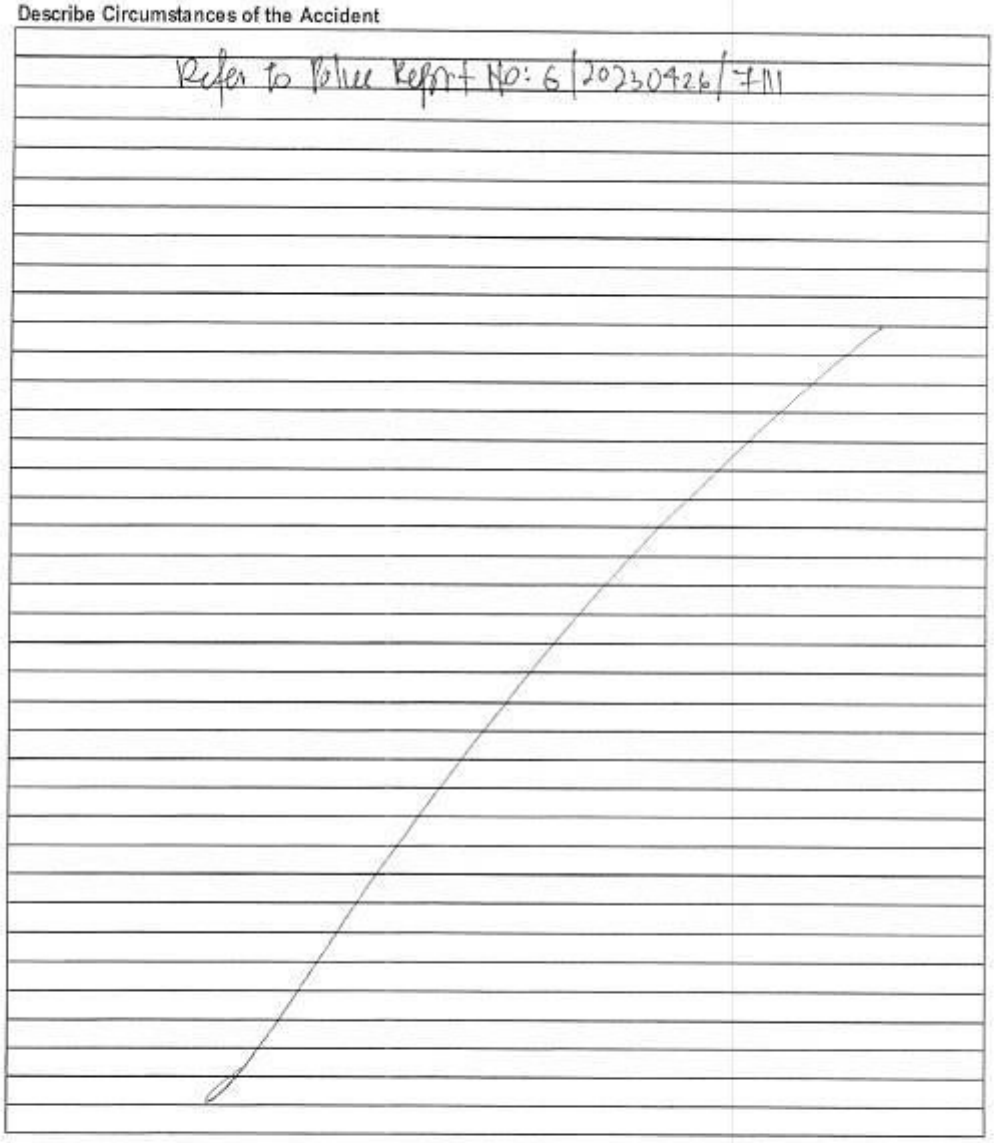
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report NO: 6/20230426/7111



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

Witnessed by Reporting Centre Personnel

26/04/2023

IMAGES


TOYOTA MOTOR CORPORATION JAPAN
MODEL 5BA-MXPB10-BHXRB-B
ENGINE M15A-FKS 1490 mL
FRAME No. MXPB10-3013762
COLOR TRIM PLANT OPTION
070 FC20 M32
TRANS./AXLE K320
740

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

G/20230426/7111

POLICE REPORT (NP299)

Report No. G/20230426/7111

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
26/04/2023 20:31		

Name Of Informant	Address			
REUBEN DOMINIC PHAY YI REN	21 FLORA DRIVE #06-39 SINGAPORE 506761			
ID Type / ID No.	Contact No.			
NRIC NO / S8537422B	Home/Office:	Mobile: 81394104		
Nationality	Email Address			
SINGAPORE CITIZEN	nic.muff@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Primary school teacher	Male	37	24/11/1985	Chinese
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
26/04/2023 17:05 - 26/04/2023 17:15	21 FLORA DRIVE #06-39 SINGAPORE 506761			

Brief details.

I was exiting from TPE towards Loyang Avenue, planning to turn right into Old Tampines Road. As there was no oncoming traffic, I proceed to turn into the yellow box on the right and stopped. Just then, a white car (Vehicle Number: SKD729E), came from the same exit from TPE and stopped behind me and as he did not stop in time, he knocked into my bumper.

The traffic light then signalled for the cars to turn to Old Tampines Road. I turned and signalled to turn right into Flora Drive. The white car then kept to the right and proceeded to drive past me along Old Tampines Road. As I could not get out of the traffic, which was moving, I had no choice but to turn. I took

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	26/04/2023 20:31
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

G/20230426/7111

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. G/20230426/7111

down his car license plate number.

Subjects Involved			
Victim			
Person Name	REUBEN DOMINIC PHAY YI REN		
ID Type	NRIC NO	ID No	S8537422B
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Primary school teacher	Address	21 FLORA DRIVE #06-39 SINGAPORE 506761
Mobile No	81394104	Is Informant A Victim?	Yes
Person Name	REUBEN DOMINIC PHAY YI REN (Informant)		

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: 26/04/2023 20:31
Officer In-Charge Of Case:	Classification Of Case:

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN09234R0001 Vehicle Registration No: SNQ449C

Name (as shown in NRIC): REUBEN DOMINIC PHAY YI REN NRIC/FIN/Passport No: SXXXX622B

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 81394106

Email Address: _____

Date of Accident: 26/04/2023 Time of Accident: 17:04

Place of Accident: Lavender Ave

Insurance Company: Tokio Marine

(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:

INSURED NAME ON SOS TO REUBEN DOMINIC PHAY YI REN

Policyholder / Actual Driver's Signature
Date:

28/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Jun2023