

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	03/05/2023 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/04/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK5154M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY TIAN LONG
NRIC No	S8441754H
Email Address	JERRYTAY.PROPERTY@GMAIL.COM
Mobile Phone No	(Phone) +65-97856307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS IS200T EXECUTIVE
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	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5002488

DRIVER

Name of Driver	TAY TIAN LONG
NRIC No	S8441754H
Date Of Birth	26/12/1984
Occupation	Indoor

Date Of Driving Pass	04/07/2013
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97856307
Alt. Phone Number	-
Email Address	JERRYTAY.PROPERTY@GMAIL.COM
Address	BLK 83 YISHUN STREET 81 #01-05
Address complement	-
Postcode	768446
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	Collided into Property
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MOK YOKE FONG
Gender	Female

PASSENGER 2

Name	TAY JING KAI KAYDEN
Gender	Male

PASSENGER 3

Name	TAY JING EN TRICIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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 SNE6824H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private hire
 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 MOK YOKE FONG
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK, SHOULDER, NECK, LIGHTEADEDNESS & VOMITTED.
 Injured person in which vehicle? SCK5154M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TAY JING KAI KAYDEN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK, SHOULDER, NECK
 Injured person in which vehicle? SCK5154M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

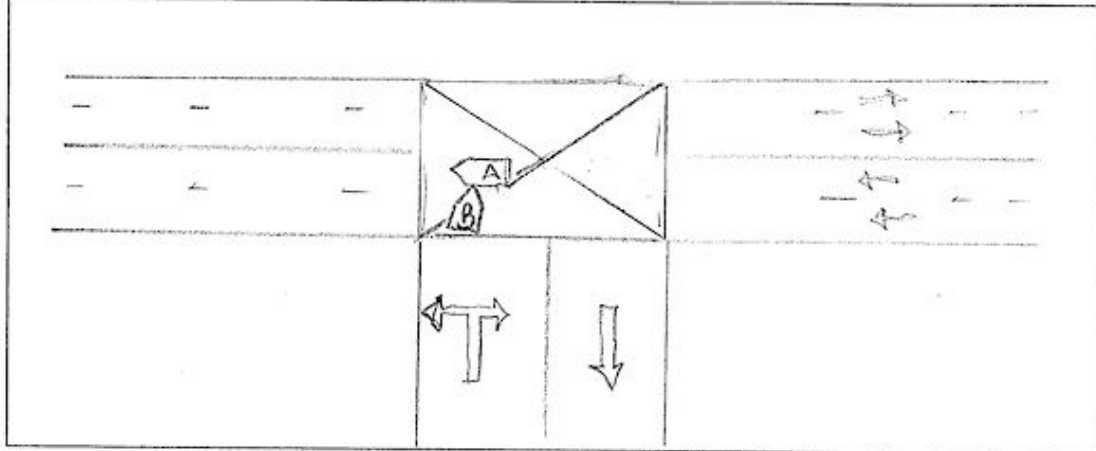
Name of injured person TAY JING EN TRICIA
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained PAINFUL SHIN, KNEE & LIMP
 Injured person in which vehicle? SCK5154M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	TAY TIAN LONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, SHOULDER, NECK
Injured person in which vehicle?	SCK5154M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of accident: 30/04/23 Time: 12:51 Location: YISHUN CENTRAL 1
 My Vehicle A: SCR5154M Vehicle B: SNE6824H Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/20230430/2086

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 2/5/23

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

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.




Policyholder's Signature

Date & Time: 2/5/23 11:06

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:























**SINGAPORE
POLICE FORCE**



T/20230430/2086

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230430/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2023 20:42	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars				
Name of Informant: TAY TIAN LONG			Address: BLK 83 YISHUN STREET 81 #01-05 SINGAPORE 768446	
ID Type / ID No.: NRIC NO / S8441754H			Contact No.: Home/Office: Mobile: 97856307	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 26/12/1984	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Real estate agent			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2023 12:30	Type of Location: Straight Road
Location: YISHUN CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK5154M	Car	TOYOTA	LEXUS IS200T EXECUTIVE	White	Seriously Damaged	3
SNE6824H	Car	NISSAN	Qashqai	Green	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK5154M	OVERSEAS ASSURANCE CORPORATION LIMITED	V5002488	03/03/2022	22/03/2024



**SINGAPORE
POLICE FORCE**



T/20230430/2086

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230430/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY TIAN LONG	ID No.	S8441754H
Related Vehicle	SCK5154M (Car)	Contact No.	97856307
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/04/2023	Date Discharge	30/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	TAY JING EN TRICIA	ID No.	T0503651D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2023	Date Discharge	30/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MOK YOKE FONG	ID No.	S8419695I
Related Vehicle	NIL	Contact No.	96676854
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2023	Date Discharge	30/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20230430/2086

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230430/2086

CONTINUATION OF REPORT

Driver			
Name	KAVINDRAN S/O GOBALAKRISHNAN		ID No. S8338743B
Related Vehicle	NIL		Contact No. 92731983
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
Passenger			
Name	TAY JING KAI KAYDEN		ID No. T1100015G
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2023	Date Discharge	30/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/04/2023 at about 1230hrs, I was driving my car bearing plate number: SCK5824H along Yishun Central 1 towards Northpoint. I was together with 3 passengers which consists of my family members. I was at the inner lane of the 2-lane road. As I was approaching a traffic light junction, there was another car coming out from the carpark on my left side suddenly collided and crash to my car. I then stopped and alighted from my car. My car suffered serious damages on front left area. My family members and I suffered slight pain on our left side of our body. My family members and I was given 5 days of MC. There was a in car camera installed and was recording at that moment.



**SINGAPORE
POLICE FORCE**



T/20230430/2086

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230430/2086

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /
SGT 2 MUHAMMAD AMIRUL BIN
SA'AD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/04/2023 20:42

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168



DRIVE AND SAVE PLUS

POLICY DETAILS

Policy Number : V5002488
Policyholder : TAY TIAN LONG
Mailing Address : 83 YISHUN STREET 81
#01-05 ORCHID PARK CONDOMINIUM
SINGAPORE 768446
Premium : S\$1,053.84 (Inclusive of GST)
Period of Insurance : 23/03/2023 to 22/03/2024
Date of Issue : 09/02/2023 1220HRS
Intermediary : MOK YOKE FONG (K0001662)

INSURED VEHICLE DETAILS

Vehicle Information	
Vehicle Registration Number	SCK5154M
Vehicle Make & Model	LEXUS - IS 200
Vehicle Type	Non-Weekend
Year of Registration	2017
Engine Capacity	1998
Chassis Number	JTHBA1D2405049162

COVERAGE DETAILS

Coverage	
Type of Cover	Comprehensive Any Workshop
Sum Insured	Market Value
Hire Purchase	Not Applicable
Safe Driver Discount	Eligible
No Claim Discount (NCD)	50%
NCD Protector	Yes
Loss of Use (S\$80 per day, up to 7 days)	No
Total Premium (inclusive of GST)	S\$1,053.84

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