

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	08/02/2021 14:29 (SGT)
Date of Accident	06/02/2021 08:00 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	SLIP ROAD TO CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9885T
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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	+65-87973443

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	MOHAMED FADDLI BIN AHMAD
NRIC No	SXXXX346H
Date Of Birth	19/08/1964
Occupation	Outdoor

Date Of Driving Pass	15/07/1998
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97480871
Alt. Phone Number	-
Email Address	FIONA@LAYAUTO.COM
Address	BLK 705 CHOA CHU KANG STREET 53 #04-90
Address complement	-
Postcode	680705
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	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 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	JALINE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210207/2014

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	GBF4778H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TARIKUL
Contact Number	(Phone) +65-83103772
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	MOHAMED FADDLI BIN AHMAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SEVERE BACK PAIN
Injured person in which vehicle?	SLM9885T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JALINE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLM9885T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

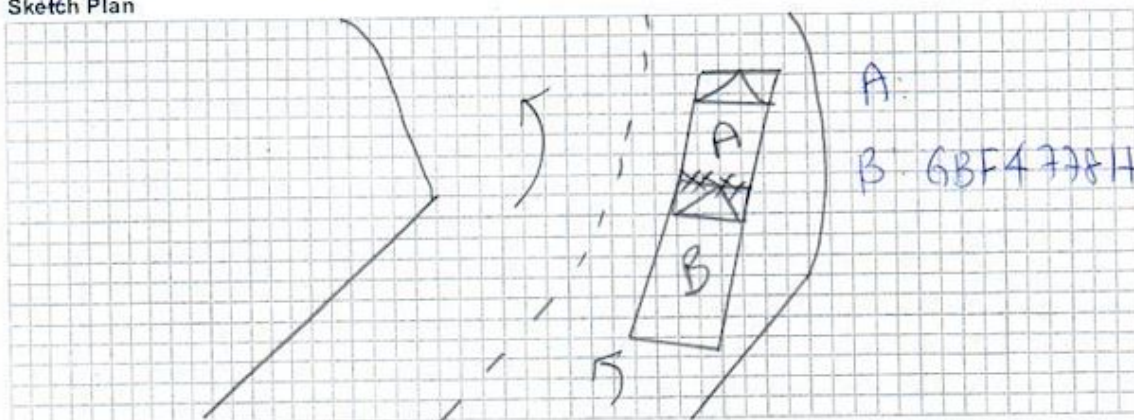
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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



