

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	20/12/2021 16:01 (SGT)
Date of Accident	19/12/2021 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNC OF THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA7197Z
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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) +65-64625828
Alternative Phone No	(Office) +65-64625828

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	DOLMAT BIN HASSAN
NRIC No	SXXXX353E

Date Of Birth	12/05/1955
Occupation	Outdoor
Date Of Driving Pass	27/10/1989
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97402154
Alt. Phone Number	-
Email Address	fiona@layauto.com
Address	BLK 359B ADMIRALTY DRIVE
Address complement	#05-04
Postcode	752359
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	Side Swipe
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	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

PLS REFER TO THE POLICE REPORT:T/20211220/7015

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	SMF4418S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	THNG LEONG KENG PAUL
NRIC No	SXXXX978Z
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	DOLMAT BIN HASSAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SNA7197Z
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:

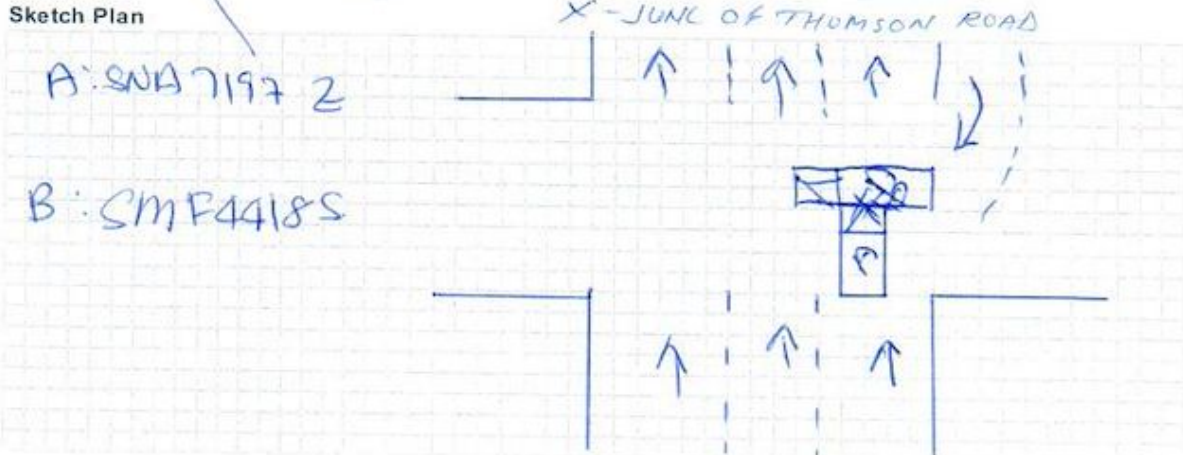
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan

Describe Circumstances of the Accident

With Police Report.

7/2021/1320/7015

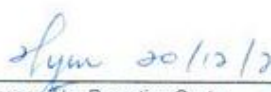
Declaration

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/20211220/7015

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

2 of 3
Report No. T/20211220/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THNG LEONG KENG PAUL	ID No.	S1726978Z
Related Vehicle	SMF4418S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	DOLMAT BIN HASSAN	ID No.	S1128353E
Related Vehicle	SNA7197Z (Car)	Contact No.	97402154
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/12/2021	Date	20/12/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 19/12/2021 at about 0925 Hrs, i was driving my vehicle SNA7197Z along Thomson Road towards Bukit Timah Road with 1 passenger onboard. While i traveling near to the Junction of Thomson Road and Moulmein Road, the lights is on my favorable so i continue straight. Suddenly a car SMF4418S from the opposite direction abruptly turn right without stopping and give way to the oncoming vehicle from the major Road. As the result, my front portion collided onto his vehicle left side portion. After the accident we exchange particular and take some scene photo and leave the scene. My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC from 20/12/2021 to 24/12/2021.





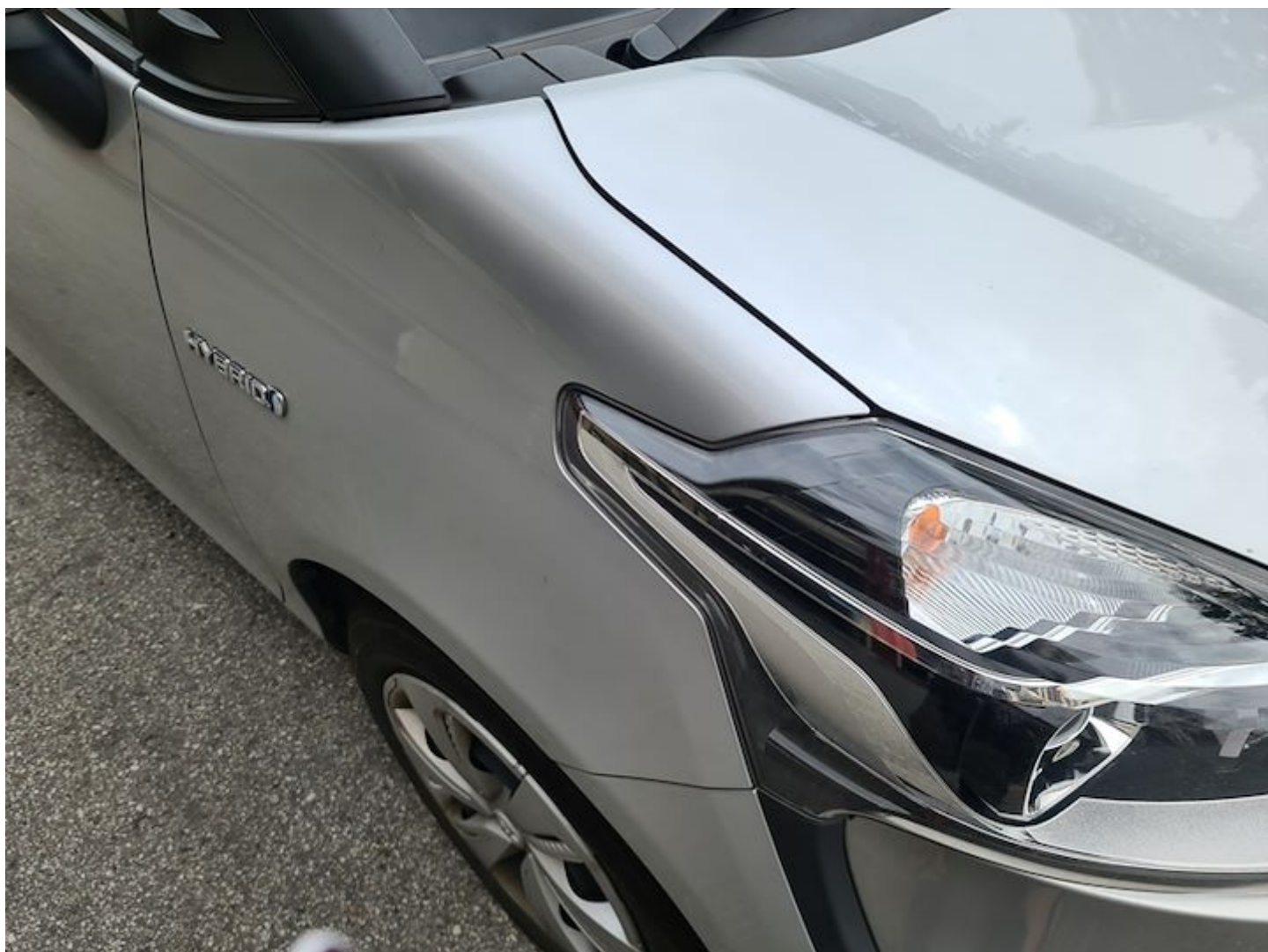


















**SINGAPORE
POLICE FORCE**



T/20211220/7015

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

1 of 3

Report No. T/20211220/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 11:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DOLMAT BIN HASSAN			Address: 359B ADMIRALTY DRIVE #05-04 SINGAPORE 752359		
ID Type / ID No.: NRIC NO / S1128353E			Contact No.: Home/Office: Mobile: 97402154		
Nationality: SINGAPORE CITIZEN			Email: dolmatsg@gmail.com		
Sex: Male	Age: 66	Date of Birth: 12/05/1955	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PHV 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: 19/12/2021 09:25	Type of Location: X-Junction
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMF4418S	Car	TOYOTA	PRIUS	Gold	Seriously Damaged	0
SNA7197Z	Car	TOYOTA	Sienta	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211220/7015

2 of 3

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

Report No. T/20211220/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THNG LEONG KENG PAUL	ID No.	S1726978Z
Related Vehicle	SMF4418S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	DOLMAT BIN HASSAN	ID No.	S1128353E
Related Vehicle	SNA7197Z (Car)	Contact No.	97402154
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**SINGAPORE
POLICE FORCE**



T/20211220/7015

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

3 of 3

Report No. T/20211220/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:
Not applicable

Date/Time:

20/12/2021 11:29

Officer In Charge Of Case:
TP / TPB /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

NP168

