

# 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 Actual 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 ..... 06/12/2022 10:50 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 05/12/2022 18:00 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE2106Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO RENT-A-CAR PTE LTD  
Company Reg No ..... 198105775H  
Email Address ..... dannyng@cdgrentacar.com.sg  
Mobile Phone No ..... (Phone) +65-98687678  
Alternative Phone No ..... (Office) +65-68820888

### 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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D18MFL0003414\_03

### DRIVER

Name of Driver ..... ALYDREE CHOW YULI  
NRIC No ..... S7568574B  
Date Of Birth ..... 15/06/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/11/2016
Driving experience .....	6 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-98687678
Alt. Phone Number .....	-
Email Address .....	dannyng@cdgrentacar.com.sg
Address .....	30 BAYSHORE ROAD #11-04
Address complement .....	-
Postcode .....	469974
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 .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 05/12/2022 ABOUT 1800HRS I WAS DRIVING VEHICLE A(SNE2106Z) ON BRADDELL ROAD TOWARDS CTE ON LANE 1 , THE TRAFFIC WAS HEAVY AND ITS A SLOW MOVING. WHILE IN THE QUEING UP FOR THE U-TURN I ACCIDENTALLY REAR ENDED VEHICLE B (SME4365R). NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED.

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SME4365R
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ABDUL HALIM BIN LATIP
NRIC No .....	S1726169Z
Contact Number .....	-
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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



Policyholder's Signature / Date & Time

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

05/12/2022 22:15HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A-SNE2106Z  
B-SME4365R

BRADDELL ROAD TOWARD CTE

## Describe Circumstances of the Accident

ON 05/12/2022 ABOUT 1800HRS I WAS DRIVING VEHICLE A(SNE2106Z) ON BRADDELL ROAD TOWARDS CTE ON LANE 1 , THE TRAFFIC WAS HEAVY AND ITS A SLOW MOVING. WHILE IN THE QUEING UP FOR THE U-TURN I ACCIDENTALLY REAR ENDED VEHICLE B (SME4365R). NOBODY IS INJURED AND NO OTHER VEHICLE IS INVOLVED.

## 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 05/12/2022 2215HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY



\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



























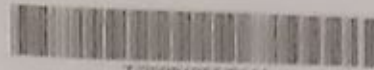








# SINGAPORE POLICE FORCE



T/2022/206/2/11

1 of 3

Report No. T/2022/206/2/11

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2022 20:50	Vide Report No.:	Station Diary No. 64
--	------------------	-------------------------

### Informant's Particulars

Name of Informant: ALYDREE CHOW YULI			Address: 30 BAYSHORE ROAD #11-04 THE BAYSHORE SINGAPORE 469974	
ID Type / ID No.: NRIC NO / S7568574B			Contact No.: Home/Office: Mobile: 98687678	
Nationality: SINGAPORE CITIZEN			Email: alydree@gmail.com	
Sex: Female	Age: 47	Date of Birth: 15/06/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2022 18:00	Type of Location: Straight Road
Location:  BRADDELL ROAD				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME4365R	Car	MAZDA	CX-3 2.0 AT DELUXE 2WD	Red	Slightly Damaged	0
SNE2106Z	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Silver	Slightly Damaged	1




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20221205/2111

2 of 3

Report No. T/20221205/2111

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S1726169Z
Name	ABDUL HALIM BIN LATIP	Contact No.	91287578
Related Vehicle	SME4365R (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	S7568574B
Name	ALYDREE CHOW YULI	Contact No.	98687678
Related Vehicle	SNE2106Z (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/12/2022, I was ferrying a Grab passenger (booking no. A-49LPRG8GWE7T) with my vehicle bearing the plate number SNE2106Z along Braddell Road towards his destination at 27A Dunsfold Drive. I came to a full stop at the traffic light near CTE Expressway entrance however did not realise that I did not step on the brake hence my vehicle inched forward and hit the rear bumper of the vehicle in front (SME4365R) of mine. Both the driver and I came out of our vehicles to assess the damages and exchange particulars before driving off. My vehicle sustained a dent on the plate number at the front while the other vehicle sustained a dent on the rear bumper on top of the plate number. There was no injuries noted from all parties.