Describe Circumstances of the Accident

Attach Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



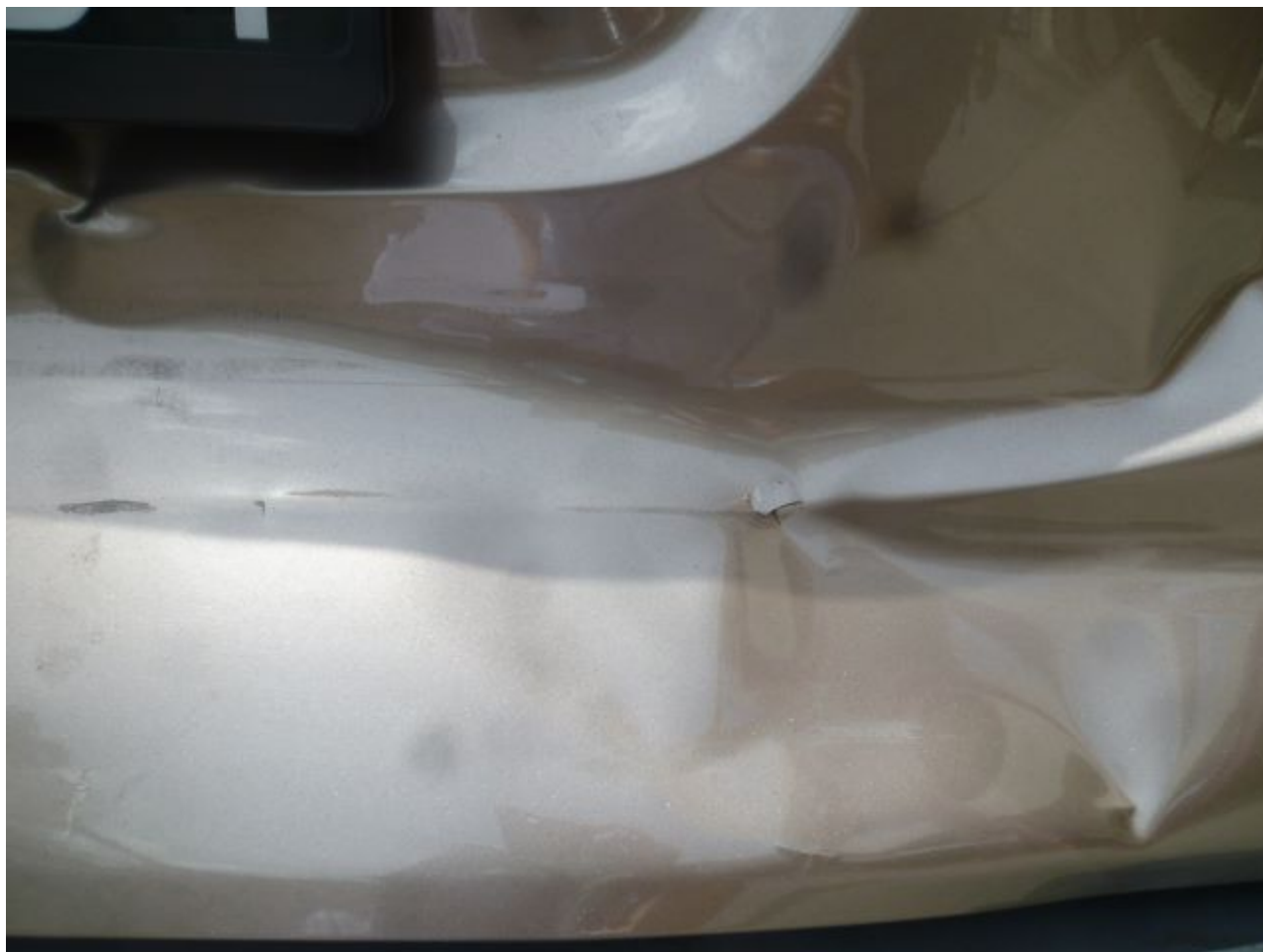

























**SINGAPORE
POLICE FORCE**


T/20210207/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

 1 of 3
Report No. T/20210207/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2021 09:50	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: MOHAMED FADDLI BIN AHMAD		Address: APT BLK 705 CHOA CHU KANG STREET 53 #04-90 SINGAPORE 680705	
ID Type / ID No.: NRIC NO / S1677346H		Contact No.: Home/Office: Mobile: 97480871	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 19/08/1964	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: PH DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 08:00	Type of Location: Bend
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBF4778H	Car	FIAT	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE	Grey	No Damage	0
SLM9885T	Car	HONDA	VEZEL 1.5X CVT	Brown	Slightly Damaged	1



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CONTINUATION OF REPORT

2 of 3
Report No: T/20210207/2014

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FADDLI BIN AHMAD	ID No.	S1677346H
Related Vehicle	NIL	Contact No.	97480871
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 06/02/2021 at about 0759hrs I was travelling in the filter lane after the exit from Kranji Expressway towards Choa Chu Kang Way in my vehicle (SLM9885T). I was waiting in the filter lane to give way for the vehicles that were coming from the right. All of a sudden this vehicle (GBF4778H, Driver Name: Tarikul HP:83103772) hit my rear bumper. I went to make a check and noticed that there was a big dent and damage to my rear. I would like to state that there was a passenger (Jaline Chuang, HP: 84442156) in my vehicle seated at the back seat and she had suffered pain in her back and had made a check up on 07/02/2021. I also sustained injuries due to the impact, I had severe back pain and was given MC for 3days (06/02/2021 to 08/02/2021). MC No : 0000052093. Thus I am lodging this report.



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POLICE FORCE**



T/20210207/2014

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210207/2014

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: J / SC2 SATHYANARAYANAN SAISUDHARSAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No: 65476185
Authentication Stamp Signature:
Singapore Police Force

Signature Of Informant:
Date/Time: 07/02/2021 09:50
Classification Of Case:

