

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 Submission 08/01/2021 09:46 (SGT)
Date of Accident 07/01/2021 07:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information twds city exit 8b
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN935L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LAY AUTO LEASING PTE LTD
Company Reg No 2XXXXX521C
Email Address fiona@layauto.com
Mobile Phone No (Phone) +65-87973443
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00001672000
Cover Note Number -

DRIVER

Name of Driver JUMANI BIN SUPANGAT
NRIC No SXXXX838E
Date Of Birth 13/02/1959
Occupation Outdoor

Date Of Driving Pass	07/05/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97853107
Alt. Phone Number	-
Email Address	fiona@layauto.com
Address	BLK 157 YISHUN STREET 11
Address complement	#04-144
Postcode	760157
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	Raining
Road Surface	Wet

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 material 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

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210107/2060.

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	SLJ1140C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHOBAN ISO KUMARIAN
Contact Number	(Phone) +65-96277001
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	JUMANI BIN SUPANGAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLN935L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan


The sketch plan is drawn on a grid. It shows two vehicles, A and B, positioned vertically. Vehicle A is above vehicle B. Both vehicles are represented by rectangles with a triangle on top, indicating they are cars. Arrows point upwards from the top of each vehicle, indicating the direction of travel. To the right of the vehicles, the following text is written: A: SLN 935 L and B: SLJ 1140C.


Describe Circumstances of the Accident

I was driving in Lane 1 CTE toward city
 Suddenly vehicle B SL3140C hit onto my
 car rear portion.

Declaration

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


 Witnessed by Reporting Centre
 Personnel

















SINGAPORE POLICE FORCE

T/20210107/2060
1 of 3
Report No. T/20210107/2060

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 758827
Tel No.: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 13:18	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: JUMANI BIN SUPANGAT		Address: APT BLK 157 YISHUN STREET 11 #04-144 SINGAPORE 760157	
ID Type / ID No.: NRIC NO / S1382838E	Contact No.:	Mobile: 97853107	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 61	Date of Birth: 13/02/1959	Type of Informant: Driver
Race: Javanese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2021 07:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

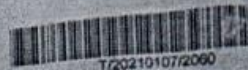
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ1140C	Car	MERCEDES BENZ		Blue	Slightly Damaged	0
SLN935L	Car	HONDA		Green	Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210107/2060

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Report No: T/20210107/2060

CONTINUATION OF REPORT

Driver		ID No.	
Name	JUMANI BIN SUPANGAT	ID No.	S1382838E
Related Vehicle	SLN935L (Car)	Contact No.	97853107
Hospital/Clinic	Good Doctors Medical Clinic	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/01/2021	Date Discharge	07/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver		ID No.	
Name	Shoban S/O Kumarian	ID No.	S7577013M
Related Vehicle	NIL	Contact No.	96277001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 07/01/2021 at around 0700, I was driving my Grabcar, SLN 935 Lalong CTE towards City with one male passenger onboard. I was travelling along 1st lane of CTE and the traffic was slow moving and it was raining. The car in front of me came to a stop and I stopped my car as well and suddenly the car behind me, SLJ 1140 C, collided into the rear of my vehicle. We got off our vehicles and exchanged particulars and took damages on our vehicles. No one reported injury in the accident however after the accident I felt pain at my back and neck and thus I seek medical attention at GP clinic and was given 3 days MC.

 **SINGAPORE
POLICE FORCE**


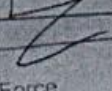
Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Barcode: T/20210107/2060
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Report No. T/20210107/2060

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: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 13:18
Officer In Charge Of Case: TP / AIT / Insp BOON YEN KIAN Contact No.: 65478172	Classification Of Case: SN 095
Authentication Stamp NP168	Signature:  Singapore Police Force