I wish to state that I am lodging this report for record purposes as instructed by my company, Grab.

**SINGAPORE  
POLICE FORCE**

T/20221205/2111

3 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20221205/2111

**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 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /

SGT 2 NG HUI HUI

Signature Of Informant:


Signature Of Interpreter:  
Not applicableDate/Time:  
05/12/2022 20:50Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219


Classification Of Case:


NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7568574B




 Name  
ALYDREE CHOW YULI  
曹 幼 莉

 Race  
CHINESE

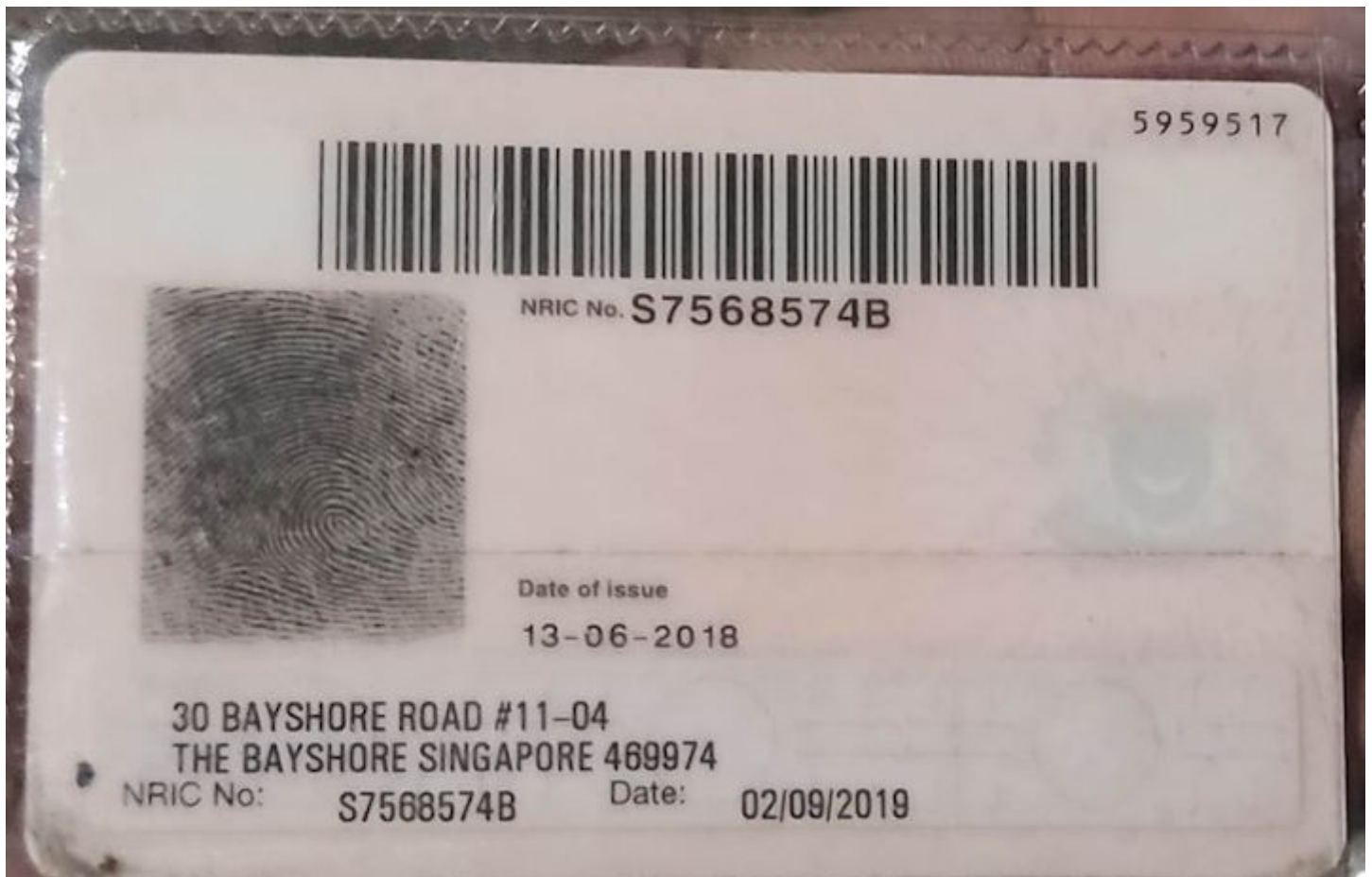
Date of birth  
15-06-1975

Sex  
F

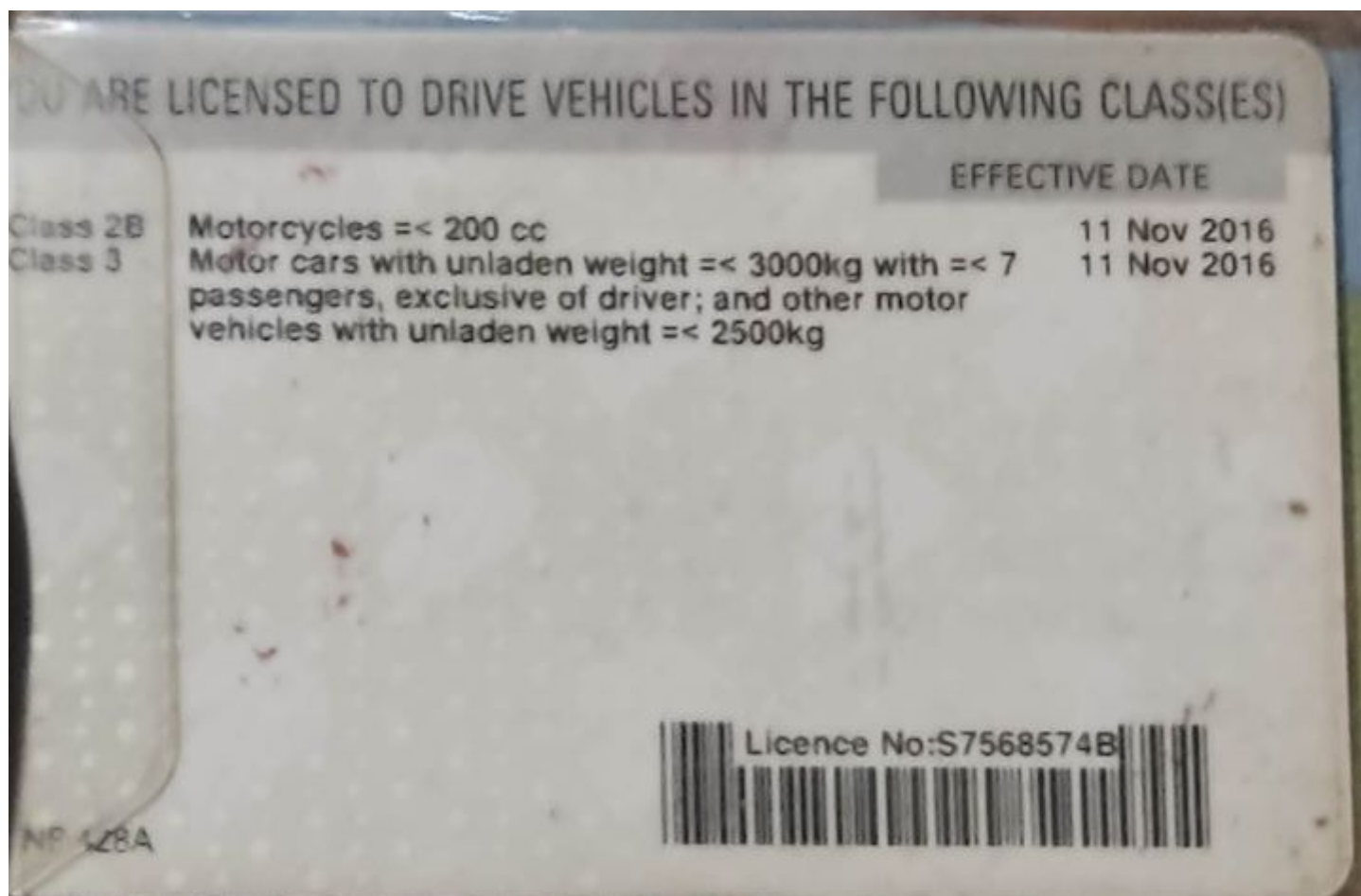
Country/Place of birth  
MALAYSIA

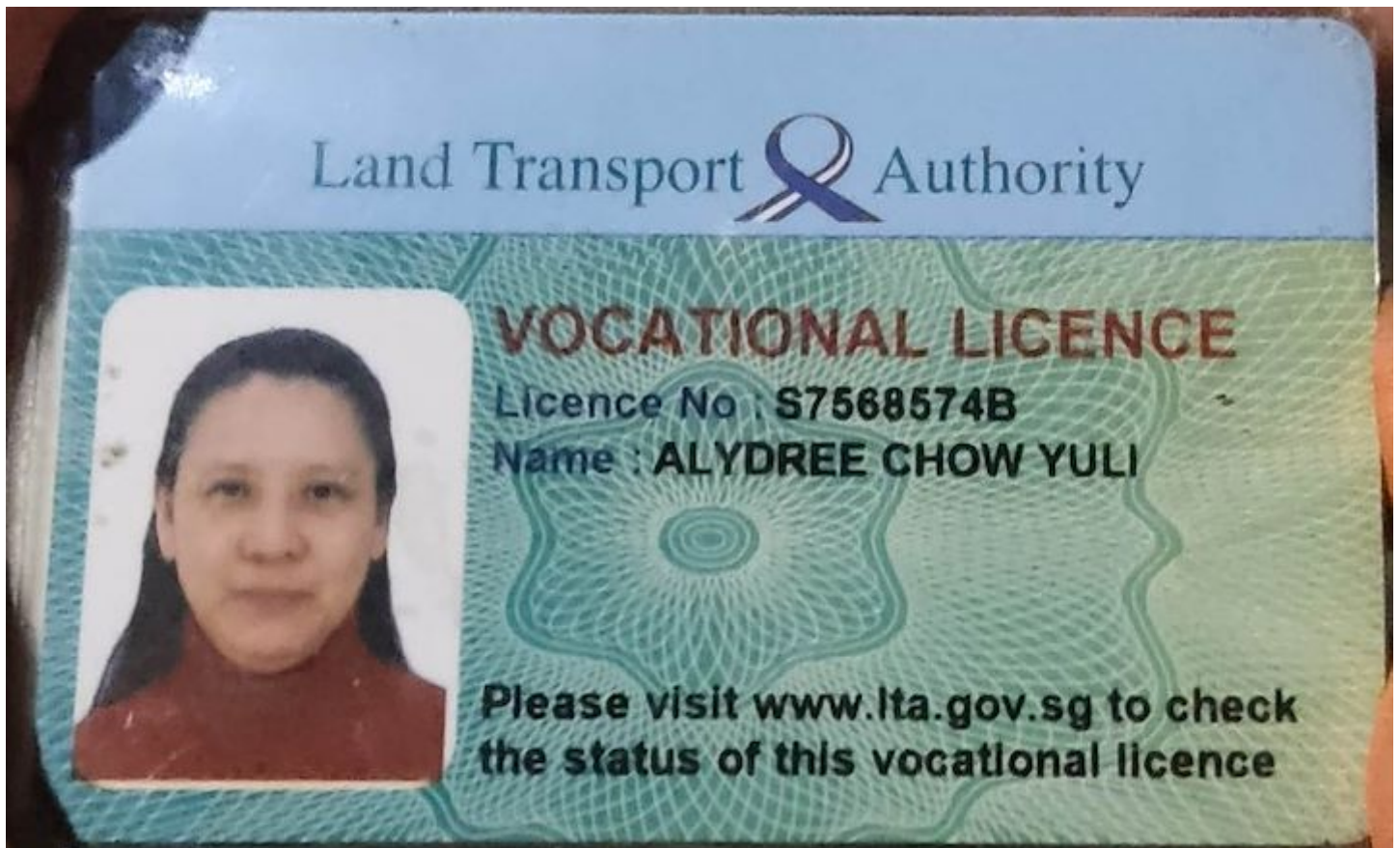














This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	30/07/2018



