

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	07/12/2022 14:52 (SGT)
Reported by	Driver
Date of Accident	07/12/2022 09:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BOON LAY ENTERING ONTO AYE (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2467X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAPITAL CAR LEASING PTE. LTD.
Company Reg No	201629008R
Email Address	capitalcarleasing008@gmail.com
Mobile Phone No	(Phone) +65-87420435
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID STANDARD (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113617409-03

DRIVER

Name of Driver	YAP KOK CHOON @ MUHD SALIM YAP
NRIC No	S1564227J
Date Of Birth	09/09/1962
Occupation	Outdoor

Date Of Driving Pass	25/06/1981
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91896243
Alt. Phone Number	-
Email Address	capitalcarleasing008@gmail.com
Address	APT BLK 182 ANG MO KIO AVE 5 #05-2910 (S) 560182
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	FONG SOOK YIN
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

REFER WITH ATTACHED.

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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7290R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92376410
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ9932U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW4880K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMY3333J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP KOK CHOON @ MUHD SALIM YAP
Gender	Male
Phone No	(Phone) +65-91896243
Address	APT BLK 182 ANG MO KIO AVE 5 #05-2910 (S) 560182
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG2467X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	FONG SOOK YIN
Gender	-
Phone No	(Phone) +65-96225087
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG2467X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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/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

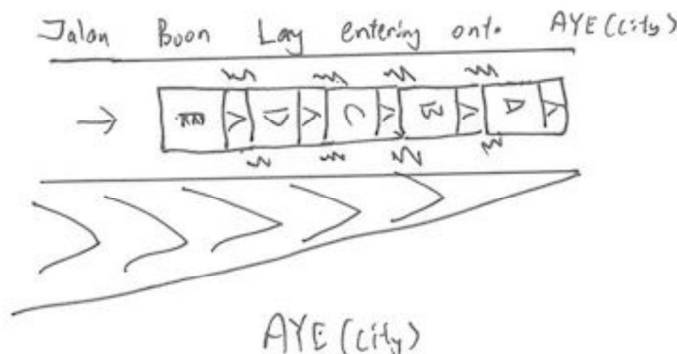
13-00
7/12/22

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



Witnessed by Reporting Centre Personnel

Sketch Plan



- A - 3NG 2467X
- B - 5H 7290R
- C - 8MJ 99324
- D - 5JW 4880K
- E - 8MY 3333J

Describe Circumstances of the Accident


AS per above date and time, I was driving SNG2467x along Jalan Berau Lay leading into AYE (city). Somewhere before entering AYE (city), Vehicles in front of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of sudden, I felt a huge impact from the rear. I alighted and discovered Vh(B) SH 7290R front portion collided onto my vehicle as well as I was involved in a 5-vehicles chain collision accident.

Declaration

We declare the foregoing particulars are true in every respect.



 Policyholder's Signature / Date & Time

 13.00
 7/12/22
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel