

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 05/07/2021 18:03 (SGT)
Date of Accident 04/07/2021 22:10 (SGT)
Exact Location of Accident Jurong West Street 91, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW64L

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) +65-93874666
Alternative Phone No +65-93874666

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
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 GURMINDER SINGH S/O PRITAM SINGH
NRIC No SXXXX724E

Date Of Birth	17/06/1979
Occupation	Outdoor
Date Of Driving Pass	31/07/2007
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-96616643
Alt. Phone Number	-
Email Address	joel@layauto.com
Address	BLK 604A PUNGGOL ROAD
Address complement	#07-768
Postcode	821604
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 vehicle 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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT T/20210705/2040

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	SJX912Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHAMMAD RIDHAUFI BIN RAMLAN
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	GURMINDER SINGH S/O PRITAM SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGW64L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

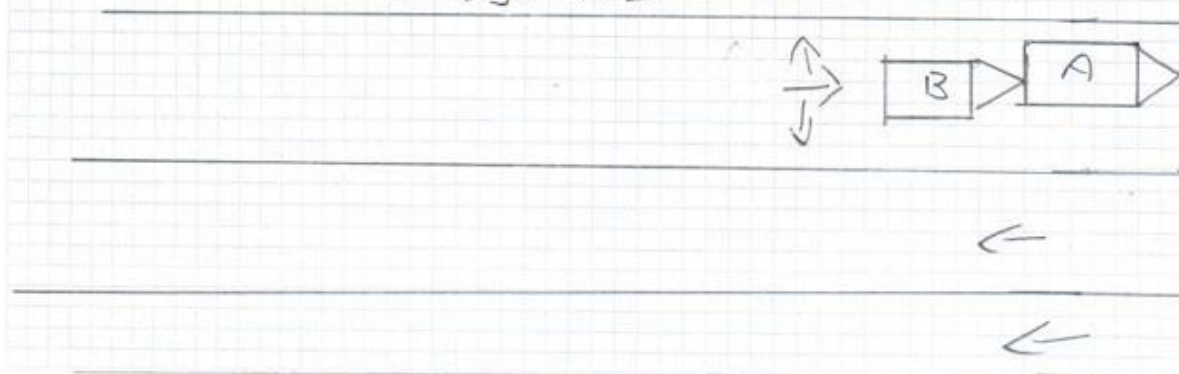
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SGW64L
B - SJX912Z

Imag West St. 91.




Describe Circumstances of the Accident

As per police report.

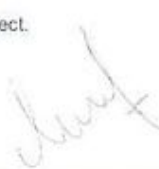
7/20210708/20210

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

 05/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210705/2040

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20210705/2040

CONTINUATION OF REPORT**Brief Details.**

On 04/07/21 at about 2210hrs, I was driving my vehicle SGW64L along Jurong West St 91 towards Pioneer Road. I was approaching the junction of Jurong West St 92 when there was a vehicle in front of me making a right turn. As it was a single lane road, I slowed to a stop behind the said vehicle as it was impossible to overtake it.

Out of a sudden, I felt an impact from the rear and realised that another vehicle (SJX912Z) had collided into the rear of my vehicle. I alighted from my vehicle and the driver of the vehicle that collided into did likewise. We took pictures of the damages and exchanged particulars. Thereafter, we left on our separate ways.

On 04/07/21 at about 2330hrs, I sought medical attention at Sengkang General Hospital and was given 05 days (05/07/21 - 09/07/21) of MC (EMD202180704).



















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T/20210705/2040

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Tel No: 1800-6049999

1 of 3

Report No. T/20210705/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2021 13:54		Vide Report No.:		Station Diary No.: 32
Informant's Particulars				
Name of Informant: GURMINDER SINGH S/O PRITAM SINGH		Address: APT BLK 604A PUNGGOL ROAD #07-768 SINGAPORE 821604		
ID Type / ID No.: NRIC NO / S7917724E		Contact No.: Home/Office: Mobile: 96616643		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 17/06/1979	Type of Informant: Driver	
Place: S'kh		Language:	Institution / School Name:	
Occupation: Private Hire 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: 04/07/2021 22:10	Type of Location: X-Junction
Location: JURONG WEST STREET 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SGW64L	Car				Seriously Damaged	0
GJX912Z	Car					0



**SINGAPORE
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T/20210705/2040

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T/20210705/2040

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Report No. T/20210705/2040

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:
F /
Sr Staff Sgt KOH SHIZENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/07/2021 13:54

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

Classification Of Case:

Authentication Stamp
NP168



