

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 ability.
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 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 Report	20/11/2017 16:51
Date Of Accident	17/11/2017 01:10
Exact Location Of Accident	JUNC OF AIRPORT RD & HOUGANG AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR5132G
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-
Driver	
Name of Driver	TOH CHIN QUANG ADIL
NRIC No	S8113388C
Date Of Birth	10/05/1981
Occupation	INDOOR
Date Of Driving Pass	08/08/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83855241
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 334 UBI AVE 1 #02-793
Postcode	400334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHC8298U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KER YIAU EONG
NRIC/Passport Number	S1386758E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG YAN KAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTES

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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 statement 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 their copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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 this 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

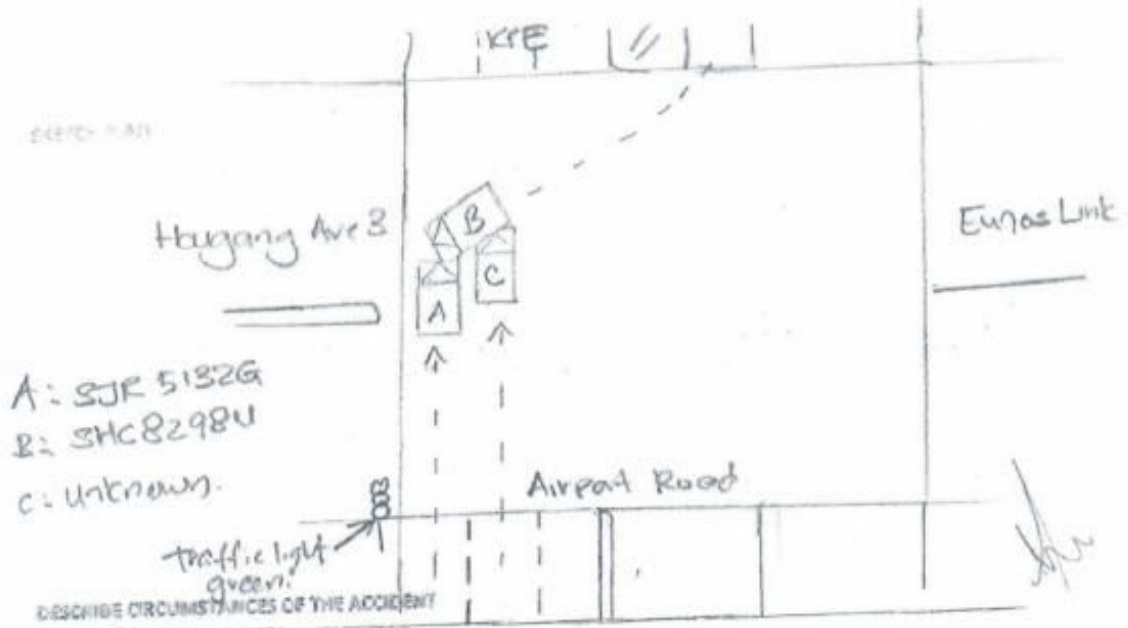


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



I wish to further state that my car and the other driver's car (C), which (C) was travelling on my right, both of us are travelling straight towards KPE due to traffic light green in our favor.

Refer Police Report: F/20171117/7033

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

DECLARATION
We declare that the foregoing particulars are true in every respect.



Policyholder's Signature: _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____
NUC/FIN No.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20171117/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171117/7033

The taxi driver had admit to the traffic police which came on the accident scene, he told the police in charge that it was his fault as at that point in time he he did not realised that me and other car was on the half way to clear the junction.

During this incident the taxi's passenger was convey to by ambulance.

Subjects Involved			
Victim			
Person Name	TOH CHIN QUANG ADIL		
ID Type	NRIC NO	ID No	S8113388C
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	SENIOR ACCOUNT MANAGER		
Address	APT BLK 334 UBI AVENUE 1	Address Type	
	#02-793 SINGAPORE 400334	Mobile No	83855241
Is Informant A Victim?	Yes		
Person Name			
Person Name	Ong Yan Kai	ID No	S9209060D
ID Type	NRIC NO	Race	Chinese
Gender	Male		
Person Name	TOH CHIN QUANG ADIL (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 17/11/2017 17:21 Classification Of Case:
Not applicable	
Signature Of Interpreter:	
Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20171117/7033

1 of 2

POLICE REPORT (NP299)

Report No. F/20171117/7033

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 17/11/2017 17:21	Vide Report No.	Station Diary No.
Name Of Informant TOH CHIN QUANG ADIL	Address APT BLK 334 UBI AVENUE 1 #02-793 SINGAPORE 400334	
ID Type / ID No. NRIC NO / S8113388C	Contact No. Home/Office:	Mobile: 83855241
Nationality SINGAPORE CITIZEN	Email Address law81rence@yahoo.com.sg	
Occupation SENIOR ACCOUNT MANAGER	Sex Male	Age 36
Institution/School Name	Date of Birth 10/05/1981	Race Chinese
Date/Time Of Incident 17/11/2017 01:10 - 17/11/2017 02:15	Language English	
	Location Of Incident EUNOS LINK	

Brief details.

On 17/11/2017 @ 1.10pm when I was driving car no: SJR5132G along Airport Road towards KPE traffic junction and the green light was in our favor when suddenly a taxi SHC8298U driving at the opposite direction make a reckless right turn without checking on-coming vehicles that caused this accident to happen.

Both of my car and the other driver's car was been hit by the taxi. The taxi driver Mr Ker Yiau Eong came out from his taxi looking very blur and apologize to both of us and quickly check on his injured passenger.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 17/11/2017 17:21 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

