

SD0821AL0003 / Ding Auto Pte Ltd
ENTRY DATE & TIME: 21/10/2021 18:38 (SGT)
SUBMITTED BY: Henry
VERSION: 1 (21/10/2021 18:38 (SGT))

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	21/10/2021 18:38 (SGT)
Date of Accident	20/10/2021 19:00 (SGT)
Exact Location of Accident	Jurong West Street 51, Singapore
Additional Location Information	ALONG JURONG WEST STREET 51 (OUTSIDE THE ENTRANCE TO BLK 501)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9228J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Company Reg No	2XXXXX284H
Email Address	lusiont96@gmail.com
Mobile Phone No	(Phone) +65-90396265
Alternative Phone No	(Office) +65-90396265

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	DMHCSNW00000762100
Cover Note Number	-

DRIVER

Name of Driver	NG ENG CHONG
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NRIC No	SXXXX054Z
Date Of Birth	31/12/1977
Occupation	Outdoor
Date Of Driving Pass	24/02/1998
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81898897
Alt. Phone Number	-
Email Address	lusiont96@gmail.com
Address	BLK 913 JURONG WEST STREET 91 #11-224 SINGAPORE
Address complement	-
Postcode	640913
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	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)	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN (POLICE REPORT NO. T/20211021/2029).

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	SGW1841D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

• Vehicle Category	Private car
Name of Driver	CHAN FEI SHAN
NRIC No	SXXXX416Z
• Contact Number	(Phone) +65-92347035
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	NG ENG CHONG
Gender	Male
Phone No	(Phone) +65-81898897
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SML9228J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 5 Any false reporting may be referred to the Police for investigation
- 6 The 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 the 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 at/through
- 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 insurers/who have insured vehicle(s) involved in this accident (all insurers/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 enquires 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 insurers/who have insured vehicle(s) involved in the 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 used outside of Singapore, for one or more of the above Purposes



[Handwritten signature]

