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 witholding 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.

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 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 03/05/2021 10:21 (SGT) Date of Accident 30/04/2021 14:20 (SGT) Exact Location of Accident Scotts Rd, Singapore Additional Location Information CK TANG EXIT INTO SCOTTS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMS7586B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WHEELS EXPRESS RENTAL & LEASING PTE. LTD. Company Reg No **Email Address** MIYANOGENSEN@GMAIL.COM Mobile Phone No (Phone) +65-64444313 Alternative Phone No +65-64444313

VEHICLE PARTICULARS

Manufacturer

Model Noah Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00002832000 Cover Note Number

DRIVER

Name of Driver TAY TECK HENG NRIC No SXXXX838J

Date Of Birth 24/10/1977 Occupation Outdoor Date Of Driving Pass 10/06/1999 Driving experience 21 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87273645 Alt. Phone Number Email Address DEXTAY77@GMAIL.COM Address BLK 524 BEDOK NOTH ST 3 #12-382 Address complement Postcode 460524 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 Marine Parade Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004428999 Alt. Police Station Phone No (Fax) +65-62447678 Police Station Address 300 Marine Parade Road Singapore 449296 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210430/2065 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 **RETRIVING** Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLT754K Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
G	_
· · · · ·	
Details of property damaged in accident No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

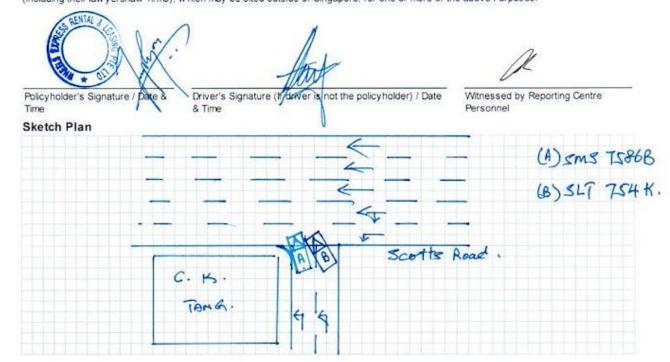
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Pla refer	To Popul	Report No	
7/20	210430/2	065	
1			

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature V Date & Time

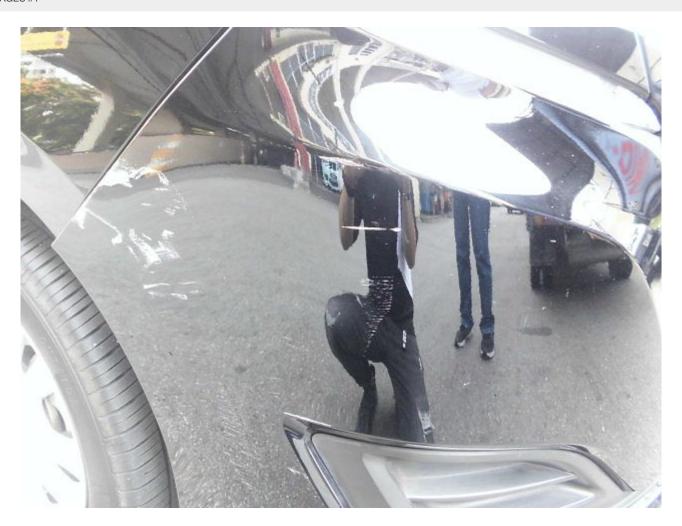
Driver's Signature driver is not the policyholder) / Date & Time

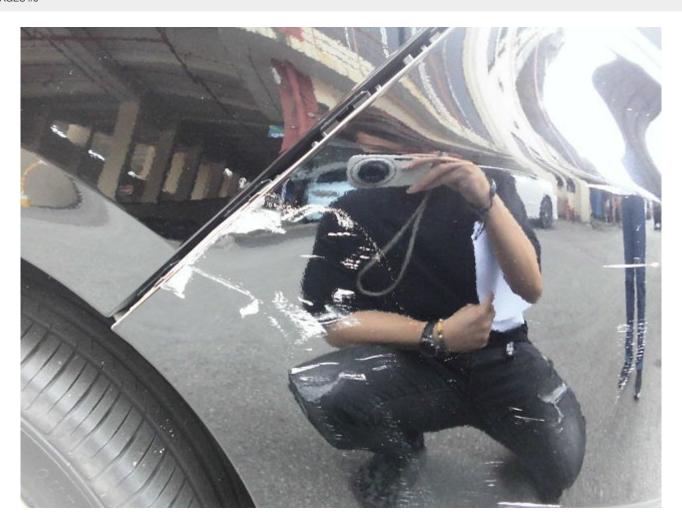
Witnessed by Reporting Centre Personnel



























Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20210430/2065

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2021 14:49		Made:	Vide Report No.:	Station Diary No.	
Informant's Particulars			OF REAL PROPERTY OF THE PERSON OF THE	41	
Name of Informant: TAY TECK HENG			Address: APT BLK 524 BEDOK NORTH STREET 3 #12-382		
ID Type / ID No.: NRIC NO / S7731838J		38J	SINGAPORE 460524 Contact No.: Home/Office:	Makita Ozonos -	
Nationality: SINGAPORE CITIZEN		EN	Home/Office: Mobile: 87273645 Email:		
Sex: Male	Age:	Date of Birth: 24/10/1977	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location	
Location:		No 30/04/2021 14:20			
ORCHARD R	COAD				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:			nyone conveyed by mbulance:	

Details of Vehicle Involved						
Vehicle No.	71	Make	Model	Color	Condition	No of Passenge
SLT754K	Car				Slightly Damaged	0
SMS7586B	Car				Slightly Damaged	2



T/20210430/2065

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20210430/2065

Tel No: 1800-4428999

CONTINUATION OF REPORT

Brief Details.

On 30th April 2021 at about 1420hrs, I was at Tang Orchard carpark. As I was driving out from the carpark, I stopped at the stop line which lead to the main road (Scotts Road) as there was oncoming traffic. As the traffic was clear, I drove out from the small road into the main road. Suddenly, the car that was beside me on the right (SLT754K) also went out and hit onto the front right side of my car.

We both got out from our car and the other driver started to shout and yell at me. I asked him for his particulars however, he refused to give and drove off from the location.

I wish to state that I have an in-car camera in my car however, I am not sure if it is recording. No one was injured during the accident. There were scratches and dents on the front right side of my car due to the accident.

The other driver Male/Indian/in his late 30s, driving black Kia Cerato bearing plate number SLT754K.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

3 of 3 Report No. T/20210430/2065

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: G / Sgt 3 MUHAMMAD IDRIS BIN MOHD ISMAIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2021 14:49
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.; 96208032	Classification Of Case:
Authentication Stamp	

