

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	18/07/2020 14:52
Date Of Accident	17/07/2020 18:15
Exact Location Of Accident	AYE BEFORE JALAN BUKIT MERAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7675R
Insured/Policyholder	
Name Of Registered Owner	LA RENTALS PTE LTD
Co Reg No	201838059Z
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-97608746

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNA00000451900
Cover Note Number	

Driver

Name of Driver	ANG POH GIAP (HONG BAOYE)
NRIC No	S7937437G
Date Of Birth	15/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874666
Fax Number	
Contact Number	OTHERS-97608746
EEmail Address	JOEL@LAYAUTO.COM

Address	BLK 251 JURONG EAST STREET 24 #03-134
Postcode	600251
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200718/2050

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	SJV663C
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES JEOW QI LONG
NRIC/Passport Number	S9913797E
Contact Number	83236625
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT5466J
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TONG LUN, LESLIE
NRIC/Passport Number	S8235484J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.

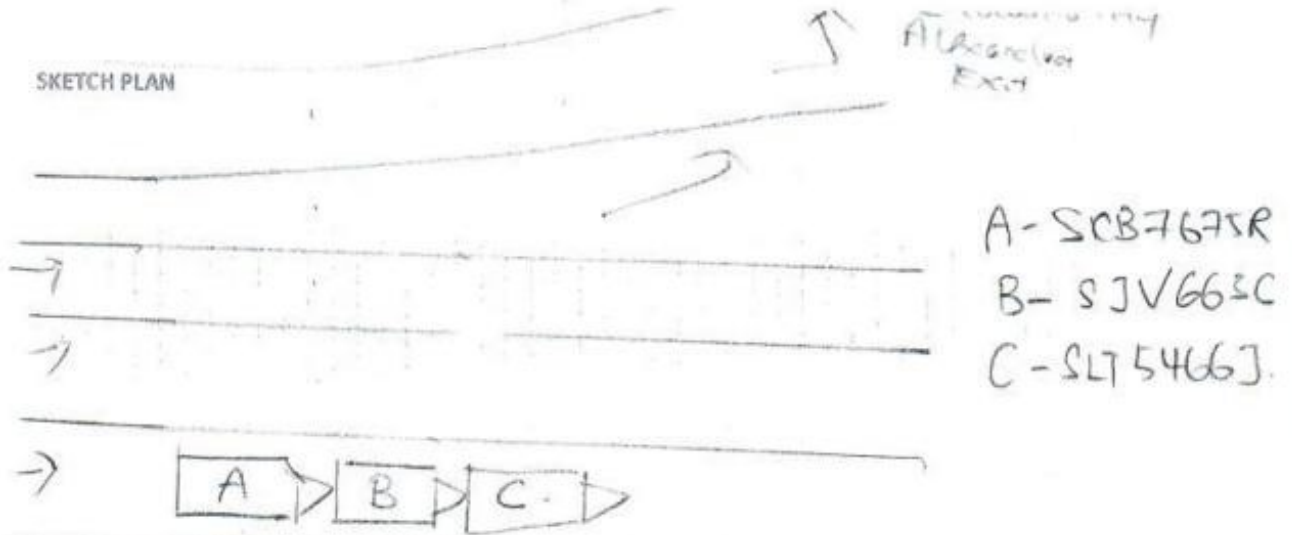


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *John Boon*
NRIC/FIN No.: *9201 1234 5678*

Accident Sketch Plan

SKETCH PLAN



AYE BEFORE JOURN POLICE MARKET EXIT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B jammed brake on the last lane dangerously. suddenly, I could not brake on time. I've made a police report as I suspect this is a fraud case started by vehicle B and C. Within Friends of vehicle B (claimed that they are from vehicle B's workshop) arrived the scene in less than 5 mins. Thus, I suspect this is a accident fraud case.

Police Report 1/20/2018/2050

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Police Report

 SINGAPORE POLICE FORCE		 1000007180000				
Police Station Of Origin: Jurong East N.P.C. 92 Bush Lay Way SINGAPORE 60962 Tel No: 1800-8999999		1 of 4 Report No: 1000007180000				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 18/07/2020 14:06		Vide Report No.: Station Diary No.: 44				
Informant's Particulars						
Name of Informant: AND POH GIAP		Address: APT BLK 251 JURONG EAST STREET 24 #03-134 SINGAPORE 600251				
ID Type / ID No.: NRIC NO / S7937437G		Contact No.: Home/Office: Mobile: 97608746				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 40	Date of Birth: 19/11/1979	Type of Informant: Driver			
Race: Chinese	Language:		Institution / School Name:			
Occupation: Real Estate Agent	Driving Licence Information: Class: 3		Date of Expiry:			
General Information of the Accident						
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/07/2020 18:15			
Type of Location: Expressway						
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JALAN BUKIT MERAH Along AYE (Twin) towards AYE (City) before Jalan Bukit Merah exit						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY663C	Car				Slightly Damaged	0
SKB7615R	Car				Seriously Damaged	0
BLT5466J	Car				Slightly Damaged	1

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Police Report



**SINGAPORE
POLICE FORCE**



1000007 160200

2 of 4

Police Station Of Origin:
Jurong East N.P.C.
32 Boon Lay Way SINGAPORE 600662
Tel No: 1800-6993999

Report No: T000007160200

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	James Jeeu qi Long	ID No.	S8013797E
Related Vehicle	SJN603C (Car)	Contact No.	83236625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	ANG POH GUAP	ID No.	S7937437D
Related Vehicle	SKB7675R (Car)	Contact No.	97608746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	Tan Tong Lun, Leslie	ID No.	S8235484J
Related Vehicle	SLT5466J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 17/07/2020 at about 1815hrs, I was travelling on my vehicle (A) registration bearing: (SKB7675R) along AYE (Tuas) towards AYE (Crt) on the extreme right lane. Just before the exit of Jalan Bukit Merah, the vehicle (B) registration bearing: SJN603C ahead of my vehicle suddenly engage emergency brake which caused me to engage sudden brake. But I was not able to prevent collision with the vehicle ahead of me. Thus, my vehicle collide with the vehicle (B) SJN603C. I was informed by the driver of vehicle (B) that there was another vehicle (C) registration bearing: SLT5466J ahead of him engaged sudden brake which caused vehicle (B) to engage sudden brake. No one was injured at the point of time.

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Police Report



Police Station Of Origin:
Jurong East N.P.C.
62 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999998



3 of 4
Report No: T000007180290

CONTINUATION OF REPORT

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Police Report

 SINGAPORE POLICE FORCE	 1000007180000
Police Station Of Origin: Jurong East N.P.C. 60 Boon Lay Way SINGAPORE 609962 Tel No: 1800-6509999	4 of 4 Report No. T090007180000
CONTINUATION OF REPORT	

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 3 SIKUMARAN S/O SIVANDARAJOO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2020 14:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NR168 	

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Accident Photo



Accident Photo



Accident Photo



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