

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 23/06/2022 10:56 (SGT)
Reported by Driver
Date of Accident 17/06/2022 03:40 (SGT)
Exact Location of Accident Simei St 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ1185Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner D & K AUTOMOTIVE SERVICES PTE. LTD.
Company Reg No 2XXXXX420E
Email Address dkautomotiveservices@hotmail.com
Mobile Phone No (Phone) +65-83388376
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant AXIO
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.
Policy Number / Cover Note Number DMHCSNW00009922100

DRIVER

Name of Driver TIONG WAN YEE
Passport No/FIN GXXXX954K
Date Of Birth 31/08/1997
Occupation Indoor

Date Of Driving Pass	06/09/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89519531
Alt. Phone Number	-
Email Address	tiongwanyee1@gmail.com
Address	BLK 229 SIMEI STREET 4 #04-190
Address complement	-
Postcode	520229
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 - U-Turn
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SHEN XINGCHEN
Gender	Male

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 SKETCH AND POLICE REPORT T/20220618/7007

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5522S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TIONG WAN YEE
Gender	Male
Phone No	(Phone) +65-89519531
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGZ1185Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHEN XINGCHEN
Gender	Male
Phone No	(Phone) +65-83338879
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGZ1185Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. 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 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.

X



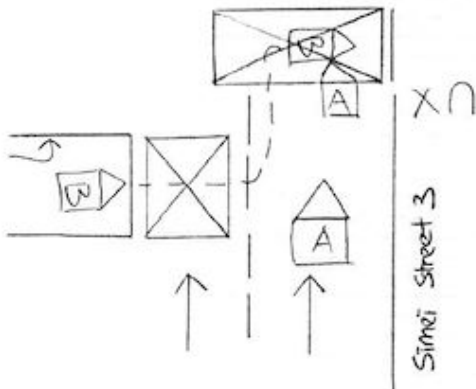
X

hampel

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A = SGZ 1185Z

Vehicle B = SML 5522S

Describe Circumstances of the Accident

I was travelling on the right lane of the two lane road along Simei Street 3. When a car turn out from Manhattan Condo and attempted to make an illegal u-turn. As a result of that, he collided onto the left front portion of my vehicle.

Police Report: T/2022.0618/7007

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

Handwritten signature

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

Witnessed by Reporting Centre Personnel

Handwritten signature and date: 23/06/2022
















**SINGAPORE
POLICE FORCE**


T/20220618/7007

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

1 of 3

Report No. T/20220618/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2022 12:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TIONG WAN YEE			Address: APT BLK 229 SIMEI STREET 4 #04-190 SINGAPORE 520229		
ID Type / ID No.: FIN NO / G2920954K			Contact No.: Home/Office: Mobile: 89519531		
Nationality: MALAYSIAN			Email: tiongwanyee1@gmail.com		
Sex: Female	Age: 24	Date of Birth: 31/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salad shop assistant			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2022 03:40	Type of Location: Straight Road
Location: SIMEI STREET 3				
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
SGZ1185Z	Car	TOYOTA	Axio	Gold	Seriously Damaged	1
SLM5522S	Car	NISSAN	Pulsar	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220618/7007

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

2 of 3
Report No. T/20220618/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SHEN XINGCHEN	ID No.	S9608758F
Related Vehicle	SGZ1185Z (Car)	Contact No.	83338879
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/06/2022	Date	18/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	TIONG WAN YEE	ID No.	G2920954K
Related Vehicle	SGZ1185Z (Car)	Contact No.	89519531
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/06/2022	Date	18/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along the right lane of the two lane road when a car turned out from My Manhattan condo to left lane and abruptly swerved right to perform an illegal u turn and caused a collision between the right portion of his vehicle and front left portion of my vehicle. We sought medical attention the next day and was advised to lodge an accident report.



SINGAPORE POLICE FORCE

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



T/20220618/7007

3 of 3

Report No. T/20220618/7007

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 /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
18/06/2022 12:00

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08226N0001 Vehicle Registration No: SDZ 1185Z
 Name (as shown in NRIC): TIONG WAH YEE NRIC/FIN/Passport No: GXXXX954K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 89519531
 Email Address: _____
 Date of Accident: 17/06/2022 Time of Accident: 03:46
 Place of Accident: SIMEI ST 3
 Insurance Company: CHINA IMPACT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

GENDER SHOULD BE FEMALE

 Policyholder / Driver's Signature
 Date:

23/06/2022
 Reporting Centre Personnel's Signature
 Name: Koh Li
 NRIC/FIN No.: _____
 Date:

D & K AUTOMOTIVE SERVICES PTE. LTD.

232 HOUGANG AVE 1, #12-232, SINGAPORE 530232

Email: dkautomotiveservices@hotmail.com

Contact No: 9793 2446

No: DKA 8022

UEN NO: 202122420E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>SGZ1185Z</u> Replace Veh No:	
Name: (as in I/C) <u>TIONG WAN YEE.</u>		Mileage out:	
NRIC/PASSPORT No: <u>G2920954K.</u>		Make & Model: <u>TOYOTA AXIO</u> <input checked="" type="radio"/> Auto / Manual	
Date of Birth: <u>31/08/1997.</u>		OUT: Date <u>14/06/2022</u> Time: <u>11:00AM.</u>	
Address (Res): <u>10K 209 Simei Street 4</u>		HIRE PERIOD <u>14/06/2022 - 13/07/2022.</u>	
<u>#04-190 (S) 520229.</u>		OWN DAMAGE CLAIM Excess S\$ <u>\$2500.00</u>	
Driving Licence No: <u>721106.</u> D/L Type: Local / <u>International</u>		THIRD PARTY CLAIM Excess S\$ <u>\$2500.00</u>	
Issue Date:		CHARGES	
Tel: (O) _____ HP <u>89519531.</u>		Daily @\$ _____ per day	
Company Name:		Weekly @\$ _____ per week	
Company UEN:		Monthly <u>1</u> @\$ <u>1400</u> per month <u>1400.00</u>	
Company Address:		Others @\$ _____	
ADDITIONAL DRIVER'S PARTICULARS		Delivery Service	
Name: (as in I/C) _____		GST	
NRIC/PASSPORT No: _____		SUB-TOTAL \$	
Date of Birth: _____		PETROL LEVEL	
Address (Res): _____		Out E 1/4 1/2 3/4 F	
Driving Licence No: _____ D/L Type: Local / International		In E 1/4 1/2 <u>3/4</u> F	
Issue Date: _____		EXTENSION	
Tel: (O) _____ HP _____		Misc.	
VEHICLE CHECK LIST		GST	
		TOTAL CHARGES <u>1400.00</u>	
		Rented out by:	
		Hirer's Signature _____	
		Addition Driver's Signature _____	

I have read and agree to the terms and condition on both sides of this agreement, If i have presented a charge/credit card for payment, i agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information i have given D&K AUTOMOTIVE SERVICES PTE LTD in connection with this agreement is true.

***IMPORTANT**

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED IN ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY D&K AUTOMOTIVE SERVICES PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO D&K AUTOMOTIVE SERVICES PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
					 HIRER'S SIGNATURE