

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	15/05/2023 18:00 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 13:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	72 KENG LEE ROAD
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 (ZHENG ZHUDONG)
NRIC No	SXXXX592A
Date Of Birth	10/09/1979
Occupation	Indoor

Date Of Driving Pass	05/02/2007
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98760361
Alt. Phone Number	-
Email Address	dericktay@gmail.com
Address	APT BLK 334A ANCHORVALE CRESCENT
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?	Yes
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	MADAM SUN (PASSENGER)
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230513/2092

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3140U
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	TAY TOK TONG (ZHENG ZHUDONG)
Gender	Male
Phone No	(Phone) +65-98760361
Address	APT BLK 334A ANCHORVALE CRESCENT
Address Complement	# 13-116
Post Code	541334
Approximate Age Years Old	-
Injuries Sustained	NECK & BODY -GIVEN 7 DAYS OF MC
Injured person in which vehicle?	SKZ8648L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

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

Describe Circumstances of the Accident

Please Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 15/05/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230513/2092

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20230513/2092

CONTINUATION OF REPORT

Driver			
Name	TAY TOK TONG	ID No.	S7927592A
Related Vehicle	SKZ8648L (Car)	Contact No.	98760361
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/05/2023	Date Discharge	13/05/2023
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 13/3/23 at about 1341hrs, I was working and driving along Keng Lee Road, along with a female passenger seated at the rear passenger side seat of the vehicle. I was travelling on the outer left lane of the 3-laned road, heading towards 72 Keng Lee Road. My vehicle plate number is SKZ8648L.

As I was approaching the said building, I slowed down and proceed to make a left turn into the said building. As I was about to turn in, I suddenly felt a huge impact coming from the rear of my vehicle, which caused my vehicle to mount up the kerb and onto the pedestrian walkway.

I made a check on my passenger first and she mentioned that she was feeling pain on the face as the impact caused her to jerk forward and hit her face on the front passenger seat. I alighted to make a check and discovered that a SBS bus, SMB3140U, had collided into my vehicle. The said bus driver also came down to make a check.

Subsequently the traffic police and ambulance arrived and my passenger and I went was conveyed to the hospital. I was given 7 days of MC. There are in car camera in my vehicle.

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.

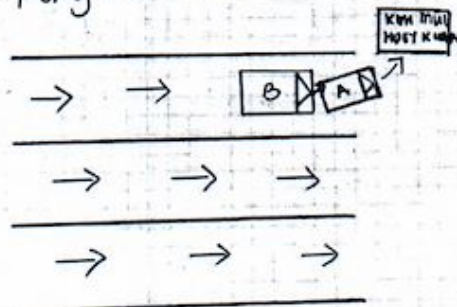


Policyholder's Signature / Date & Time

Sketch Plan

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

72 Keng Lee Road



Witnessed by Reporting Centre Personnel

15/05/2023

A - SK28648L

B - SMB31404











































**SINGAPORE
POLICE FORCE**



T/20230513/2092

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20230513/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 19:30	Vide Report No.: E/20230513/0110	Station Diary No.: 128
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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.: Home/Office: Mobile: 98760361		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 10/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/05/2023 13:30	Type of Location: Straight Road
Location: KENG LEE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SKZ8648L	Car				Seriously Damaged	1
SMB3140U	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230513/2092

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20230513/2092

CONTINUATION OF REPORT

Driver			
Name	TAY TOK TONG	ID No.	S7927592A
Related Vehicle	SKZ8648L (Car)	Contact No.	98760361
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/05/2023	Date Discharge	13/05/2023
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

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545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20230513/2092

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SR STAFF SGT TAN YIK MONG,
RYAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Signature Of Informant:

Date/Time:
13/05/2023 19:30

Classification Of Case:

NP168





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: SN09235F000I Vehicle Registration No: SKZ 8648L
 Name (as shown in NRIC): Tay Tok Tong NRIC/FIN/Passport No: S7927592A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt B1K 334A Anchorvale Crescent # 13-116 Singapore (541334)
 Contact (Tel): _____ Mobile No.: 9876 0361
 Email Address: denickty@gmail.com
 Date of Accident: 13/05/2023 Time of Accident: 13:41
 Place of Accident: 72 Leng Kee Road
 Insurance Company: China Taiping

(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 sketch plan - Amend exact location on sketch plan
- 72 Leng Kee Road

Policyholder / Actual Driver's Signature
Date:

18/5/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: