

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	24/11/2017 16:58
Date Of Accident	22/11/2017 18:00
Exact Location Of Accident	JUNC SOUTH BRIDGE RD & CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH1756D
Insured/Policyholder	
Name Of Registered Owner	TAN KIAT LIM
Co Reg No	S0244248E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98386088
Alternative Phone No	OFFICE-98386088

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS
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	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095797948
Cover Note Number	

Driver

Name of Driver	WONG SING HWA
NRIC No	S6824216I
Date Of Birth	29/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98517229
Fax Number	
Contact Number	OFFICE-98517229
Email Address	NOEMAIL

Address	BLK 288B JURONG EAST STREET 21 #08-378
Postcode	602288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171124/2111.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
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 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 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 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.
- (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.

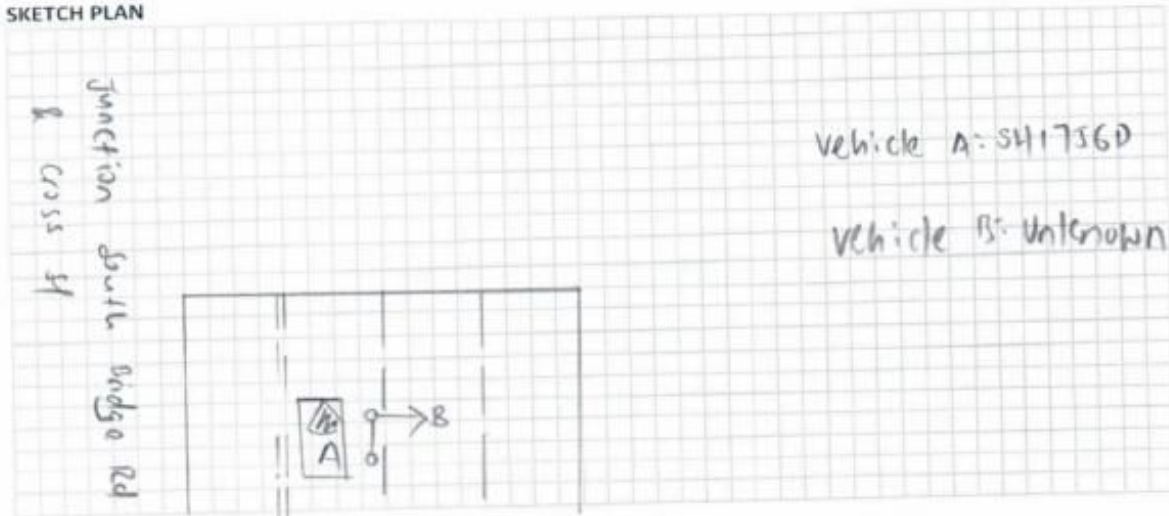

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20171124/2111.

DECLARATION

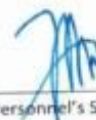
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171124/2111

1 of 2

POLICE REPORT (NP299)

Report No. T/20171124/2111

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

Date/Time Report Made 24/11/2017 16:19	Vide Report No.	Station Diary No.
Name Of Informant WONG SING HWA	Address APT BLK 288B JURONG EAST ST 21 #08-378 HDB JURONG EAST SINGAPORE 602288	
ID Type / ID No. NRIC NO / S6824216I	Contact No. Home/Office Mobile 98517229	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 49
	Date of Birth 29/06/1968	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 22/11/2017 18:00 - 22/11/2017 19:00	Location Of Incident SOUTH BRIDGE ROAD SINGAPORE	

Brief details.

AT THE ABOVE STATED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG SOUTH BRIDGE ROAD, AS I WAS DRIVING. THERE WAS SOME CONSTRUCTION ON THE EXTREME LEFT, AND THERE WAS A TRAILER REVERSING FROM THE 4TH LANE. IT WAS A RED LIGHT AND THE TRAILER WAS SORT OF TURNING INTO MY DIRECTION. SO I TRYING TO AVOID THE TRAILER. SO I WANTED TO FILTER TO THE 4TH LANE INFRONT OF THE TRAILER FROM THE 3RD LANE. THERE WAS A BIKE STATIONARY VERY

Signature Of Officer Recording The Report: TP / KHALED AMR HASSAN MOHSEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2017 16:19
Officer In-Charge Of Case: TP / Traffic Police Division HQ / SI ABD KAHAR BIN RAMAT Contact No.: 65476301	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



