

# 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 .....	08/12/2021 09:29 (SGT)
Date of Accident .....	07/12/2021 13:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KPE SLIP ROAD TOWARD TAMPINES ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT358X
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### 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 .....	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 .....	1496

### 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 .....	ABDUL GANI BIN ABDUL RAHMAN
NRIC No .....	SXXXX003J

Date Of Birth .....	24/05/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	17/03/1975
Driving experience .....	46 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92732438
Alt. Phone Number .....	-
Email Address .....	abdulganiabdulrahman33@gmail.com
Address .....	BLK 15 HOUGANG AVENUE 3
Address complement .....	#05-107
Postcode .....	530015
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NORITA BTE MOHD RAFIQ
Gender .....	Female

#### PASSENGER 2

Name .....	NORAINI BTE ABDUL GANI
Gender .....	Female

#### PASSENGER 3

Name .....	ABDUL HAQIM BIN ABDUL HANNAN
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

REFER TO THE POLICE REPORT : T/20211207/7038

#### 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 .....	HAVEN'T RETRIEVE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLX2224P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97625531
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ABDUL GANI BIN ABDUL RAHMAN
Gender .....	Male
Phone No .....	(Phone) +65-92732438
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON NECK, BACK AND GIDDY
Injured person in which vehicle? .....	SLT358X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



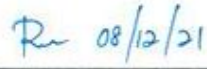
##### INJURED 2

Name of injured person .....	NORITA BTE MOHD RAFIQ
Gender .....	Female
Phone No .....	(Phone) +65-92775107
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON THE NECK AND GIDDY
Injured person in which vehicle? .....	SLT358X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

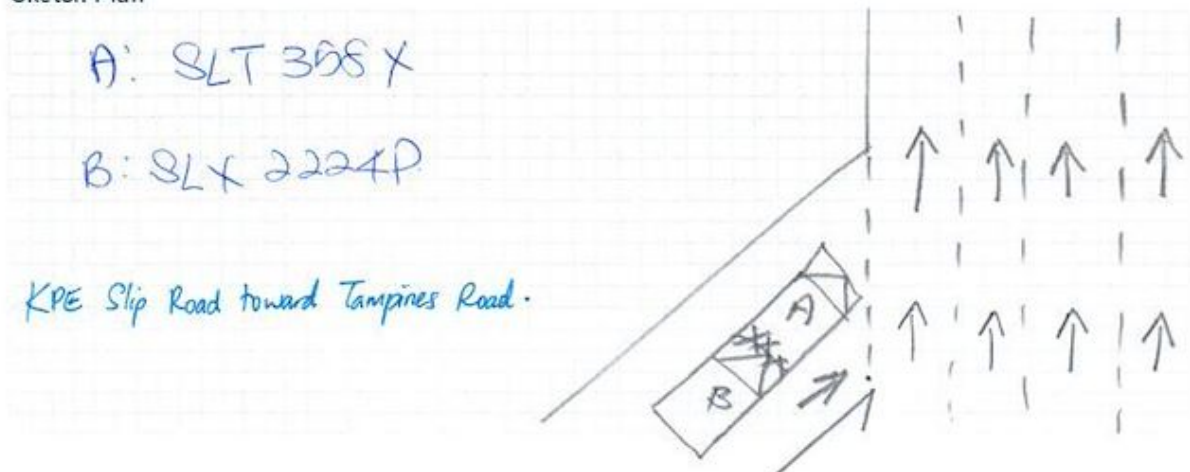
# SKETCH PLAN

## IMPORTANT NOTICE

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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
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## Sketch Plan



## Describe Circumstances of the Accident


With police Report. T/20211207/7038.

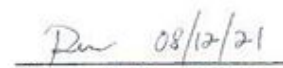
## Declaration

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

  
Witnessed by Reporting Centre Personnel





































**SINGAPORE  
POLICE FORCE**



T/20211207/7038

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

1 of 3

Report No. T/20211207/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/12/2021 18:21		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ABDUL GANI BIN ABDUL RAHMAN		Address: 15 HOUGANG AVENUE 3 #05-107 SINGAPORE 530015	
ID Type / ID No.: NRIC NO / S1185003J		Contact No.: Home/Office: Mobile: 92732438	
Nationality: SINGAPORE CITIZEN		Email: abdulganiabulrahman33@gmail.com	
Sex: Male	Age: 65	Date of Birth: 24/05/1956	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Grab driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2021 13:20	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT358X	Car			Silver	Seriously Damaged	1
SLX2224P	Car					0



**SINGAPORE  
POLICE FORCE**



T/20211207/7038

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

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Report No. T/20211207/7038

**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	NORITA BTE MOHD RAFIQ	ID No.	S1410121G
Related Vehicle	SLT358X (Car)	Contact No.	92775107
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2021	Date	07/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Driver</b>			
Name	ABDUL GANI BIN ABDUL RAHMAN	ID No.	S1185003J
Related Vehicle	SLT358X (Car)	Contact No.	92732438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2021	Date	07/12/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and location I vehicle plate number SLT358X was traveling along kpe towards hougang along the slip road turning to Tampines road to Hougang, suddenly I felt a huge impact on my rear portion of my vehicle and I came down check my vehicle realise vehicle plate number SLX2224P collided onto my rear portion of the vehicle.

I wish to state that my wife norita bte mohd rafiq  
Is my front passenger.

We both went to Kovan intermedical clinic to consult doctor cause my wife feel pain on the neck and giddy and doctor given her 3 days mc.

I felt pain on my neck, back and giddy and doctor given me 5 days mc .



**SINGAPORE  
POLICE FORCE**

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



T/20211207/7038

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Report No. T/20211207/7038

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
07/12/2021 18:21

Classification Of Case:



