

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 27/12/2021 18:18 (SGT)
Date of Accident 26/12/2021 21:45 (SGT)
Exact Location of Accident 18 Cross St, Singapore 048423
Additional Location Information CROSS STREET EXCHANGE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCH7575J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LAY AUTO LEASING PTE LTD
Company Reg No 2XXXXX521C
Email Address joel@layauto.com
Mobile Phone No (Phone) +65-93874666
Alternative Phone No +65-93874666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1797

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 NG HOW CHUAN (HUANG HAOCHUAN)
NRIC No SXXXX917C

Date Of Birth	23/07/1972
Occupation	Outdoor
Date Of Driving Pass	20/09/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92393562
Alt. Phone Number	-
Email Address	joel@layauto.com
Address	BLK 28 JALAN BUKIT MERAH
Address complement	#15-4472
Postcode	152028
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : A/20211227/7024 AND D/20211227/7009

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX1187D
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-89315540
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

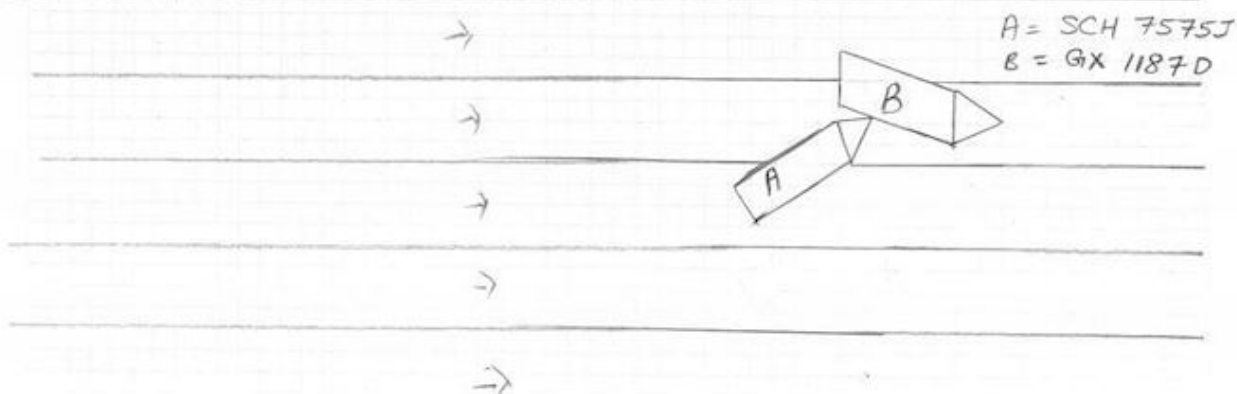
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



18 Cross Street Cross Street Exchange Singapore 048423.


Describe Circumstances of the Accident


As per police report.

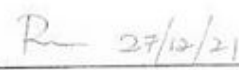
D/2021/227/7009 & A/2021/227/7024.

