

# 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 ..... 12/07/2021 10:01 (SGT)  
Date of Accident ..... 09/07/2021 21:25 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... ALONG CTE EXPRESSWAY TOWARDS SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX8579P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ATOLL DISCOVERY PTE LTD  
Company Reg No ..... 2XXXXX064W  
Email Address ..... derrick@25l.com.sg  
Mobile Phone No ..... (Phone) +65-88112211  
Alternative Phone No ..... +65-88112211

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120851279  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAI JIA WEI SHINA  
NRIC No ..... SXXXX327D

Date Of Birth .....	15/11/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	19/03/2009
Driving experience .....	12 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90666042
Alt. Phone Number .....	-
Email Address .....	shina_ko83@yahoo.com.sg
Address .....	BLK 279 C
Address complement .....	#14-535
Postcode .....	543279
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	6
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT

#### 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 .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG2854D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	FOO YONG JIE
NRIC No .....	SXXXX575J
Contact Number .....	(Phone) +65-90022292
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHC4630U
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJQ978X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SKX6919D
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	SMG7647Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number .....	SMX8579P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Sienta
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	LAI JIE WEI SHINA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN, NAUSEOUS, TRAUMA
Injured person in which vehicle? .....	SMX8579P
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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/07/21 11:25 AM

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Vehicle A: SMX 8574P

Vehicle B: 6B6 2854P

SKETCH PLAN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CIE towards SLE on the extreme left lane. The vehicles in front suddenly stopped, so I also stopped. But the van behind could not stop in time and bang onto me, causing my vehicle to inch forward and came into contact with the front vehicle. There was no visible damage to the front of my vehicle. My back door (boot) was badly dented. I suffered neck pain, nausea and trauma as a result of the rear impact.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:  
 Company Chop (if applicable)

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No:





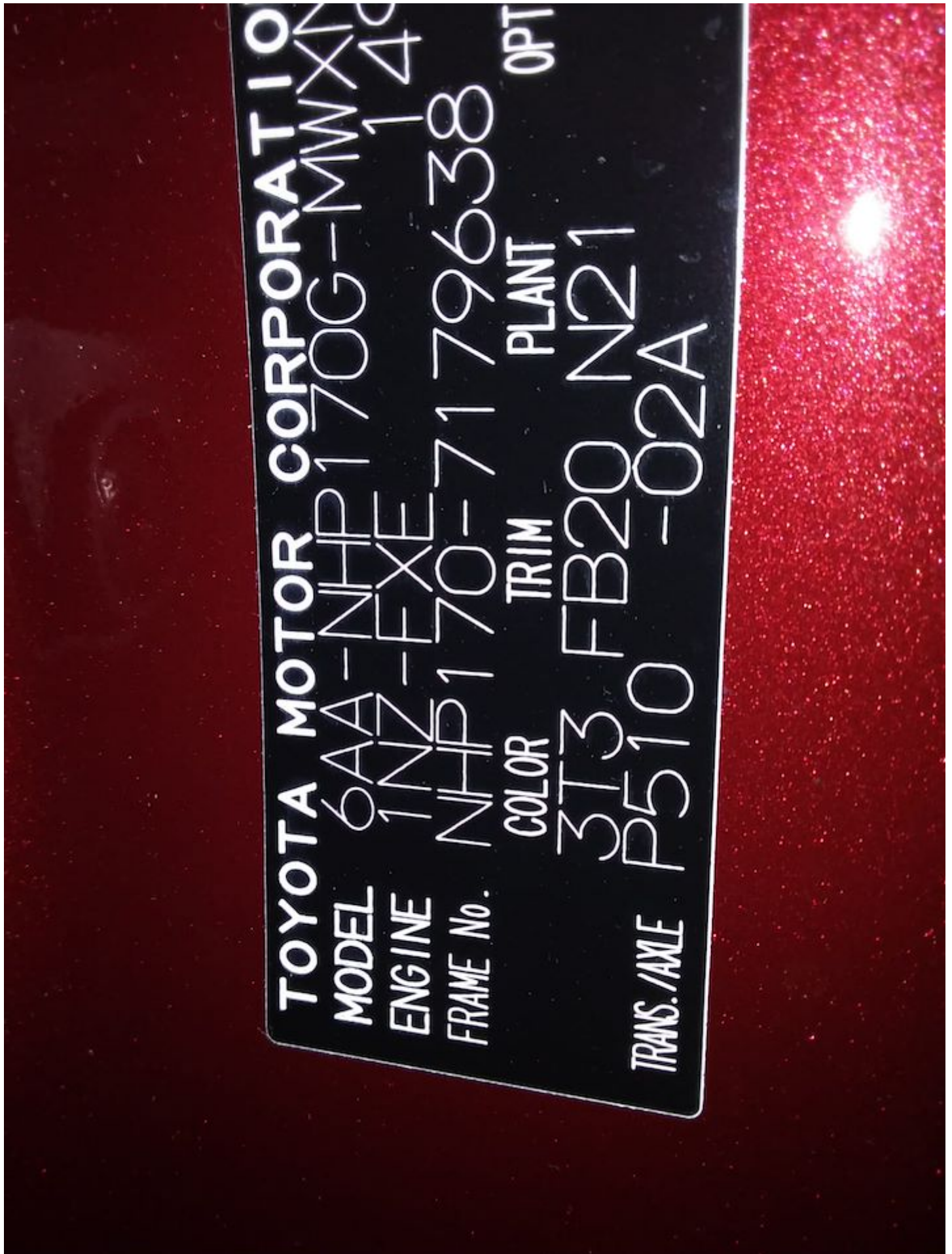


























**SINGAPORE  
POLICE FORCE**



T/20210710/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210710/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/07/2021 18:33		Vide Report No.: T/20210710/7015		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAI JIA WEI SHINA			Address: APT BLK 279C SENGKANG EAST AVENUE #14-535 SINGAPORE 543279		
ID Type / ID No.: NRIC NO / S8336327D			Contact No.: Home/Office: Mobile: 90666042		
Nationality: SINGAPORE CITIZEN			Email: shina_ko83@yahoo.com.sg		
Sex: Female	Age: 37	Date of Birth: 15/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: 3A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2021 21:15	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG2854D	Van	MAXUS	G10	Silver	Slightly Damaged	0
SHC4630U	Car	TOYOTA	Prius	Maroon	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210710/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210710/7016

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJQ978X	Car	TOYOTA	Vios	Black	Slightly Damaged	0
SKX6919D	Car	MAZDA	Mazda 3	Black	Slightly Damaged	0
SMG7647Y	Car	TOYOTA	Vios	Silver	Slightly Damaged	0
SMX8579P	Car	TOYOTA	Sienta Hybrid	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX8579P	NTUC Income Insurance Co-Operative Limited	5120851279	01/02/2021	31/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	FOO YONG JIE		ID No.	S9348575J
Related Vehicle	GBG2854D (Van)		Contact No.	90022292
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LAI JIA WEI SHINA		ID No.	S8336327D
Related Vehicle	SMX8579P (Car)		Contact No.	90666042
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	10/07/2021		Date	NIL
No. of Days granted Medical Leave		05	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20210710/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210710/7016

## CONTINUATION OF REPORT

Brief Details.

I was travelling along CTE towards SLE on Braddell Flyover. The vehicles in front of me suddenly stopped, so I also stopped. But the van behind me couldn't stop in time and bang onto me, causing my car to inch forward and came into contact with the car in front of me. There was no visible damage to the front of my car but my boot door was badly dented. I also suffered neck pain, nauseous and trauma as a result of the impact. A female passenger was in my car but she assured me that she was OK and left in another car.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210710/7016

4 of 4

Report No. T/20210710/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/07/2021 18:33

Classification Of Case:






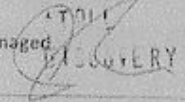
7/10/2021

Ding Auto Mail - Photo from What's Up

1 <sup>st</sup> Party Excess: \$500	3 <sup>rd</sup> Party Excess: \$500	Collision with Foreign Vehicles Excess \$5000
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\*No additional charge for usage in Malaysia (towing is not covered in Malaysia).  
\*Smoking is prohibited in the vehicle. Cost of \$300 will be charged if the car is returned with cigarette smoke smell and ashes.  
\*Cost of \$100 will be charged if the PH Decal is being defaced or damaged.

  
Name/Signature of Customer

  
Name/Signature of Authorized Person

Sent from Yahoo Mail on Android

7/10/2021

Ding Auto Mail - Photo from 📷What's Up📷



SA 0406 &lt;sa0406@dingauto.sg&gt;

Photo from 📷What's Up📷

Shina Lin <shina\_ko83@yahoo.com.sg>  
 Reply-To: Shina Lin <shina\_ko83@yahoo.com.sg>  
 To: "sa0406@dingauto.sg" <sa0406@dingauto.sg>

Sat, Jul 10, 2021 at 11:02 AM

**ATOLL DISCOVERY PTE LTD**

Reg No. 201703064W  
 (billing address) 210 Turf Club Road, The Grandstand Car Mall, Lot A12/A27, Singapore 287 995  
 (showroom) 210 Turf Club Road, The Grandstand Car Mall, Lot B66, Singapore 287 995

Contract No.

Name: LAI JIA WEI SHINA NRIC No.: S8336327D Address: BLK 279C SENGKANG EAT AVE #14-S35 S(543279)	Age: 37    DOB: 15/11/1983 Driving Experience: 11 Years Contact No.: 90666042 Next-of-kin Contact No.: 93695657 Email:
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**\*\*Remark:** Hirer agreed to allow this rental company to keep a photocopy of his NRIC and driving License

**Vehicle Details**

Make & Model: TOYOTA SIENTA	Vehicle Reg No.: SMX8579P
Commencing Start Date/Time: 03 Feb 2021	Commencing End Date/Time: 03 Feb 2022
Rental Price Per Day: \$64	Collision Damage Waiver: \$6
	Deposit: \$500

**Remark:** Commit 1 Year contract

**\*\*\* Things to take note**

\*It is the customer's responsibility to inspect the vehicle upon collection. He/she should take photographs of any existing scratches and dents and WhatsApp them **within 30 minutes** to +65 96770677 after the collection of the vehicle. Repair charges will be imposed if the customer fail to do so when the vehicle is being returned.

\*Deposit will only be refunded to customer by cheque within 10 working days upon returning of vehicle.

\*Insurance Excess amount must be paid in full before the customer is able to do an accident report.

<https://mail.google.com/mail/u/0/?ik=c63f331df5&view=pt&search=all&permmsgid=msg-f%3A1704865196567460060&simpl=msg-f%3A17048651...> 1/2