

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	18/11/2021 16:53 (SGT)
Date of Accident	14/11/2021 20:20 (SGT)
Exact Location of Accident	Choa Chu Kang North 5, Singapore
Additional Location Information	JUNCTION WITH CHOA CHU KANG DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1457J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE LTD
Company Reg No	2XXXXX540Z
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-96737621
Alternative Phone No	+65-96737621

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00009842101
Cover Note Number	-

DRIVER

Name of Driver	AIERIEL MOHAMED AZMAN BIN YADI
NRIC No	SXXXX561D

Date Of Birth	08/05/1973
Occupation	Outdoor
Date Of Driving Pass	17/05/1994
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96737621
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 571 CHOA CHU KANG STREET 52 #02-238
Address complement	-
Postcode	680571
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 - Cross Junction
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMMAD ADRIYAN AQASHA
Gender	Male

PASSENGER 2

Name	MUHAMMAD ARYYAN ANAQI
Gender	Male

PASSENGER 3

Name	FEBRIANA ENDAH SRI WAHYUNI
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 SKETCH AND POLICE REPORT T/20211116/7045

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	SJL5061J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIANG KAI KHONG
NRIC No	SXXXX095Z
Contact Number	(Phone) +65-98317111
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	AIERIEL MOHAMED AZMAN BIN YADI
Gender	Male
Phone No	(Phone) +65-96737621
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK1457J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUHAMMAD ADRIYAN AQASHA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK1457J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MUHAMMAD ARYYAN ANAQI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK1457J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4



Name of injured person	FEBRIANA ENDAH SRI WAHYUNI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK1457J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment 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:

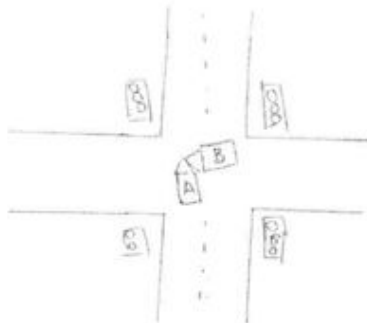
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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: 15 NOV 2021 13:55

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 NOV 2021 855PM

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

SKETCH PLAN



choa chu kang North 5 junction with
choa chu kang drive

Vehicle A: SLK1457J

Vehicle B: SJL5061J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight along 673 Chua Chu Kang North 5 Junction while the traffic light was still in green. However, vehicle B cut into my lane and hit into my car while the traffic light was in my favour.

Refer to police report - 1/2021/1167045.

DECLARATION

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

Policyholder's Signature
Date & Time: 15 NOV 2021
1355

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15 NOV 2021
1355

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



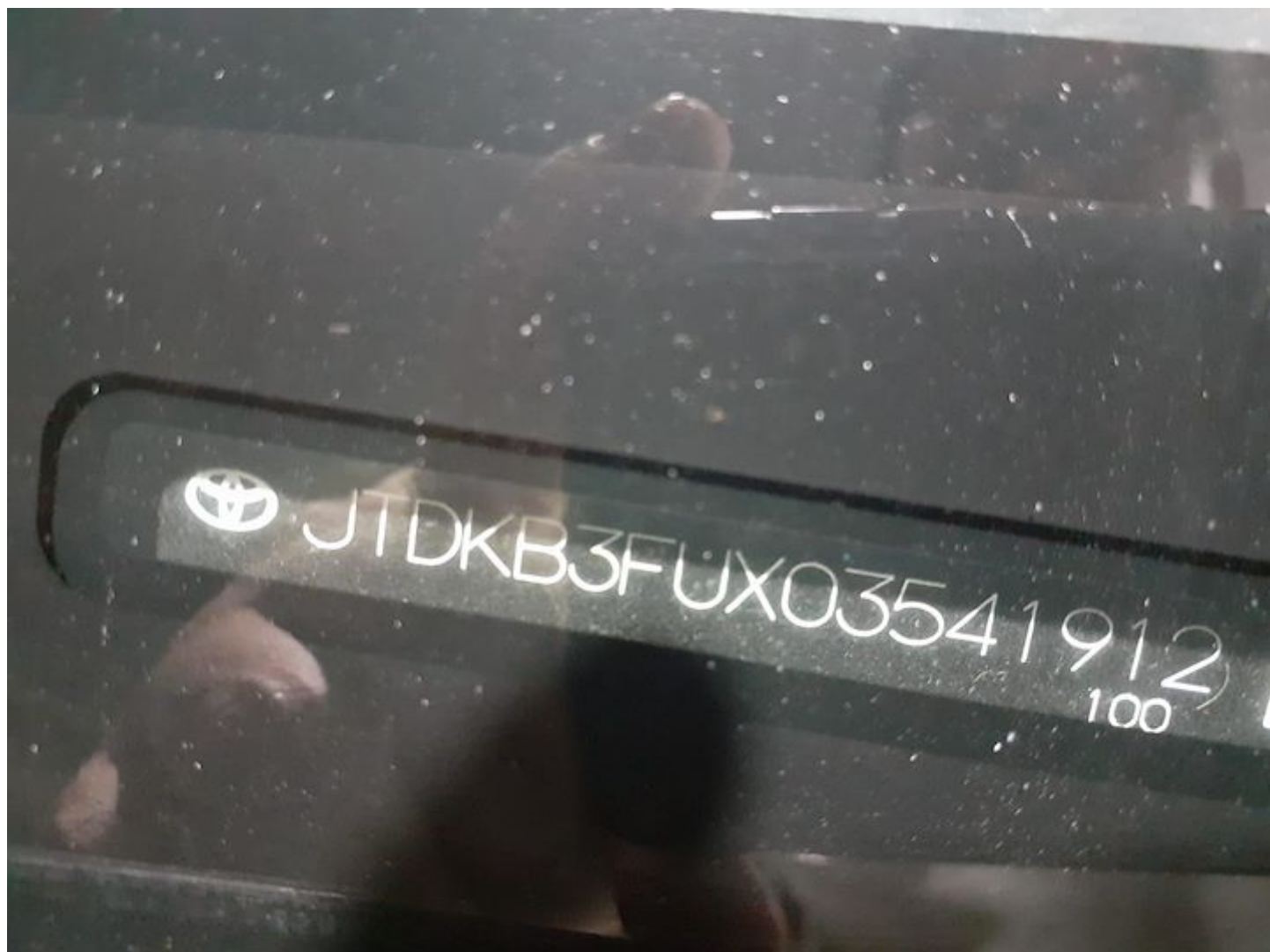



















**SINGAPORE
POLICE FORCE**

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



T/20211116/7045

1 of 4

Report No. T/20211116/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2021 17:19		Vide Report No.: T/20211115/2104		Station Diary No.:	
Informant's Particulars					
Name of Informant: AIERIEL MOHAMED AZMAN BIN YADI			Address: 571 CHOA CHU KANG ST 52 #02-238 SINGAPORE 680571		
ID Type / ID No.: NRIC NO / S7315561D			Contact No.: Home/Office: Mobile: 96737621		
Nationality: SINGAPORE CITIZEN			Email: AIERIELAZMAN@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 08/05/1973	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 14/11/2021 20:20	Type of Location: X-Junction
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL5061J	Car	TOYOTA	VIOS			0
SLK1457J	Car	TOYOTA	PRIUS			3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20211116/7045

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Report No. T/20211116/7045

CONTINUATION OF REPORT

Driver			
Name	CHIANG KAI KHONG	ID No.	S9020095Z
Related Vehicle	SLJ5061J (Car)	Contact No.	98317111
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	MUHAMMAD ADRIYAN AQASHA	ID No.	T1201590E
Related Vehicle	SLK1457J (Car)	Contact No.	96737621
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	MUHAMMAD ARYYAN ANAQI	ID No.	T2013742D
Related Vehicle	SLK1457J (Car)	Contact No.	96737621
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	AIERIEL MOHAMED AZMAN BIN YADI	ID No.	S7315561D
Related Vehicle	SLK1457J (Car)	Contact No.	96737621
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight



SINGAPORE POLICE FORCE

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



T/20211116/7045

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Report No. T/20211116/7045

CONTINUATION OF REPORT

Passenger			
Name	FEBRIANA ENDAH SRI WAHYUNI	ID No.	S8281046C
Related Vehicle	SLK1457J (Car)	Contact No.	90226554
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE ABOVE DATE, TIME AND LOCATION I WAS DRIVING MY CAR BEARING SLK1457J WITH MY WIFE NAMELY FEBRIANA AND 2 KIDS NAMELY ADRYAN AND ARYAN IN IT. WHEN I WAS DRIVING MY CAR ALONG CHOA CHU KANG NORTH 5 TOWARDS THE DIRECTION OF CHOA CHU KANG WAY, I PROCEEDED WITH THE CARE TOWARDS A CROSS JUNCTION AT CHOA CHU KANG NORTH 5 AND CHOA CHU KANG DRIVE. THE GREEN LIGHT WAS AT MY FAVOUR AND I PROCEEDED WITH CARE. WHEN I DROVE MY CAR TO THE MIDDLE OF THE JUNCTION, A CAR BEARING SJL5061J COLLIDED HEAD ON ONTO MY VEHICLE. I QUICKLY GET OUT OF MY VEHICLE AND MAKE A CHECK ON MY WIFE AND KIDS AND ASSISTED THEM OUT OF THE CAR. AFTER A FEW MINUTES, THE VEHICLE BEARING PLATE NUMBER SJL5061J WAS SEEN BEING CAUGHT ON FIRE. A PASSER-BY SAW WHAT HAPPENED AND ASSISTED US TO CALL FOR POLICE. MINUTES AFTER, TRAFFIC POLICE, AMBULANCE AND FIRE TRUCK ARRIVED AT SCENE. THE OTHER DRIVER AND I EXCHANGED PARTICULARS AND NUMBER. AFTER THE ACCIDENT, I INFORMED MY CAR RENTAL COMPANY ABOUT THE ISSUE AND WAS INFORMED TO LODGE A REPORT AS THEY WILL NEED A REPORT TO DO AN INSURANCE CLAIM FROM THE OTHER PARTY. I THEN BROUGHT MY WIFE AND KIDS TO A NEARBY CLINIC (ZAM FAMILY CLINIC) NEAR MY HOUSE TO MAKE A CHECK. ALL OF US WERE GIVEN A 3 DAYS MC FROM 15/11/2021 TO 17/11/2021. PLEASE REFER TO THE FIRST REPORT NUMBER T/20211115/2014.



SINGAPORE POLICE FORCE

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



T/20211116/7045

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Report No. T/20211116/7045

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 /
CHONG GUAN FATT
Contact No.: 65476083

NP168

Signature Of Informant:

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

Date/Time:
16/11/2021 17:19

Classification Of Case:

