





# 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 ..... 26/08/2021 12:05 (SGT)  
Date of Accident ..... 25/08/2021 07:50 (SGT)  
Exact Location of Accident ..... Alexandra Rd, Singapore  
Additional Location Information ..... TOWARDS PASIR PANJANG (OPPOSITE UOB BUILDING)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY9607E  
INSURED/POLICYHOLDER .....  
Is company? ..... Yes  
Name Of Registered Owner ..... SG CAR CHOICES 2 PTE LTD  
Company Reg No ..... 2XXXXX987N  
Email Address ..... ronald@carchoice.com.sg  
Mobile Phone No ..... (Phone) +65-80238545  
Alternative Phone No ..... +65-97704018

## VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Gla200  
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 car  
Transmission ..... Auto  
CC ..... 1332

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00003042100  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... CHRISTOPHER HEYS  
Passport No/FIN ..... GXXXX884T

Date Of Birth	02/10/1985
Occupation	Indoor
Date Of Driving Pass	23/03/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97704018
Alt. Phone Number	-
Email Address	ronald@carchoice.com.sg
Address	335 ARCADIA ROAD #02-07
Address complement	-
Postcode	289843
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PHILLIPS ASHA SUZANNE
Gender	Female

#### PASSENGER 2

Name	HARRIS (BABY)
Gender	Male

#### 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 T/20210825/7034

#### 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 OWNER
Was there any audio recorded?	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY505G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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 2

Vehicle Registration Number	GY5280K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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	FBN9436U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
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	CHRISTOPHER HEYS
Gender	Male
Phone No	(Phone) +65-97704018
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? .....

-  
SLIGHT INJURY  
SMY9607E  
Yes  
No

INJURED 2

Name of injured person .....  
Gender .....  
Phone No .....  
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? .....

PHILLIPS ASHA SUZANNE  
Female  
-  
-  
-  
-  
SLIGHT INJURY  
SMY9607E  
Yes  
No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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;

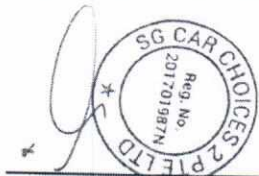
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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.



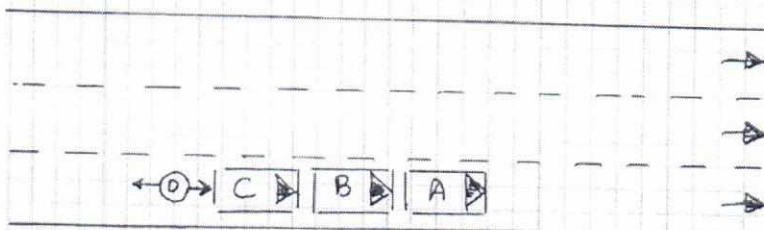
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Along Alexandra Road Towards Pagar Parang.



\* Veh A = 7 SMY 9607E

\* Veh B = 7 SDY 505G

\* Veh C = 7 GY 5280K

\* Veh D = 7 FBN 9436U

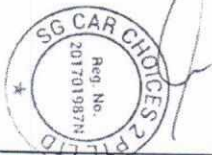


Describe Circumstances of the Accident

Refer to Police Report  
T/20210825/7034

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

26/08/2021

Witnessed by Reporting Centre Personnel

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 25/08/2021 (dd/mm/yy) Time of Accident: 07 : 50 (24-HR-FORMAT)

Vehicle No.: SMY 9607 E Vehicle Make & Model / Engine (cc): Mercedes Benz GLA200 1332cc Private Hire: (Y/N) ☒

Exact location of Accident: Alexandra Road Towards Pasir Panjang (Opposite UOB Building)

Policyholder's Name / IC No.: SG Car Choices 2 Pte Ltd 201701987N

Driver's Name / IC No.: Christopher Heys G3054884T (As Above) ☐

Driver's Contact No.: 9770 4018 Company Contact No / Owner Contact No: 8023 8545

Driver's Address: 335 Arcadia Road #02-07 Singapore 289843

Owner Email address: ronald@carchoice.com.sg Insurance Company: China Taiping

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Hirer

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**\*No. of Passengers (Including Driver):** 3

\*Passanger Name: Phillips Asha Suzanne

\*Passanger Name: Harris (Baby)

Gender: Female

Gender: Male

**Weather condition & Road conditions?** (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Christopher Heys/Phillips Asha Suzanne

Injuries Sustain: slip disk and whiplash Injured Person in Which Vehicle: SMY 9607 E

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: Tan Sock Hoon / S6941543A Vehicle No: SDY 505 G

Driver's Contact No: 9793 3919 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): Qiao Wei / G5359701M Vehicle No: GY 5280 K

Driver's Contact No: 8420 0531 Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

3) Vehicle no : FBN 94364





**SINGAPORE  
POLICE FORCE**



T/20210825/7034

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

1 of 3

Report No. T/20210825/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2021 17:40	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HEYS CHRISTOPHER			Address:	
ID Type / ID No.: FIN NO / G3054884T			Contact No.: Home/Office:	Mobile: 97704018
Nationality: BRITISH			Email: heyschris@outlook.com	
Sex: Male	Age: 35	Date of Birth: 02/10/1985	Type of Informant: Driver	
Race: Caucasian			Language: English	Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2021 07:50	Type of Location: Straight Road
Location:  Alexandra Road Towards Pasir Panjang (Opposite UOB Building)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN9436U	Motorcycle					0
GY5280K	Lorry					0
SDY505G	Car					0
SMY9607E	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210825/7034

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

2 of 3

Report No. T/20210825/7034

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	PHILLIPS ASHA SUZANNE	ID No.	G3050176X
Related Vehicle	SMY9607E (Car)	Contact No.	90050659
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	HEYS CHRISTOPHER	ID No.	G3054884T
Related Vehicle	SMY9607E (Car)	Contact No.	97704018
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the stated date and time, I (SMY 9607 E) was travelling along the stated venue. When the front vehicles braked to stop, I followed to stop too. When I have come to a complete stop, suddenly a truck, GY 5280 K which was travelling at speed, hit onto vehicle bearing no: SDY 505 G (which was also stationary). Due to the huge impact, vehicle bearing no: SDY 505 G moved forward and collided onto the rear of my vehicle. Few minutes later after the collision, a motorbike bearing no: FBN 9436 U, skidded and collided onto the rear of the truck (GY 5280 K). I am lodging this police report as both my wife and I were given 3 days MC after visiting the hospital.





