

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 07/09/2021 15:50 (SGT)
Date of Accident 05/09/2021 12:10 (SGT)
Exact Location of Accident Queen St, Singapore
Additional Location Information JUNCTION OF BRAS BASAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE8382B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VOULEZ CARS
Company Reg No 5XXXX846X
Email Address leonard.augustine1@gmail.com
Mobile Phone No (Phone) +65-87878855
Alternative Phone No +65-87878855

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00006392000
Cover Note Number -

DRIVER

Name of Driver LEONARD S/O SIMON AUGUSTINE
NRIC No SXXXX034E

Date Of Birth	02/05/1957
Occupation	Outdoor
Date Of Driving Pass	18/04/1983
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91553057
Alt. Phone Number	-
Email Address	leonard.augustine1@gmail.com
Address	BLK 489 JURONG WEST AVE 1
Address complement	#02-39
Postcode	640489
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	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210906/2135

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	SMK6805T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN JUN KAI(CHEN JUNKAI)
NRIC No	SXXXX626Z
Contact Number	(Phone) +65-87930837
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	LEONARD S/O SIMON AUGUSTINE
Gender	Male
Phone No	(Phone) +65-91553057
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLE8382B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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

Lawson 7/9/2021

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

Alvin 07/09/21

Witnessed by Reporting Centre Personnel

Sketch Plan

JUNC OF QUEEN ST - A BLAS BASAH RD

A - SLE8382B
B - SMK6805T



Describe Circumstances of the Accident

Pls refer to the police report: T/20210906/2135

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Levy 7/9/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

Sym 07/09/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



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Report No. T/20210906/2135

CONTINUATION OF REPORT

Driver			
Name	LEONARD S/O SIMON AUGUSTINE	ID No.	S2166034E
Related Vehicle	SLE8382B (Car)	Contact No.	91553057
Hospital/Clinic	InSync Medical	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Jun Kai	ID No.	S8725626Z
Related Vehicle	SMK6805T (Car)	Contact No.	87930837
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

Brief Details.

On 05/09/2021, at about 1210hrs, I had an accident along Queen St, junction with Bras Basah. There were cars in front of me as the traffic light was red. As I was stationary at the junction, a car collided with me from the rear.

I had back and shoulder pain, and a headache. I sought medical attention at InSync Medical and received 3 days MC.

My car suffered damage to the tail lights and bumper.

Details of the other driver as are follows:

Tan Jun Kai (Chen Junkai)
S8725626Z
Male / Chinese
HP: 87930837
Vehicle: SMK6805T

No passengers were in either of our cars. No cyclist or pedestrians were involved. No government property was damaged. No foreign vehicles were involved. No police or ambulance attended to the incident.





























