

# 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 ..... 31/05/2021 14:53 (SGT)  
Date of Accident ..... 29/05/2021 17:10 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM9885T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LAY AUTO LEASING PTE LTD  
Company Reg No ..... -  
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 use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00002632101  
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 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87973443
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 .....	Employee
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) .....	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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210531/2010

#### 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 .....	SFX3828L
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 ..... -  
 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 .....	BODY
Injured person in which vehicle? .....	SLM9885T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**Describe Circumstances of the Accident**

with police Report.

**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/20210531/2010

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No, T/20210531/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2021 10:16		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
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: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2021 17:10	Type of Location: X-Junction
Location:  CHOA CHU KANG AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SFX3828L	Car				Slightly Damaged	0
SLM9885T	Car				Slightly Damaged	1

**Details of Person Involved**

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









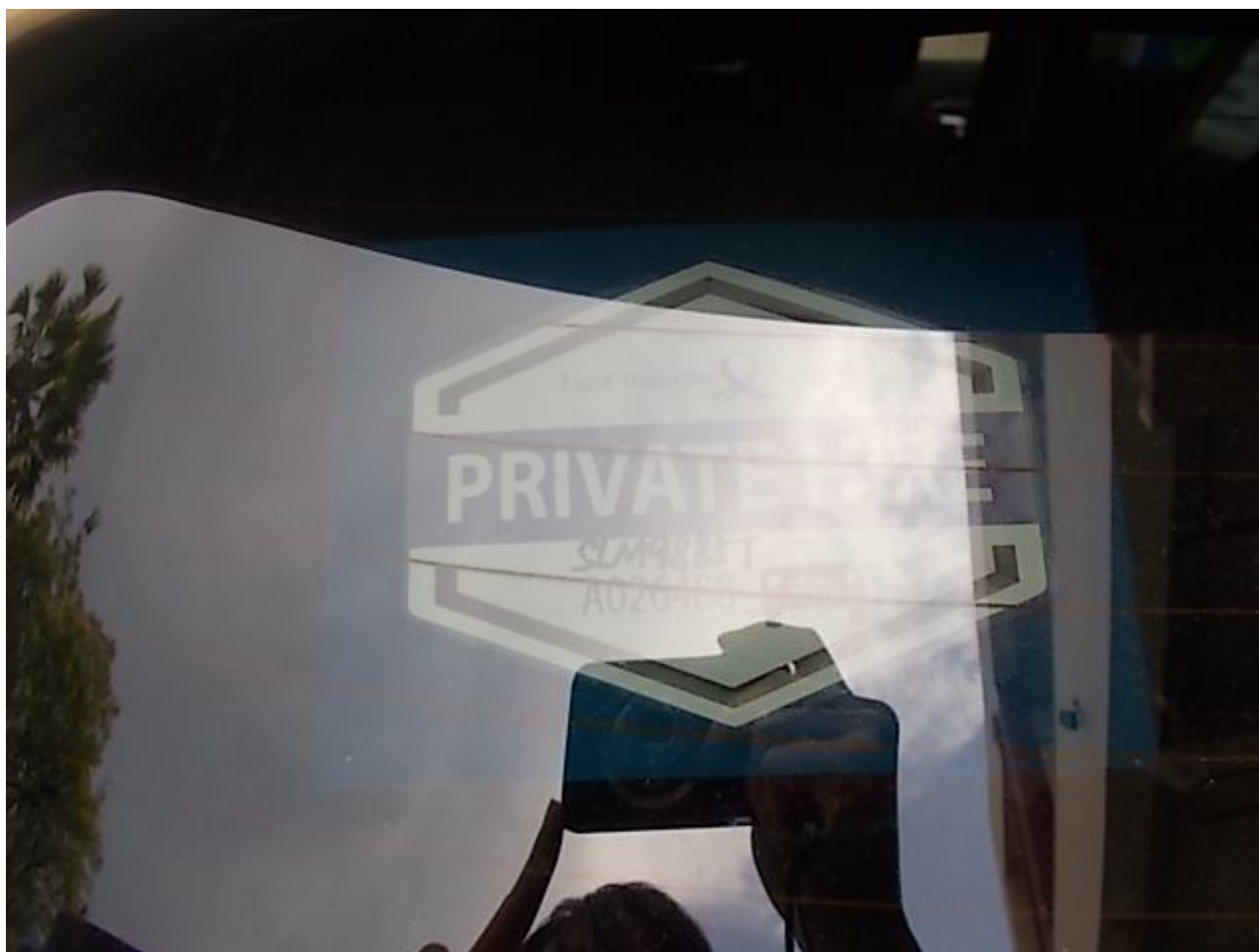
















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T/20210531/2010

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210531/2010

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Mr Tan	ID No.	NIL
Related Vehicle	SFX3828L (Car)	Contact No.	97221838
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
<b>Driver</b>			
Name	MOHAMED FADDLI BIN AHMAD	ID No.	S1677346H
Related Vehicle	SLM9885T (Car)	Contact No.	97480871
Hospital/Clinic	STARCARE CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/05/2021	Date Discharge	31/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29/05/2021 at about 1700hrs, I was driving my car SLM9885T with one male passenger on board, travelling along Choa Chu Kang Avenue 2. At about 1707hrs, I stopped at the junction of Choa Chu Kang Avenue 2 and Choa Chu Kang Avenue 1, waiting for traffic light. While waiting for the traffic light, another car collide onto my car from the behind. I then alighted my vehicle and exchanged particulars with the driver as none of us were injured at the point of time.

On 30/05/2021 when I woke up in the morning, I felt pain at my neck and shoulder area. I then went to see Doctor and was given three days MC from 31/05/2021 to 02/06/2021.

As my car is a rental car from Lay Auto Pte Ltd, I then informed the staff namely Joel Pay who advised me to lodge a Traffic Accident Report. The rear bumper and rear door was dented, I was unsure of the damage cost. Joel also contacted the passenger and told him to see a doctor if felt unwell, but there is no response from the passenger so far. The passenger is one Mr Chang Guan Hui, H/P: 98164875.

There was built-in camera inside my car which captured the accident.



**SINGAPORE  
POLICE FORCE**



T/20210531/2010

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Report No. T/20210531/2010

**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 MIAO TIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/05/2021 10:16

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 34

SIGNATURE

**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**