

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	28/11/2017 12:50
Date Of Accident	27/11/2017 18:15
Exact Location Of Accident	SLIP RD OF PUNGGOL RD TWDS TPE / SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5395C
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82929266
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	KOO CHIN YEOU (XU ZHENYAO)
NRIC No	S7236232B
Date Of Birth	29/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82929266
Fax Number	
Contact Number	OTHERS-90289266
Email Address	NOEMAIL

Address	BLK 68 LORONG 5 TOA PAYOH #09-500
Postcode	310068
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171127/2213

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5751M
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

DETAILS OF INJURED PERSON 1

Name KOO CHIN YEOU (XU ZHENYAO)

Approximate Age

Injuries Sustain SHOULDER AND NECK

Injured person in which vehicle? SLK5395C

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 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 situated 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:

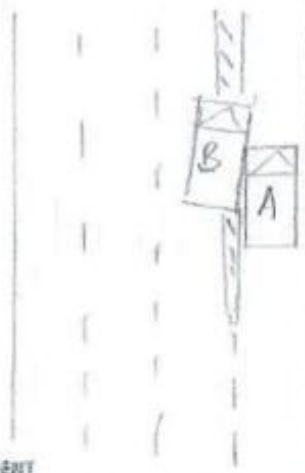
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

Slip Road of Punggol Road towards
TPE / SLE

SKETCH PLAN



A: SLK5395C
B: YN5751M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rego to Police Report No: - T/2017/1107/2213
dated 27.11.2017

I wish to further state that my left
front rim was also damaged, and the
driver of vehicle B never ensure my car
was travelling straight and recklessly
cut in.

DECLARATION

I/We declare that the above 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/PIN No.:

28/11/2017

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20171127/2213

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20171127/2213

CONTINUATION OF REPORT

Driver			
Name	KOO CHIN YEOU	ID No.	S7236232B
Related Vehicle	SLK5395C (Car)	Contact No.	82929266
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	27/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/11/2017 at about 6.15pm, I was driving my car bearing registration number SLK5395C and was travelling along Punggol road towards TPE(SLE) direction.

As I was driving and had come to a slip road before entering TPE near to Punggol West flyover, a lorry bearing registration number YN5751M from my left suddenly cut into my front and hit onto the left front side of my car.

My car have damages of dent and scratches to the front left bumper, fender and door. I also sustains injuries to my shoulder and neck area and was given 5 days medical certificate.

I wish to inform that I have in built camera inside my car and it capture the footage of the full incident. No police or ambulance attend to my incident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

