

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 08/09/2021 16:50 (SGT)
Date of Accident 07/09/2021 16:45 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information GEYLANG ROAD NEAR LORONG 33
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK6894R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AZ AUTO LEASING
Company Reg No 53415568E
Email Address AZAUTOLEASING@GMAIL.COM
Mobile Phone No (Phone) +65-89222117
Alternative Phone No (Home) +65-89222117

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119381597
Cover Note Number -

DRIVER

Name of Driver LAU JIA JUN
NRIC No S9271886G

Date Of Birth	26/11/1992
Occupation	Outdoor
Date Of Driving Pass	04/03/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89222117
Alt. Phone Number	-
Email Address	LAUJIAJUN9271886@GMAIL.COM
Address	BLK 107C CANBERRA STREET
Address complement	#13-605
Postcode	753107
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?	Yes
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	CARISSA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG8282P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	LAU JIA JUN
Gender	Male
Phone No	(Phone) +65-89222117
Address	BLK 107C CANBERRA STREET
Address Complement	#13-605
Post Code	753107
Approximate Age Years Old	28
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBK6894R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	CARISSA
Gender	Female
Phone No	(Phone) +65-92474605
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBK6894R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/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



A - GBK6894R
K - 1268282P

6041116 Road 180m 100m 20m

Please refer to police report attached.

Reference No: T/20210907/2134.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel







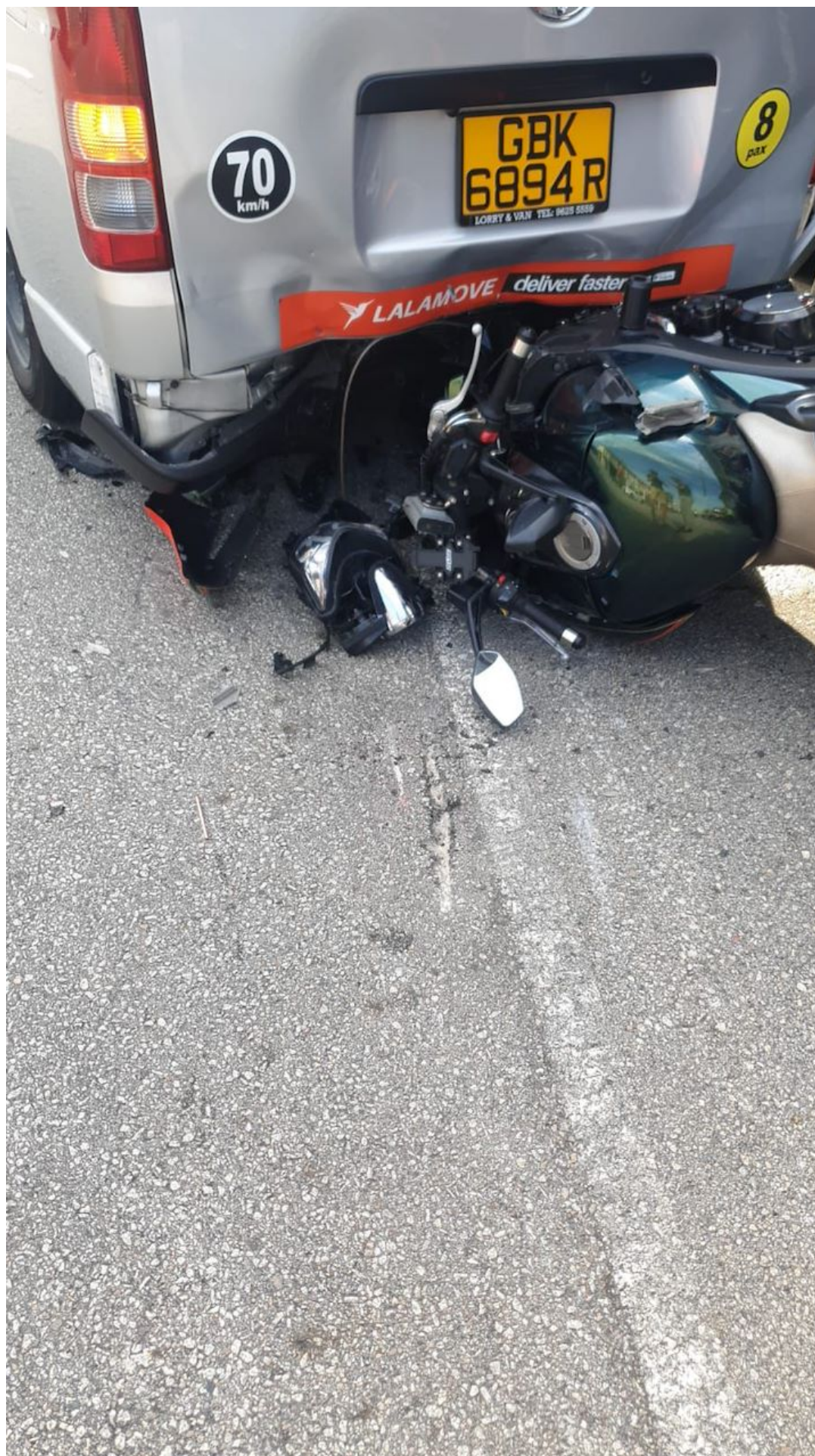




















**SINGAPORE
POLICE FORCE**



T/20210907/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210907/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2021 23:06		Vide Report No.: G/20210907/0127		Station Diary No.: 126	
Informant's Particulars					
Name of Informant: LAU JIA JUN			Address: APT BLK 107C CANBERRA STREET #13-605 SINGAPORE 753107		
ID Type / ID No.: NRIC NO / S9271886G			Contact No.: Home/Office: Mobile: 89222117		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 26/11/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Private investigator			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2021 16:45	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8282P	Motorcycle				Seriously Damaged	0
GBK6894R	Van				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/20210907/2134

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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3
Report No. T/20210907/2134

CONTINUATION OF REPORT

Driver			
Name	LAU JIA JUN		ID No. S9271886G
Related Vehicle	GBK6894R (Van)		Contact No. 89222117
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	CARISSA		ID No. NIL
Related Vehicle	GBK6894R (Van)		Contact No. 92474605
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 07.09.2021 at around 1647hrs, I was along Geylang road at lane 2 and I had come to a stop to let a vehicle parallel park. At this time, I noticed in the rear view mirror a motorcycle (V1) FBG8282P emergency brake from about 100metres behind my van and skidded towards my van, causing the van to be pushed forward. This caused me to be thrown in front, and there was pain in my neck and back area. The motorcycle looked badly damaged, and the whole back of my van was dented in.

I came out of the van and saw the rider of V1 was on the floor and there was a lot of blood. I thus called for an ambulance and the rider was conveyed before I managed to get his particulars. Traffic Police was also at scene and took my van in-car camera SD card. IO in charge is Jofi, vide G/20210907/0127

I went to see a doctor at Tan Tock Seng Hospital and was given 3 days MC. My passenger also went with me at the same time, and was given 3 days MC as well.



**SINGAPORE
POLICE FORCE**



T/20210907/2134

3 of 3

Report No. T/20210907/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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
L/
Sgt 3 TOH QIAN YU, RACHEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/09/2021 23:06

Classification Of Case: