

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 17/09/2021 10:45 (SGT)
Date of Accident 04/09/2021 13:30 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH5531S

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) +65-87973443
Alternative Phone No +65-87973443

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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1498

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 ALEX TAY BOON HUAT(ALEX ZHENG WENFA)
NRIC No SXXXX729A

| | |
|--|---------------------------|
| Date Of Birth | 07/06/1975 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/03/2008 |
| Driving experience | 13 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87973443 |
| Alt. Phone Number | - |
| Email Address | fiona@layauto.com |
| Address | BLK 974 JURONG WEST ST 93 |
| Address complement | #01-421 |
| Postcode | 640974 |
| 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 | No Collision |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Nanyang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007929999 |
| Alt. Police Station Phone No | (Fax) +65-67912972 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210915/2026

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 | SLP1654E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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) | - |

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' 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.
- (b) 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

NO Accident.

Describe Circumstances of the Accident

With Police Report T/20210915/2026

Declaration

I/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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210915/2026

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20210915/2026

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|------------------|---|
| Driver | | | |
| Name | ALEX TAY BOON HUAT | | ID No. S7517729A |
| Related Vehicle | NIL | | Contact No. 88076863 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 02/09/2021, I rented a vehicle SLH5531S from Lay Auto Leasing Pte Ltd that is located at Block 21 Toh Guan Road East #01-16/17 Singapore 608609.

On 11/09/2021, I was involved in a non-injury traffic accident that occurred along Pie towards Changi near Toa Payoh exit involving two other vehicles (SMQ3323E and SGW9239R). I had already informed the car rental company pertaining to the incident and my vehicle had been towed away.

On 14/09/2021, I was informed by the car rental company that they received an insurance letter and a letter from Traffic Police with regards to an incident that happened on 04/09/2021 involving another vehicle (SLP1654E). Apparently, they informed that my vehicle side mirror accidentally hit onto the other vehicle's side mirror along Bukit Timah Road. They further informed that the whole incident was captured by an in-car camera that was installed in the other vehicle.

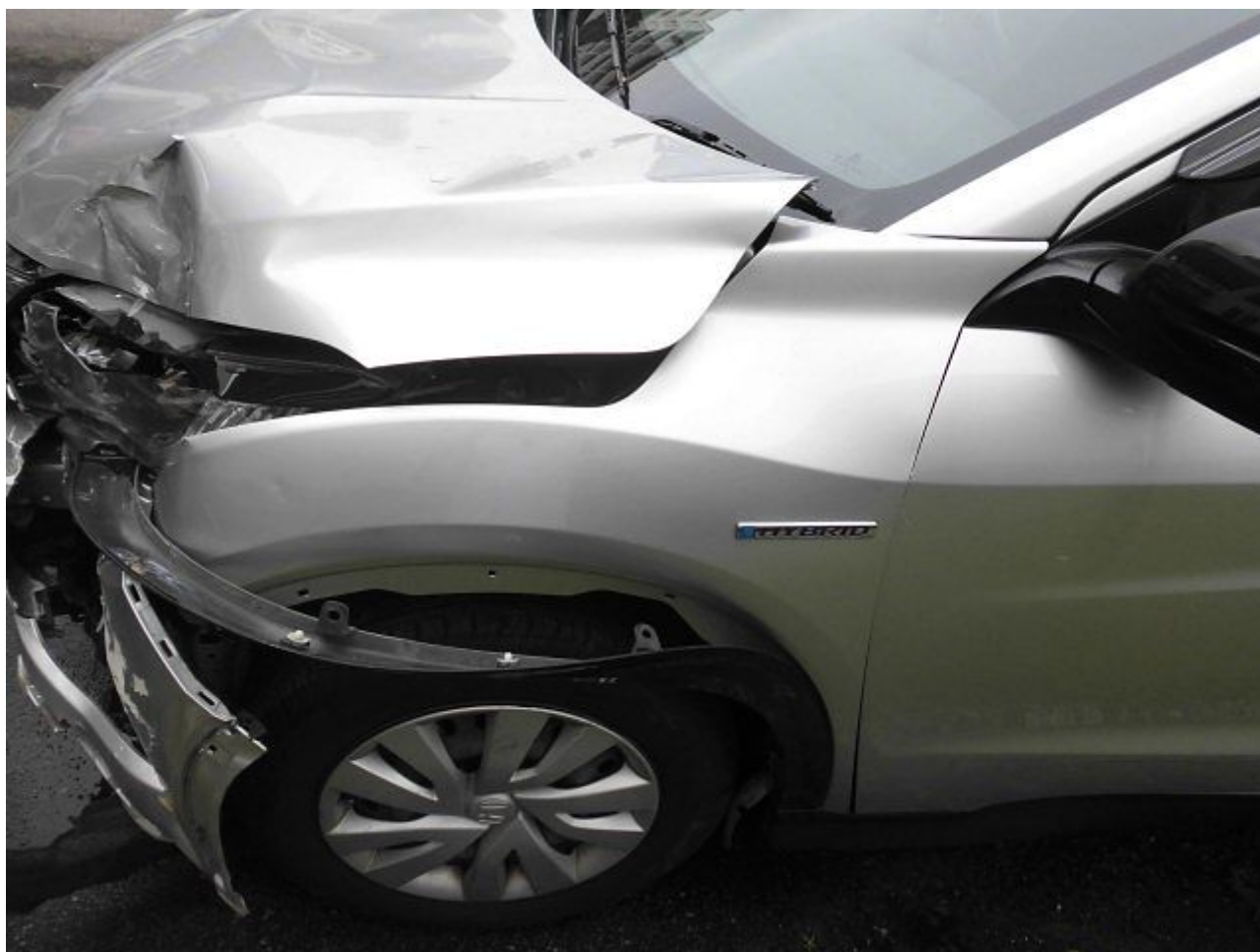
I wish to state that I do not recall hitting any side mirror. I would have stopped to make a check should I ever be involved in such incident.







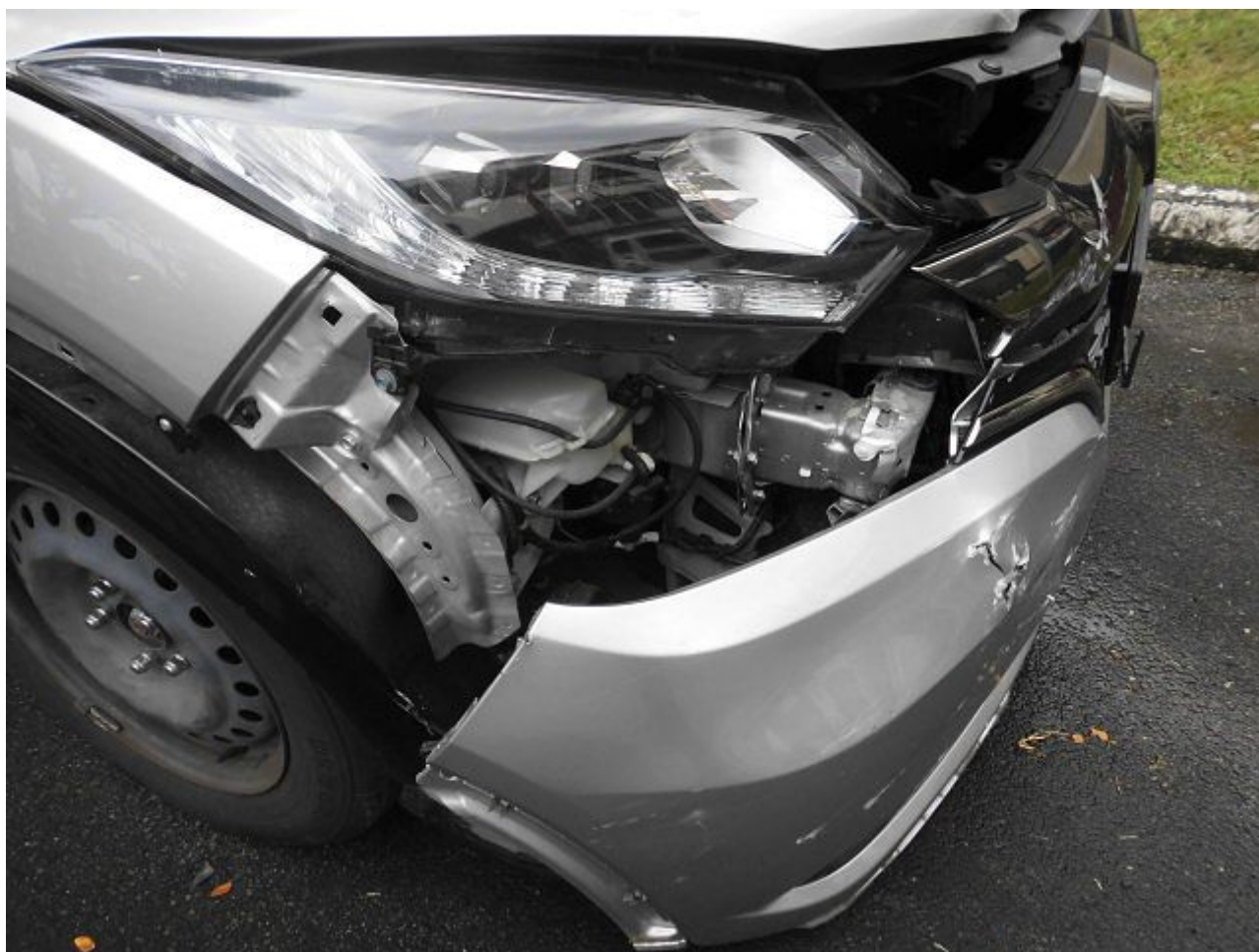


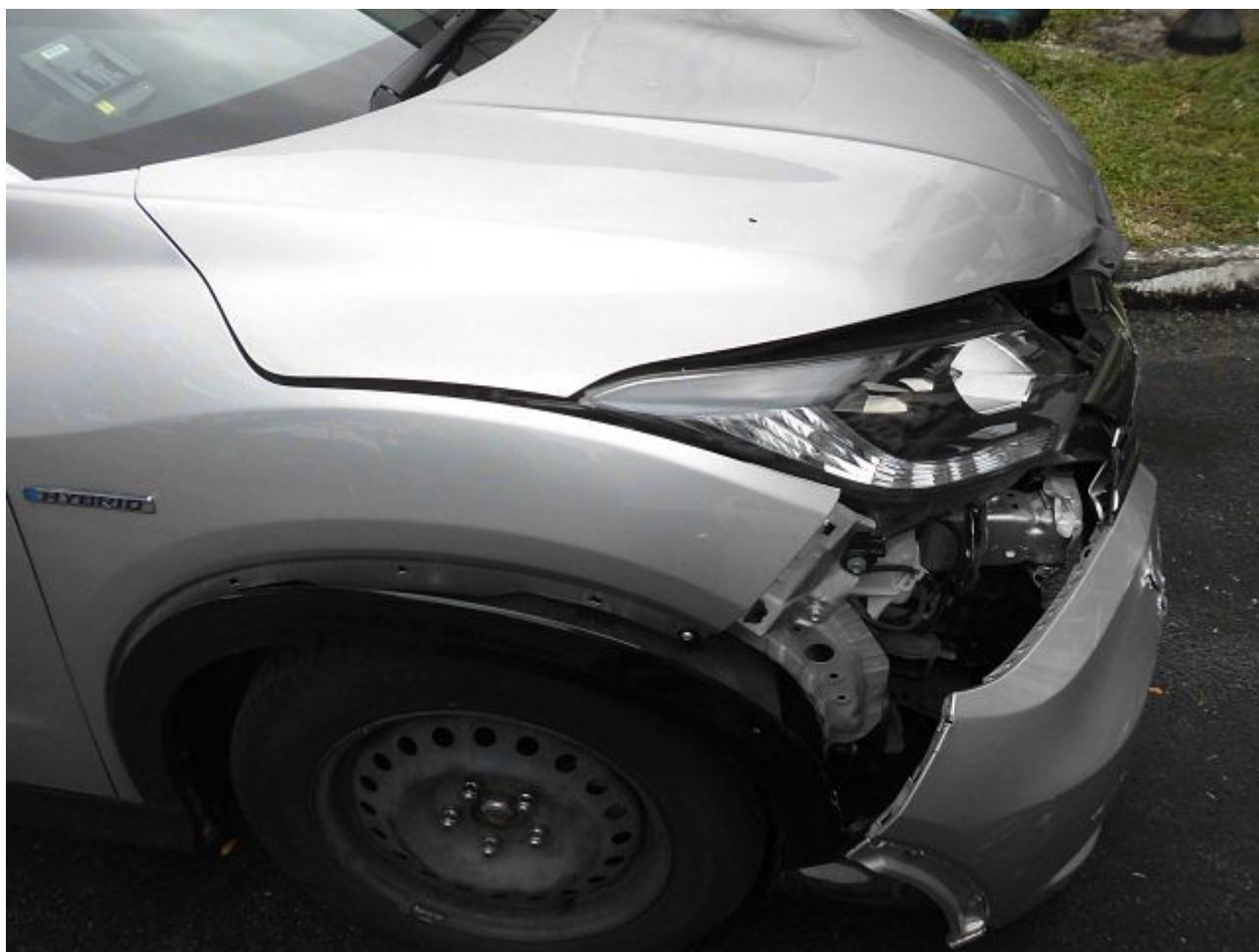

























**SINGAPORE
POLICE FORCE**


T/20210915/2026

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20210915/2026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 15/09/2021 11:22 | Vide Report No.: | Station Diary No.: 25 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: ALEX TAY BOON HUAT | Address: APT BLK 974 JURONG WEST STREET 93 #01-421 SINGAPORE 640974 | | |
| ID Type / ID No.: NRIC NO / S7517729A | Contact No.: Home/Office: Mobile: 88076863 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 46 | Date of Birth: 07/06/1975 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: GOJEK DRIVER | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|-----------------------------------|---------------------------|--------------------|--|-------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 04/09/2021 13:30 | Type of Location: |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|-------|--------|-----------|-----------------|
| SLH5531S | Car | HONDA | VEZEL | Silver | | 0 |
| SLP1654E | Car | | | | | 0 |

Details of Person Involved

| | | |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | |



**SINGAPORE
POLICE FORCE**



T/20210915/2026

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20210915/2026

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|------------------|---|
| Driver | | | |
| Name | ALEX TAY BOON HUAT | | ID No. S7517729A |
| Related Vehicle | NIL | | Contact No. 88076863 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

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T/20210915/2026

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2 Jurong West Avenue 5 SINGAPORE
649482
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3 of 3

Report No: T/20210915/2026

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.

| | |
|---|--|
| <p>Signature of Officer Recording The Report J / Sgt 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI</p> | <p>Signature Of Informant:</p> |
| <p>Signature Of Interpreter: Not applicable</p> | <p>Date/Time: 15/09/2021 11:22</p> |
| <p>Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079</p> | <p>Classification Of Case:</p> |
| <p>Authentication Stamp NP168</p> | |





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.cntaiping.com

Co. Reg. No. 200208384E

Our Ref : SNM21D205134/SLH5531S/C02

Date : 13 Sep 2021

Via Ordinary Mail

LAY AUTO LEASING PTE LTD
21 TOH GUAN ROAD EAST
#01-16/17 TOH GUAN CENTRE
SINGAPORE 608609

Dear Policyholder

**RE: ACCIDENT INVOLVING OUR VEHICLE NOS. SLH5531S AND SLP1654E ON 04 Sep 2021 ALONG BUKIT
TIMAH ROAD**
Policy : DMHCSNA00002632101

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0606A LAY AUTO PTE LTD