

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 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. 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 Report	04/07/2019 16:07
Date Of Accident	18/01/2019 14:30
Exact Location Of Accident	PIE TWDS CTE AFTER KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5313Z
Insured/Policyholder	
Name Of Registered Owner	M/S ACCESS INTERIOR PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65478979

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1819871800
Cover Note Number	-

Driver

Name of Driver	LAI SZE FAH
NRIC No	S1585737D
Date Of Birth	15/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98214543
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 842G TAMPINES ST 82 #05-88
Postcode	527842
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TWDS CTE AFTER KALLANG EXIT, I SWITCH ON MY LEFT INDICATOR INTEND TO FILTER TO THE LEFT LANE, AFTER FILTERING INTO LEFT LANE, I NEVER FELT ANY IMPACT. THEN I CONTINUE TO MY JOURNEY, SUDDENLY A TAXI COME FROM BEHIND AND STOP ME TO THE ROAD SIDE, THEN THE TAXI DRIVER COME DOWN FROM VEH AND CLAIMS I HAD HIT ONTO HIS VEH, I MAKE A CHECK ON THE TAXI AND FOUND THERE WAS A DENT ON THE LEFT FRONT BUMPER (PLEASE REFER TO SCENE PHOTO), BUT MY VEH NOTHING DAMAGE AT ALL AND ALSO CANNOT FOUND ANY SILVER PAINT ON MY VEH, THE TAXI WAS A SILVER COLOR. THE DRIVER ALSO POINT TO ME THE DAMAGE ON THE DRIVER DOOR ALSO DONE BY ME. I ASK THE DRIVER HOW HE WANT TO SETTLE, HE SAY WILL GET BACK TO ME, AFTER WE EXCHANGE PHONE NUMBER THEN WE LEAVE THE SCENE, AFTER I RECEIVED THE CALL FROM THE TAXI DRIVER, HE ASK FOR \$800 FOR PRIVATE SETTLE, THEN I FEED BACK TO MY BOSS, MY BOSS ASK THE TAXI DRIVER JUST PROCEED TO INSURANCE DUE TO THE PRICE HE ASK FOR IS TOO HIGH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1519Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.



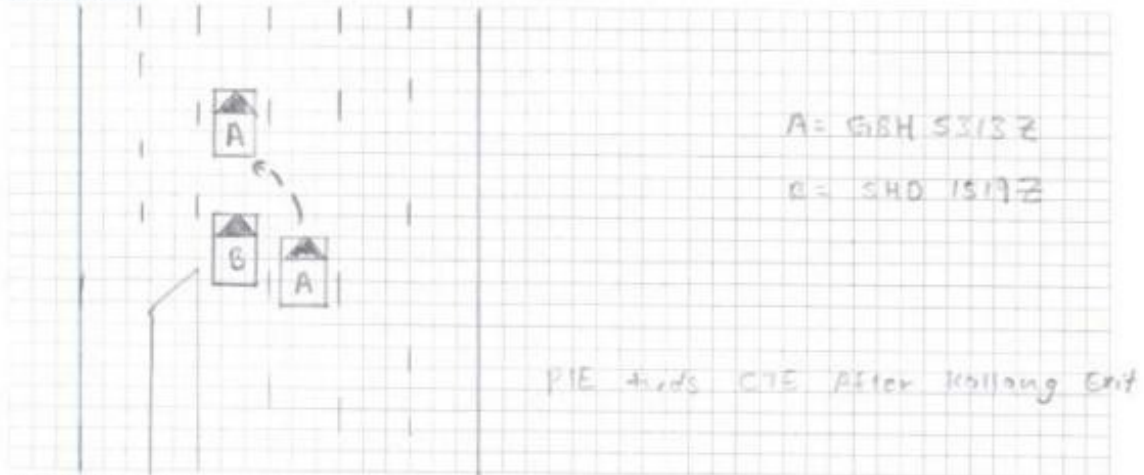
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.

Policyholder's Signature
Date & Time:



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

[Handwritten Signature]

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

[Handwritten Signature]

POLICE REPORT

Annex E

NOTICE OF REPORTING

This is to confirm that LAI SZE FAH, NRIC/FIN
S1585737D, has reported to the Police a non-injury traffic accident which
occurred at PIE TOWARDS CTE AFTER KALLANG EXIT

on 18/01/2019 at 1430HRS am/pm involving the following vehicles: 1) GBH5313Z
2) SHD1519Z

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999

Rank/Name of Issuing Officer: Sgt2 Muhd Firdaus

Date: 18/01/2019 Time: 08:35 pm

S/D Ref: 84

Police Post/Unit : Tampines NPC

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1585737D



Name
LAI SZE FAH
赖斯华

Race
CHINESE

Date of birth
15-04-1963

Sex
M

Country/Place of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1585737D**

Name:
LAI SZE FAH

Birth Date: **15 Apr 1963**
Issue Date: **20 Oct 2006**



0014527275

5931649



NAME No. **S1585737D**



Date of issue
08-05-2010

Address
**APT BLK 842G TAMPINES STREET #2
#05-88
SINGAPORE 527842**

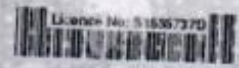
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2000kg

Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2000kg

Motor vehicles which are not constructed to carry load and the unladen weight < 2000kg

EXPIRY DATE
20 May 1997
09 Nov 2006



License No. S1585737D

NP 4234

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN

MODEL	KDY231R-TLMKY			
ENGINE	1KD-FTV	2982	mL	
FRAME No.	JTFAT35Y50K210262			
	COLOR	TRIM	PLANT	OPTION
	199	EA13	P11	
TRANS./AXLE	R451	A06B	601	

0.5

XJ 74567-25041