

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 First Submission	24/10/2024 16:16 (SGT)
Reported by	Actual Driver
Date of Accident	23/10/2024 23:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PARKVIEW SQUARE PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6183B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA HONG PTE. LTD.
Company Reg No	309M
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	Hybrid
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	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143742460-000215

DRIVER

Name of Driver	TAY THYE HENG HILTON
NRIC No	
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	06/04/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	-
Address	
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	Side Swipe
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)	3
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	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 SHB5168L
 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) -

INCOME ORANGE FORCE

Report Date & Start Time: 24/10/2024 / 15:43

Report No: MT/

D.O.A: 23/10/2024

Vehicle No: SNN6183B

Reporting Type:

Time: 23:42 hrs

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.



24/10/24 / 15:43

Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

24/10/24 / 15:43

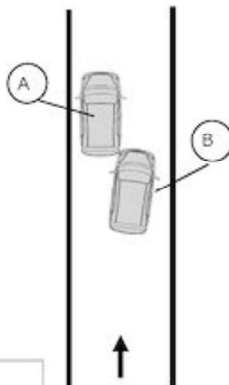
Driver's Signature (if driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)

Income Orange Force

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)



PARKVIEW SQUARE PICK UP POINT

Vehicle A: SNN6183B

Vehicle B: SHB5168L

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

TO ADD ON, I AM NOT SURE HOW MANY PASSENGER THAT VEHICLE B WAS HAVING AT THE TIME OF ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



24/10/24 / 15:43

Policyholder's Signature / Date & Time

24/10/24 / 15:43

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

Tang Chun Kiet (S098825)

Income Orange Force

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















**SINGAPORE
POLICE FORCE**



T/20241024/2039

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20241024/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2024 14:52		Vide Report No.:	Station Diary No.: 103
Informant's Particulars			
Name of Informant: TAY THYE HENG HILTON		Address:	
ID Type / ID No.: NRIC NO /		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PHV DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/10/2024 23:40	Type of Location: Pick up Lobby
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5168L	Motor car					0
SNN6183B	Motor car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241024/2039

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20241024/2039

CONTINUATION OF REPORT

Driver			
Name	TAY THYE HENG HILTON		ID No.
Related Vehicle	SNN6183B (Motor car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry
			Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23/10/24 at 2342hrs, I was picking up a passenger at Parkview Square when a taxi (SHB5168L) tried to squeeze past my vehicle (SNN6183B). I felt and heard the impact from the right side of my car. The taxi driver then stopped and both of us alighted. As I was about to take photo of the damages, the taxi driver suddenly got back into his vehicle and drove away. No particulars were being exchanged.

My vehicle sustained scratches and dents to the right rear side. I have dash camera but have yet to download the footage. Neither myself nor my passenger were injured during the collision. As such, I am lodging a report.

 SINGAPORE POLICE FORCE Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999	 T/20241024/2039 3 of 3 Report No. T/20241024/2039 CONTINUATION OF REPORT
<p>Signature of Officer Recording The F / SGT 2 Chng Glenn</p>  <p>Signature Of Interpreter: Not applicable</p> <p>Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079</p>	<p>Signature Of Informant:</p>  <p>Date/Time: 24/10/2024 14:52</p> <p>Classification Of Case:</p>
NP168	