**SINGAPORE  
POLICE FORCE**



T/20210825/7034

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

3 of 3

Report No. T/20210825/7034

**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 / TPHQ /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

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:  
25/08/2021 17:40

Classification Of Case:



## LEASE AGREEMENT

EL NO: 00340

ROC: 201701987H

SG Car Choices 2 Pte Ltd. 1 Commonwealth Lane #01-01 One Commonwealth Singapore 149544. Tel: 6397 4080 Fax: 6397 4090

## HIRER'S PARTICULARS

Mr/Ms: Christopher Heys	
NRIC / Passport No / ROC: G3054884T	Tel No.: +65 9770 4018
Date of Birth: 02/10/1985	Marital Status (Pis circle): <del>Single</del> / Married
Address: 235 Arcadia Road, #02-07 Arcadia Gardens, 289843	
Email: heyschris@outlook.com	
Occupation: Engineer	Nature of Industry: Oil & Gas

## ADDITIONAL DRIVER'S PARTICULARS (If any)

Mr/Mrs: Asha Suzanne Phillips	
NRIC / Passport No / ROC: G3050176X	Tel No.: +65 9005 0659
Date of Birth: 18/10/1984	Marital Status (Pis circle): <del>Single</del> / Married
Address: 235 Arcadia Road, #02-07 Arcadia Gardens, 289843	
Email: asha@ashaphillips.com	
Occupation: Manager	Nature of Industry: Tech

## LEASE DETAILS

Vehicle Make & Model: MERCEDES BENZ GLA 200 SPORTS		
Body Colour: BLACK		
Lease Tenure (months): 12 MONTHS	Estimated Delivery Date: END MARCH - EARLY APRIL	
Monthly Rate: S\$ 2588	GST (7%): S\$ 181	Total Monthly Rate: S\$ 2769

## REMARKS

INSURANCE EXCESS: \$7000 / \$1500. DOUBLE EXCESS FOR MALAYSIA.

PAYMENT CUT OFF DATE: 1<sup>ST</sup> OF THE MONTH.

LATE PAYMENT: \$50 PER DAY (MAX 5 DAYS). TOWARD BE CHARGE TO HIRER.

DEPOSIT WILL BE FORFEITED FOR EARLY TERMINATION OF CONTRACT.

MAINTENANCE, ROAD TAX, INSURANCE INCLUDED.



## LEASE AGREEMENT

EL NO: 00340

Date: 26/3/2021

SG Car Choices 2 Pte Ltd. 1 Commonwealth Lane #01-01 One Commonwealth Singapore 149544. Tel: 6397 4080 Fax: 6397 4090

## BREAKDOWN AND CALCULATIONS

Upfront Deposit (refundable upon end of lease)	S\$ 2769	
First Monthly Rent	S\$	
Insurance (1-Year)	S\$	
Road Tax (1-Year)	S\$	
Others	S\$	
	S\$	
	S\$	
Less: Other Discount	S\$ ( )	
	S\$ ( )	
	S\$ ( )	
	S\$ ( )	
Total Amount Payable	S\$	

The Hirer shall at all times be liable for the amount of Non-Waivable Damage & Loss Excess ("NWOLE") for each and every accident at the sum of S\$ 2000 / \$1500 in Singapore, Fire & Theft Excesses at S\$ 7000 / \$1500.

## Rates quoted are inclusive of the following:

- Certificate of Entitlement
- Road Tax (1<sup>st</sup> year)
- Servicing package
- Usage mileage cap of 25,000km per year (additional \$1/km thereafter)
- Replacement of tyres and battery
- 24 hours roadside assistance

## Rates quoted does not include the following:

- ~~2000~~
- Inspection cost (to be completed by the Hirer)
- ~~7000~~
- Entry To Malaysia
- Vehicle delivery and collection service

I/We the Hirer have read and understood the CONDITIONS OF LEASE printed overleaf, all of which form part of this Agreement.

*CH*  
Hirer's Signature / Date

27th March 2021

Signed for and on behalf of  
SG Car Choices 2 Pte Ltd

*Ray*  
Authorised Signature

RAY  
Salesperson Name/Contact

PLEASE SEE REVERSE FOR CONDITIONS OF LEASE



Motor Hire Car

MZ406

N SN

AN0687A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSNW00003042100	Engine No.: 28291480440479
		Cha. No.: W1N2477872J170365
1. Index Mark and Registration Number of Vehicle	SMY9607E	AUTOSAFE =====
2. Name of Policy Holder	SG CAR CHOICES 2 PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/04/2021 (00:00:00)	Excess Sect. I . S\$2,000.00 Excess Sect. I (Outside Singapore) S\$4,000.00 Excess Sect. II S\$2,000.00 Excess Sect. II (Outside Singapore) S\$4,000.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	31/03/2022	

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with the Policyholder's permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use \*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

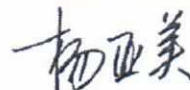
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CREDENCEL INSURANCE AGENCY  
Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com