

# 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 .....	25/05/2023 18:02 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/05/2023 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PHOENIX ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ7081C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAY LAY LAY
NRIC No .....	SXXXX902J
Email Address .....	KENNTHTAYKY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81653388
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Odyssey
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 .....	2356

### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMPG23001624

### DRIVER

Name of Driver .....	TAY KAI YI KENNETH
NRIC No .....	TXXXX859J
Date Of Birth .....	27/10/2003
Occupation .....	Indoor

Date Of Driving Pass .....	10/03/2022
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91381681
Alt. Phone Number .....	-
Email Address .....	KENNTHTAYKY@GMAIL.COM
Address .....	409A FERNVALE RD #08-38
Address complement .....	-
Postcode .....	791409
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	FG8726D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 KAI YI KENNETH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SKZ7081C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
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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 \_\_\_\_\_ 8/25/23

**Sketch Plan**

Phoenix Road

A - SK27081C  
B - FG8726D



Describe Circumstance of the Accident

Refer to Police Report

T/20230524/7079

Declaration

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

Policyholder's Signature / Date & Time

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

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

25/5/23

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Police Station  
Traffic Police  
10 Ubi Avenue  
Tel No: 65476

REPORT OF A TRAFFIC  
Time Report  
2023 20:00

Witness's Particulars  
Informant:  
KENNETH

27/09/2023

Insurance No




























**SINGAPORE  
POLICE FORCE**


T/20230524/7079

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230524/7079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/05/2023 20:00	Vide Report No.: J/20230524/0045	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAY KAI YI, KENNETH		Address: 338D ANCHORVALE CRESCENT #12-27 SINGAPORE 544338	
ID Type / ID No.: NRIC NO / T0326859J		Contact No.: Home/Office: Mobile: 91381681	
Nationality: SINGAPORE CITIZEN		Email: kennethtayky@gmail.com	
Sex: Male	Age: 19	Date of Birth: 27/09/2003	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 24/05/2023 10:00	Type of Location: Straight Road
Location: PHOENIX ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FG8726D	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	1
SKZ7081C	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230524/7079

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Report No. T/20230524/7079

## CONTINUATION OF REPORT


Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FG8726D				

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY KAI YI, KENNETH	ID No.	T0326859J
Related Vehicle	SKZ7081C (Car)	Contact No.	91381681
Hospital/Clinic	JOASH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	24/05/2023	Date	NIL
No. of Days granted Medical Leave	17	Degree of	Slight


## Brief Details.

- 1) I have in-car recording exceeding 2MB
  - 2) Traffic Accident Along Choa Chu Kang Road towards Bukit Panjang Road
  - 3) The accident took place on a dual-carriage lane
- I was travelling down the inner lane and saw a "L" Plate Car (SMD1355U) ahead so i lane change. Upon lane changing, I checked my rear view mirror and the motorcycle (FG8726D) was not close at sight and had a safe distance for lane change. All of a sudden, the "L" plate car (SMD1355U) maneuver to the right and came to a stop which resulted in me coming close to a stop as well. Unfortunately, the motorcycle (FG8726D) collided to my left rear side. The rider and pillion was injured and conveyed by ambulance.

2 of 3  
T/20230524/7079

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

  
T/20230524/7079

3 of 3  
Report No. T/20230524/7079

CONTINUATION OF REPORT

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: 24/05/2023 20:00
Officer In Charge Of Case: TP / TPB / MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476350	Classification Of Case:

NP168