T/20171124/2111

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20171124/2111

CLOSE TO MY FRONT RIGHT SIDE. SO I KINDLY HORNED AT HIM SO THAT HE COULD GIVE ME WAY. HE GOT ANGRY AND HE TURNED HIS HEAD TO LOOK AT ME AND BANGED ON MY BONNET AND HE KEPT SCOLDING ME ANGRILY. I WAS TELLING HIM I WAS TRYING TO FILTER TO THE LEFT. AFTERWARDS I WENT TO THE 4TH LANE, THEN HE CAME BEHIND MY VEHICLE, THEN I SAW HIM TAKE OUT HIS HANDPHONE AND TAKE IMAGES. I WAVED TO HIM TO FOLLOW ME AND STOP AT THE SIDE TO TALK IT OUT. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MOVED FORWARD AND WHEN I LOOKED AT MY REAR VIEW MIRROR HE CUT ALL THE WAY TO THE RIGHT SIDE AND TURN TO THE SMALL ROAD ON THE SIDE.
MY VEHICLE NUMBER IS SH1756D.
THAT'S ALL

Subjects Involved	
Victim	
Person Name	WONG SING HWA (Informant)

Signature Of Officer Recording The Report:

TP / KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Division HQ /
SI ABD KAHAR BIN RAMAT
Contact No.: 65476301

Authentication Stamp

Signature Of Informant:

Date/Time:
24/11/2017 16:19

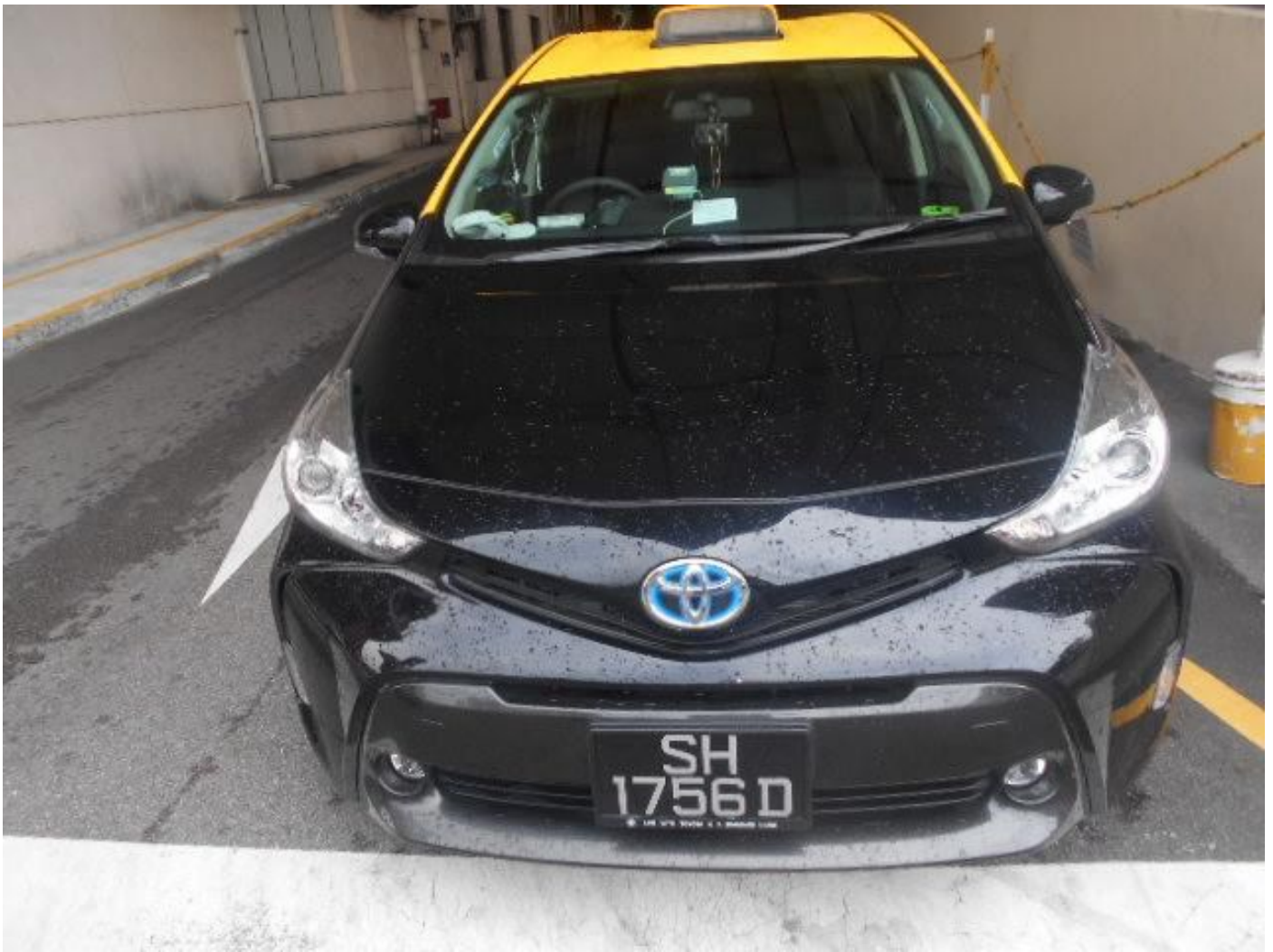
Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