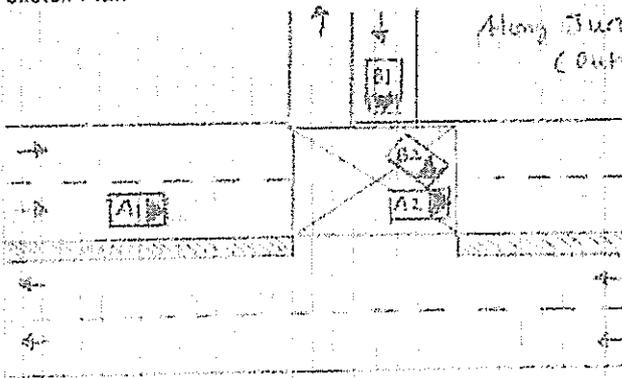


Policyholder's Signature / Date & Time

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

Witnesses by Reporting Centre Personnel

Sketch Plan



* Veh A1, A2 : SML 92287

* Veh B1, B2 : SGW 18411

Describe Circumstances of the Accident

Refer to Police Report
7/2021 to 10/21/2029

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature - Date & Title

Driver's Signature (if driver is not the policy owner) - Date & Title



Witnessed by Reporting Centre Personnel

IMAGES



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5



IMAGES #6



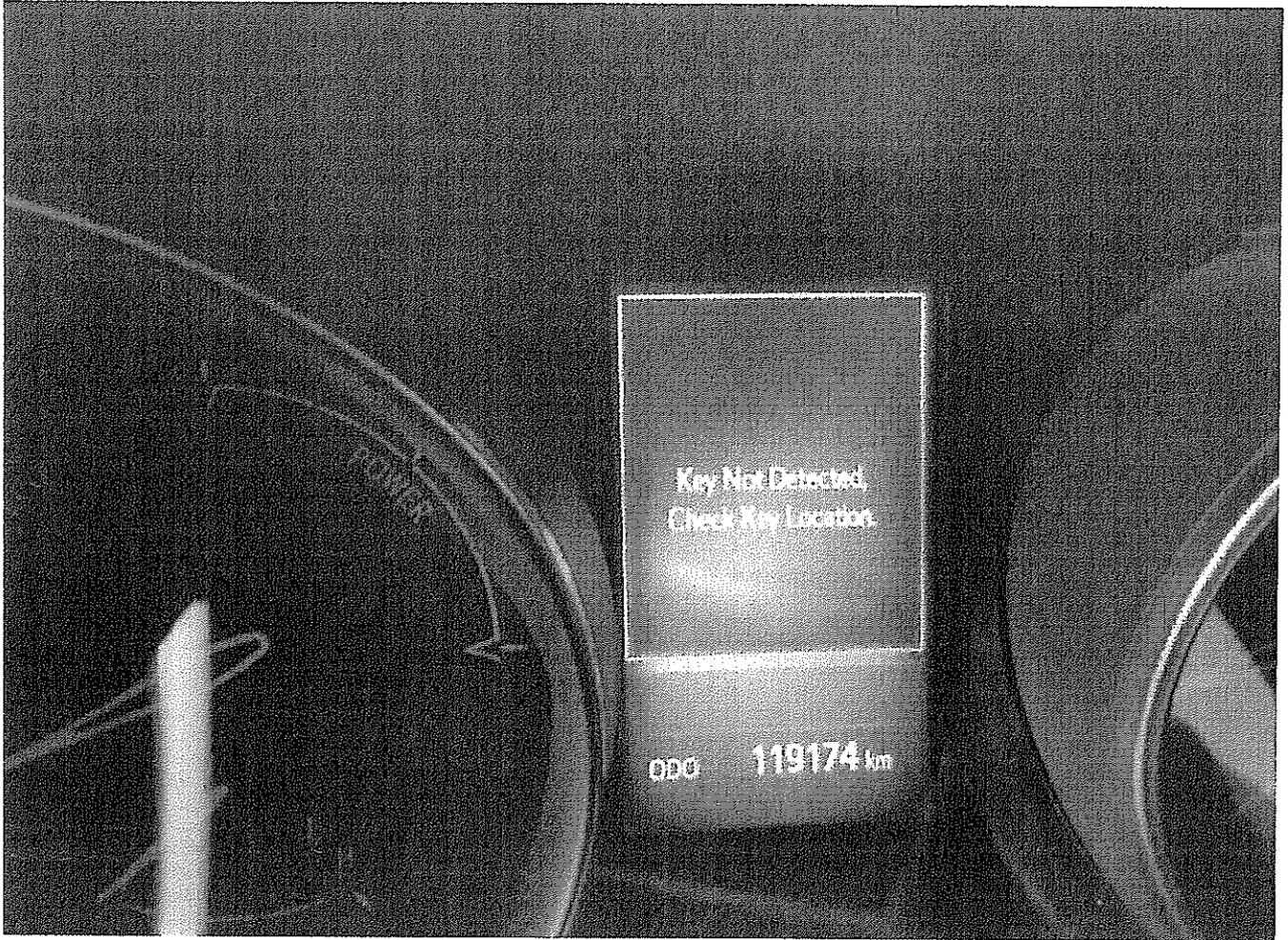
IMAGES #7



IMAGES #8









SINGAPORE
POLICE FORCE



1/20211021/2029

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Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No 1800-2589999

Report No. 1/20211021-2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/10/2021 12:37	Vide Report No	Station Diary No. 64
Informant's Particulars		
Name of Informant NG ENG CHONG	Address APT BLK 913 JURONG WEST STREET 91 #11-224 SINGAPORE 640913	
ID Type / ID No. NRIC NO / S7738054Z	Contact No Home/Office	Mobile 81898897
Nationality SINGAPORE CITIZEN	Email	
Sex Male	Age 43	Date of Birth 31/12/1977
Race Chinese	Type of Informant Driver	Institution / School Name:
Occupation GRAB DRIVER	Driving Licence Information Class 2B,2A,3,4	Date of Expiry

General Information of the Accident				
Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 20/10/2021 19:00	Type of Location Straight Road
Location JURONG WEST STREET 61				
Weather Clear	Road Surface Wet		Road Speed Limit	
Traffic Flow One 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	Condition	No of Passenger
SGW1841D	Car				Slightly Damaged	0
SML9228J	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing NA
No of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T202110210029

Police Station Of Origin
Jurong West N P C
700 Corporation Road SINGAPORE 649318
Tel No. 1800-2609889

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CONTINUATION OF REPORT

Driver			
Name	CHAN FEI SHAN	ID No	S8920416Z
Related Vehicle	SGW1841D (Car)	Contact No	92347035
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG ENG CHONG	ID No	S7738054Z
Related Vehicle	SML9228J (Car)	Contact No	81896897
Hospital/Clinic	SILVER CROSS MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	21/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

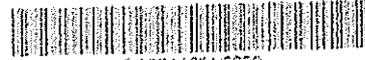
On the 20/10/2021 at about 1900hrs, I was driving as a Grab Driver (SML9228J) along Jurong West Street 51. I was driving on a two-lane road and heading straight.

When all of a sudden, a car (SGW1841D) which came out from the car park of B/501 Jurong West Street 51 hit onto the left side of my car. I immediately stopped my vehicle as the impact was quite hard. I went out from my car and exchange particulars with the other driver.

At that point of time, both of us didn't have any physical injuries. We agreed to lodge our own police report. Today at about 2200hrs, I felt some pain at my neck, so I went to the clinic. I was given 3 days of MC. I wish to state that my in-car camera was not working.



SINGAPORE
POLICE FORCE



T202110212029

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Report No: 202110212029

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689990

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474886 stating the report number as reference

Signature of Officer Recording The Report
J/
Sgt 2 AHMAD HAIKAL BIN
AHMAD FIRDAUS

Signature Of Informant

Signature Of Interpreter.
Not applicable

Date/Time
21/10/2021 12:37

Officer In Charge Of Case
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No: 65476204

Classification Of Case

Authentication Stamp
Singapore Police Force

PRIVATE HIRE