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

 27/12/21
Witnessed by Reporting Centre Personnel







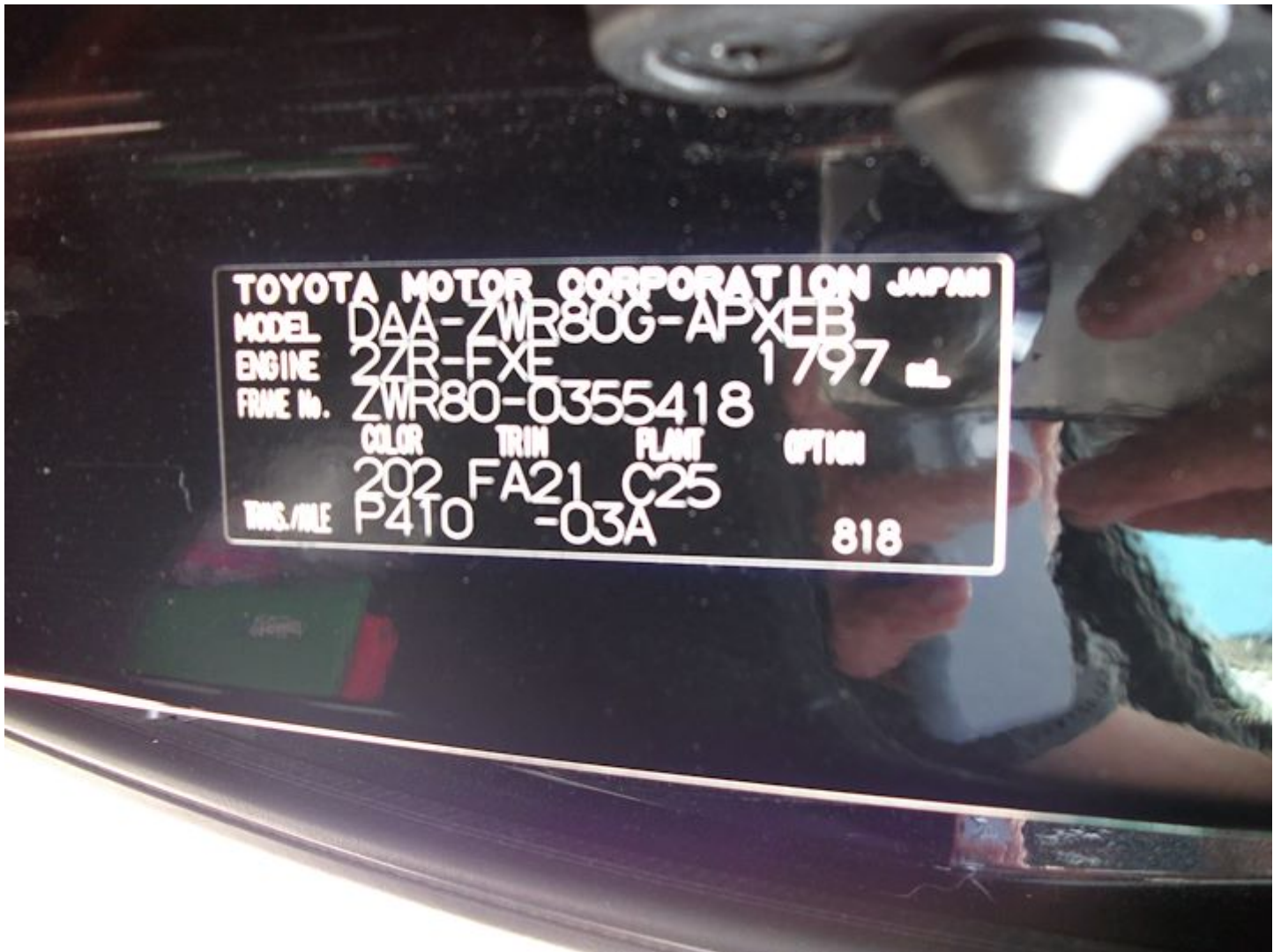














**SINGAPORE
POLICE FORCE**



A/20211227/7024

1 of 2

POLICE REPORT (NP299)

Report No. A/20211227/7024

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 27/12/2021 16:44	Vide Report No.	Station Diary No.
Name Of Informant NG HOW CHUAN	Address 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028	
ID Type / ID No. NRIC NO / S7225917C	Contact No. Home/Office:	Mobile: 92393562
Nationality SINGAPORE CITIZEN	Email Address HC_NG@HOTMAIL.COM	
Occupation Project Manager	Sex Male	Age 49
Institution/School Name	Date of Birth 23/07/1972	Race Chinese
Date/Time Of Incident 26/12/2021 09:45 - 27/12/2021 00:00	Location Of Incident 18 CROSS STREET CROSS STREET EXCHANGE SINGAPORE 048423	

Brief details.

Link to D/20211227/7009 for amend car accident at Cross Street My Vehicle SCH7575J, B Vehicle GX1187D

There was a vehicle stationary in front of me. After checking all blindspots, I made sure that there is no vehicle then I gradually filtered to lane 4 from the right. Suddenly Vehicle B filtered from lane 5 to lane 4 very dangerously without checking and hit against my vehicle, causing damage to the left of my vehicle.

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: 27/12/2021 16:44
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20211227/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211227/7024

Subjects Involved			
Victim			
Person Name	NG HOW CHUAN		
ID Type	NRIC NO	ID No	S7225917C
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Project Manager	Address	28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028
Mobile No	92393562	Is Informant A Victim?	Yes
Person Name	NG HOW CHUAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
27/12/2021 16:44

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20211227/7009

1 of 2

POLICE REPORT (NP299)

Report No. D/20211227/7009

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 27/12/2021 11:36	Vide Report No.	Station Diary No.
Name Of Informant NG HOW CHUAN	Address 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028	
ID Type / ID No. NRIC NO / S7225917C	Contact No. Home/Office:	Mobile: 92393562
Nationality SINGAPORE CITIZEN	Email Address HC NG@HOTMAIL.COM	
Occupation Project Manager	Sex Male	Age 49
Institution/School Name	Date of Birth 23/07/1972	Race Chinese
Date/Time Of Incident 26/12/2021 21:45 - 27/12/2021 00:00	Location Of Incident 28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028	

Brief details.

Car accident at Cross St

After checking the blind spot on my way, I confirmed that time is on vehicle, than I processed to fifer from land 3 from the right to land 4 while I was filtering to land 4, vehicle B filter dangerously from land 5 from the left to land 4 and hit onto my vehicle, causing damage to the left of my vehicle.

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: 27/12/2021 11:36
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20211227/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20211227/7009

Report no A/20211226/0167

Subjects Involved			
Victim			
Person Name	NG HOW CHUAN		
ID Type	NRIC NO	ID No	S7225917C
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Project Manager	Address	28 JALAN BUKIT MERAH #15-4472 SINGAPORE 152028
Mobile No	92393562	Is Informant A Victim?	Yes
Person Name	NG HOW CHUAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
27/12/2021 11:36

Classification Of Case:

