

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 08/06/2022 12:09 (SGT)
Date of Accident 07/06/2022 03:17 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH4477X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DYNAMIC CAR RENTAL
Company Reg No 5XXXX467K
Email Address general@fastechauto.com.sg
Mobile Phone No (Phone) +65-88173108
Alternative Phone No (Office) +65-67465405

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNA00011182101
Cover Note Number -

DRIVER

Name of Driver CHANG GUANG RUI
NRIC No SXXXX803J

Date Of Birth	17/08/1995
Occupation	Indoor
Date Of Driving Pass	13/08/2020
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173108
Alt. Phone Number	-
Email Address	general@fastechauto.com.sg
Address	BLK 56 TEBAN GARDEN #23-465
Address complement	-
Postcode	600056
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	Hit and run / Vandalism / Damaged whilst parked
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

PLEASE REFER TO POLICE REPORT T/20220607/7036

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	WITH OWNER BUT DID NOT CAPTURE THE NUMBER PLATE OF THE TAXI
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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	CHANG GUANG RUI
Gender	Male
Phone No	(Phone) +65-88173108
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJH4477X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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/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

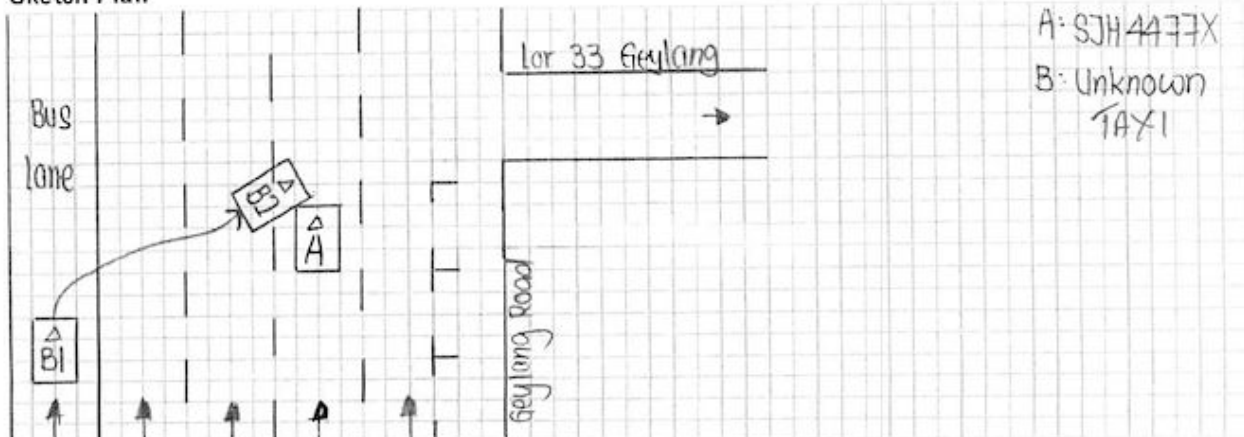
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Refer to the police report (T/20220607/7036)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 08/06/2022
Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20220607/7036

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

Report No. T/20220607/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2022 17:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHANG GUANG RUI		Address: 56 TEBAN GARDENS ROAD #23-465 SINGAPORE 600056	
ID Type / ID No.: NRIC NO / S9528803J		Contact No.: Home/Office: Mobile: 88173108	
Nationality: SINGAPORE CITIZEN		Email: zrr0817@gmail.com	
Sex: Male	Age: 26	Date of Birth: 17/08/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Automotive Sales		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/06/2022 03:20	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJH4477X	Car				Seriously Damaged	0
UNKNOWN	Car			Green	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



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Report No. T/20220607/7036

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANG GUANG RUI	ID No.	S9528803J
Related Vehicle	SJH4477X (Car)	Contact No.	88173108
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/06/2022	Date	07/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along Geylang Road towards City, while im coming near to Lor 33 Geylang road, suddenly a Strides Taxi in green colour cut across multiple lanes and collided onto the front left portion of my car. I then reverse my car a little to let the driver get out of his Taxi, then suddenly a group of people came and offer help, the next moment the Taxi drove off into Lor 33 Geylang and got away. I did not manage to capture the Taxi number plate, nor manage to exchange particular and contact number with the Taxi Driver. last as i know, the driver was a middle age Indian man.

I wish to mention, my In-Car camera manage to capture the whole incident, but wasn't clear enough to capture the Vehicle Bearing Number Plate of the said Taxi.

I feel pain at my Neck and Body area after the accident, I visited Wong Family Clinic & Surgery Pte Ltd and was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220607/7036

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Report No. T/20220607/7036

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 /
SUFYAN BIN KHAIRI
Contact No.: 65476148

NP168

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

Date/Time:
07/06/2022 17:10

Classification Of Case:

