

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 23/04/2021 12:15 (SGT)
Date of Accident 05/03/2021 19:25 (SGT)
Exact Location of Accident Lor 3 Toa Payoh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK2422R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE. LTD.
Company Reg No 2XXXXX882D
Email Address PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No (Phone) +65-91998131
Alternative Phone No +65-91998131

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMHCSNA00001962000
Cover Note Number -

DRIVER

Name of Driver NG SIU LEONG (HUANG XMLONG)
NRIC No SXXXX502J

Date Of Birth	24/05/1979
Occupation	Outdoor
Date Of Driving Pass	27/07/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96689643
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 7A COMMONWEALTH AVENUE #02-660 SINGAPORE
Address complement	-
Postcode	141007
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Boon Teck Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002549999
Alt. Police Station Phone No	(Fax) +65-63554310
Police Station Address	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210305/2126

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH TRAFFIC POLICE
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-

Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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 truthful and accurate as possible. Any willful 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. The 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.
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.

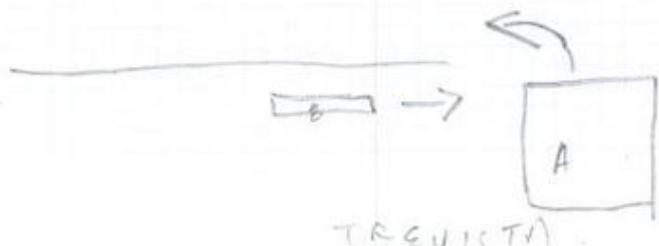
Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SUV 2A22R
 B: pedestrian

TRP/LOF 3
















**SINGAPORE
POLICE FORCE**


T/20210305/2126

1 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20210305/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2021 21:02	Vide Report No.: E/20210305/0142	Station Diary No.: 11
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NG SIN LEONG		Address: APT BLK 311C CLEMENTI AVE 4 #17-197 SINGAPORE 123311	
ID Type / ID No.: NRIC NO / S7915502J		Contact No.: Home/Office: Mobile: 96689643	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 24/05/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 05/03/2021 19:10	Type of Location: CONDOMINIUM EXIT
Location: LORONG 3 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK2422R	Car	TOYOTA		Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210305/2126

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 3

Report No. T/20210305/2126

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: E / Sgt 3 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2021 21:02
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 	



**SINGAPORE
POLICE FORCE**



T/20210305/2126

2 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20210305/2126

CONTINUATION OF REPORT

Brief Details.

On 05/03/2021 at about 1911hrs, I was driving my car SMK2422R at the exit of Trevista Condominium, towards Lorong 3 Toa Payoh when a cyclist dash across my path. The cyclist brush across the front side of my bumper and hit onto the number plate causing it to dislodged slightly. I came out and made a check on the cyclist who informed that he was not injured. The cyclist later called someone down to assist him in the claims. After traffic police came, I told the officers that at that time, I came out from the exit at a very slow speed as I was passing by the barrier. However the cyclist who was riding at a high speed came from the left side and brush across my front bumper area. To my understanding, the cyclist is not supposed to ride on the pedestrian footway as it is meant for pedestrian only. Also the fact that the cyclist was coming at a very fast speed. After the traffic police seized my inbuilt camera SD card, I was advised to lodged a report on this case. I am not injured from this accident.

