

# 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 ..... 11/02/2022 16:25 (SGT)  
Date of Accident ..... 10/02/2022 18:15 (SGT)  
Exact Location of Accident ..... Clementi Rd, Singapore  
Additional Location Information ..... JUNCTION OF SUNSET WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP7228B

### 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 ..... +65-97805481

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1598

### 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 ..... KHAIRIL BIN KHAIRUDIN  
NRIC No ..... SXXXX568E

Date Of Birth .....	11/04/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	22/04/2010
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97805481
Alt. Phone Number .....	-
Email Address .....	fiona@layauto.com
Address .....	BLK 232 BUKIT BATOK EAST AVENUE 5
Address complement .....	#02-93
Postcode .....	650232
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER (MS ANGELA)
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

#### 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 .....	SMP6751M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Harrier
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LEE PUI CHENG
NRIC No .....	SXXXX931D
Contact Number .....	(Phone) +65-98188735
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 .....	ANGELA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LIGHT INJURIES ON LEFT FACE
Injured person in which vehicle? .....	SMP7228B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

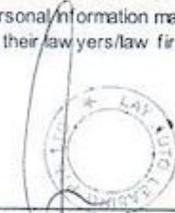
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

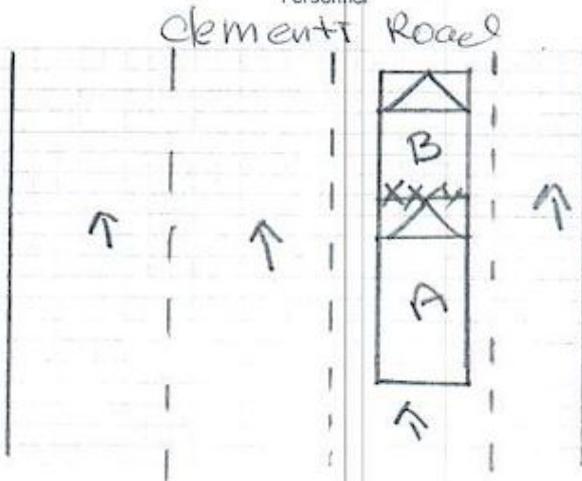
  
 Policyholder's Signature / Date & Time

 11/02/22 11:58hrs  
 Driver's Signature (if driver is not the policyholder) / Date & Time

11/02/22  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SMP 7228B  
 B: SMP 6751M



**Describe Circumstances of the Accident**

I was driving along Clementi Road, with a Gojek passenger, Ms Angela in my car. As I was approaching the traffic junction of Clementi Road and Sunset Way, the front car SMP 6751M, Toyota Harrier stopped abruptly. At that point of time, the traffic light was turning green to amber, <sup>and ~~was~~ ranging.</sup> I could not avoid the accident even though I had braked hard on the brake pedal. It resulted my car to hit the back of the Toyota Harrier.

I checked with my passenger if she is fine. She claimed she sustained light injuries on her left face as it had hit the front passenger seat. I asked her if she wanted ambulance assistance. She declined as she mentioned she would consult the clinic nearby. I told her to remain calm before bringing her over to the nearby HDB car park.

The driver and myself exchanged particulars. I told her that we will settle via insurance.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

11/02/22 1118h15

*[Handwritten Signature]* 11/02/2022

Witnessed by Reporting Centre Personnel

