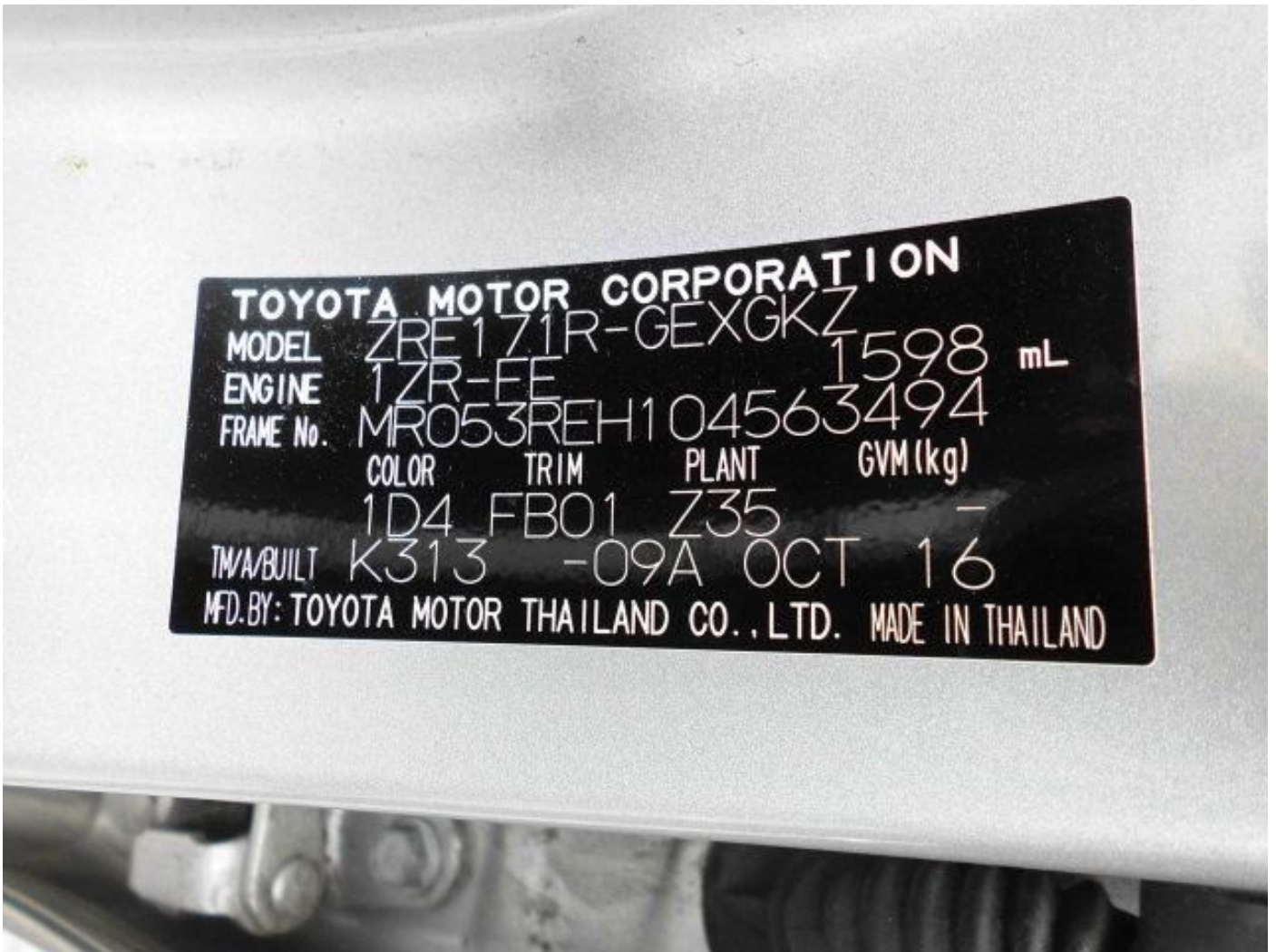


Accident Photo



Accident Photo





Police Report



SINGAPORE
POLICE FORCE



T/20171127/2213

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93 TOA PAYOH CENTRAL #01-02
TOA PAYOH CENTRAL COMMUNITY CLUB
SINGAPORE 319194

1 of 3

Report No. T/20171127/2213

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 23:42	Vide Report No.:	Station Diary No.: 225
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Informant's Particulars

Name of Informant: KOO CHIN YEOW	Address: APT BLK 68 LORONG 5 TOA PAYOH #09-500 SINGAPORE 310068
ID Type / ID No.: NRIC NO / S7236232B	Contact No.: Home/Office: Mobile: 82929266
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 45 Date of Birth: 29/09/1972	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GRAB CAR DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2017 18:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL ROAD TAMPINES EXPRESSWAY Towards TPE(SLE) at slip road before entering TPE, near to Punggol West flyover				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK5395C	Car				Slightly Damaged	0
YN5751M	Lorry					0

Details of Person Involved

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

Police Report



SINGAPORE
POLICE FORCE



T/20171127/2213

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 318194
Tel No: 1800-2519999

CONTINUATION OF REPORT.

2 of 3
Report No. T/20171127/2213

Driver:			
Name	KOO CHIN YEOU	ID No.	S7236232B
Related Vehicle	SLK5395C (Car)	Contact No.	82929266
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
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My car have damages of dent and scratches to the front left bumper, fender and door. I also sustains injuries to my shoulder and neck area and was given 5 days medical certificate.

I wish to inform that I have in built camera inside my car and it capture the footage of the full incident. No police or ambulance attend to my incident.

Police Report



SINGAPORE
POLICE FORCE



T/20171127/2213

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20171127/2213

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:
E /
Sgt 2 PHYLLIS HENG PEI LING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2017 23:42

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

