

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	24/06/2023 09:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/06/2023 08:40 (SGT)
Exact Location of Accident	Changi Rd, Singapore
Additional Location Information	TWDS STILL RD BESIDE 546 CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA1139P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SOON HIN
NRIC No	S1366057C
Email Address	CE_PROJECTS@YAHOO.CO.UK
Mobile Phone No	(Phone) +65-471747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C5
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220006512

DRIVER

Name of Driver	TAY SOON HIN
NRIC No	S1366057C
Date Of Birth	07/04/1959
Occupation	Indoor

Date Of Driving Pass	28/11/1977
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-471747
Alt. Phone Number	-
Email Address	CE_PROJECTS@YAHOO.CO.UK
Address	BLK 747A BEDOK RESERVOIR CRESCENT #04-11
Address complement	-
Postcode	471747
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	3
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 POLICE REPORT: T/20230623/7014

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	SMA1140M
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF6658B
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY SOON HIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGA1139P
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.

5. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

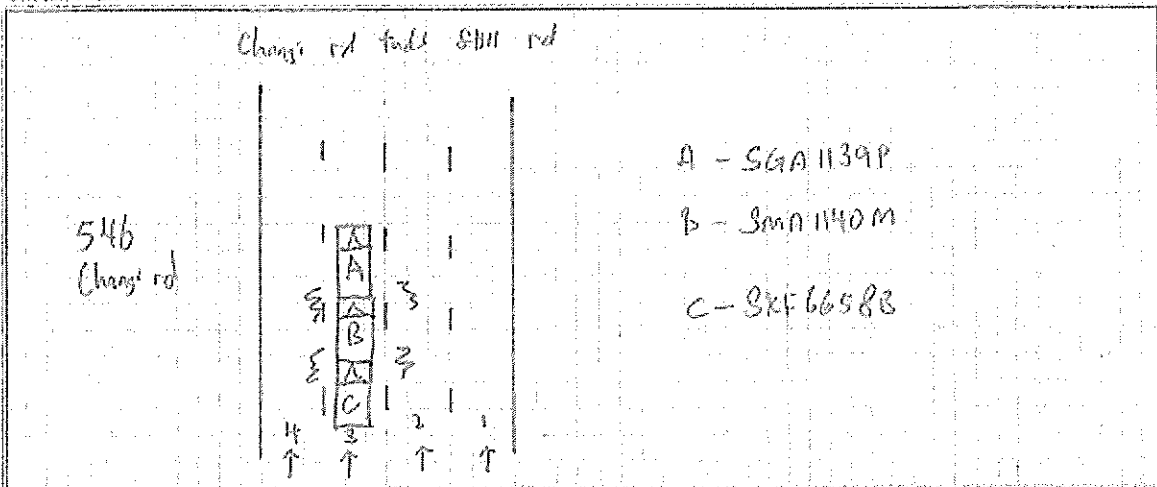
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As per police report no. T/170230623/7014

[The remainder of the form is crossed out with a large diagonal line.]

Declaration

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

[Signature]
 Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (Driver is not the policyholder) / Date & Time

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



**SINGAPORE
POLICE FORCE**



T/20230623/7014

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

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Report No. T/20230623/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2023 10:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAY SOON HIN			Address: 747A BEDOK RESERVOIR CRESCENT #04-11 SINGAPORE 471747		
ID Type / ID No.: NRIC NO / S1366057C			Contact No.: Home/Office: Mobile: 90180700		
Nationality: SINGAPORE CITIZEN			Email: CE_PROJECTS@YAHOO.CO.UK		
Sex: Male	Age: 64	Date of Birth: 07/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2023 08:40	Type of Location: Straight Road
Location: CHANGI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SGA1139P	Car	CITROEN	C5 AIRCROSS 1.2 FEEL	White	Seriously Damaged	0
SKF6658B	Car		Altis	Gold	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230623/7014

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

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Report No. T/20230623/7014

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMA1140M	Car	TOYOTA	Vios	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA1139P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220006512	27/01/2022	26/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY SOON HIN		ID No.	S1366057C
Related Vehicle	SGA1139P (Car)		Contact No.	90180700
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	WANG CHOON HWA		ID No.	S7011901C
Related Vehicle	SKF6658B (Car)		Contact No.	93834002
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230623/7014

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

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Report No. T/20230623/7014

CONTINUATION OF REPORT

Driver			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	SMA1140M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

As per above date and time, I was driving along Changi road towards Still road on lane 3. Somewhere near house unit 546 Changi road, vehicles in front of me slowed down due to heavy traffic ahead. As such, I applied brake to slow down as well. Out of sudden, I felt a single impact from the rear. I alighted and discovered I was involved in a three vehicles chain collision accident with the following vehicle plate number order. 1st - SGA1139P, 2nd - SMA1140M, 3rd - SKF6658B. the driver of vehicle SMA1140M was conveyed by ambulance to hospital due to injury from the accident. Traffic police attended the accident case and took my vehicle dashcam SD card for investigation purposes. After the accident I felt discomfort around my arm & shoulders and I will seek medical attention.



SINGAPORE
POLICE FORCE



T/20230623/7014

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

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Report No. T/20230623/7014

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/06/2023 10:41

Classification Of Case:

NP166