

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	06/12/2017 12:39
Date Of Accident	05/12/2017 20:00
Exact Location Of Accident	LOR4 TOA PAYOH AFTER TURN LEFT FROM LOR5 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM1770S
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81216176
Alternative Phone No	OFFICE-81216176
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA 1.3L CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095280859
Cover Note Number	
Driver	
Name of Driver	NG WEN JIAN
NRIC No	S1508632G
Date Of Birth	02/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81216176
Fax Number	
Contact Number	OTHERS-81216176
EEmail Address	NOEMAIL

Address	38 LORONG 101 CHANGI
Postcode	426646
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	SIDE SWIPE
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171206/2044

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	SJQ1041S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN LIAM CHUAN
NRIC/Passport Number	S2585872G
Contact Number	91008312
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	NG WEN JIAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM1770S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

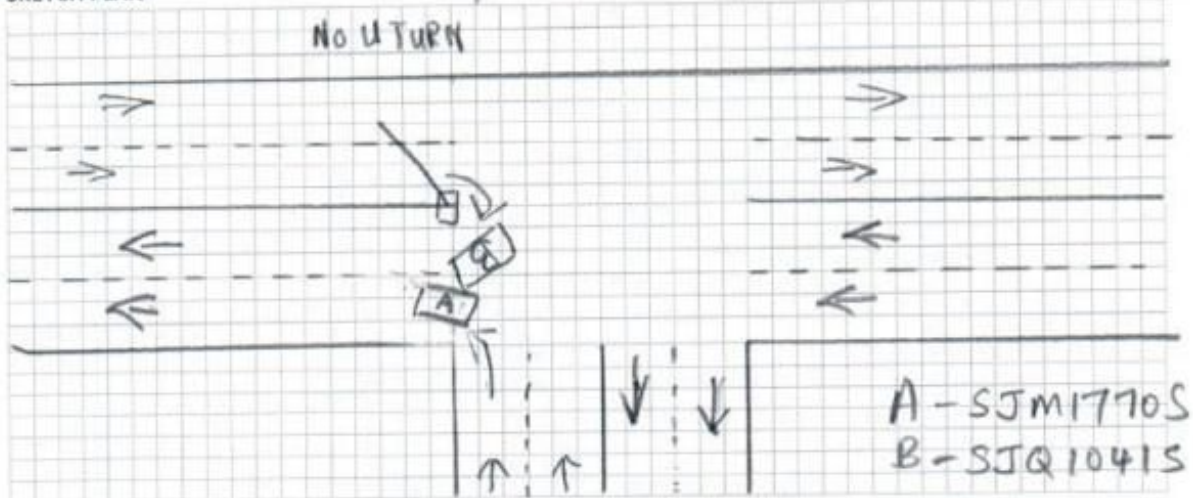
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Lor 4 Tua Payoh after turn Left from Lor 5 Tua Payoh.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20171206/2044

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171206/2044

2 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171206/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WEN JIAN	ID No.	S1508632G
Related Vehicle	SJM1770S (Car)	Contact No.	81216176
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	05/12/2017	Date Discharge	05/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN LIAM CHUAN	ID No.	S2585872G
Related Vehicle	SJQ1041S (Car)	Contact No.	91008312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/12/2017 at about 8pm-8.10pm, I was driving my Grab Car, Reg No: SJM1770S along Lorong 5 Toa Payoh and was turning left into Lorong 4 Toa Payoh. I had checked that the road was clear before I made the turn. At that time, I have a male Chinese passenger seating at the rear left passenger seat and I was on my way to United Square after picking him from Blk 35 Lorong 5 Toa Payoh.

After making the turn, I suddenly felt a strong impact to the rear right side of my Grab car and I was thrown forward in my seat. I then realized that another car, Reg No: SJQ1041S had hit the rear right side of my car after making an illegal U-turn at Lorong 4 Toa Payoh. I was in a state of shock after the impact and I felt aches and pain to my neck and shoulder pain. I also felt some numbness to my shoulder area as well as trembles and shakes to my legs. I had checked that the rear right side and the door area was dented in.

I had checked with my passenger and he claimed that he was not injured then. I then advised him to alight from my Grab car as I need to settle with the other driver with regards to the accident. I had noted his name and contact as Sean from the Grab app. I later then exchanged particulars with the other driver. I also contacted my rental company and one of the staff came to the accident scene and advised me to lodge a traffic police accident report.

After exchanging of particulars, we then left the place. About 1 hour later, after arriving home, the pain had worsened and I felt more shakes and trembles to my legs. I then decided to take a cab to Mount

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171206/2044

3 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171206/2044

CONTINUATION OF REPORT

Alvernia Hospital for a check. I was given 5 days of MC and given some medications.

I am thus lodging this police report for insurance claims against the other driver.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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/20171206/2044

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171206/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2017 11:26	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: NG WEN JIAN			Address: 38 LORONG 101 CHANGI SINGAPORE 426646	
ID Type / ID No.: NRIC NO / S1508632G			Contact No.: Home/Office:	Mobile: 81216176
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 02/08/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2017 20:00	Type of Location: Straight Road
Location: Along Road 1 LORONG 4 TOA PAYOH				
Lorong 4 Toa Payoh after turn left from Lorong 5 Toa Payoh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJM1770S	Car	HONDA	Honda Civic	Grey	Slightly Damaged	1
SJQ1041S	Car	HONDA	Honda Civic		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM1770S	NTUC Income Insurance Co-Operative Limited	JHMF36209S202 076	23/10/2017	10/12/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20171206/2044

2 of 4

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Related Vehicle	SJQ1041S (Car)	Contact No.	91008312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



**SINGAPORE
POLICE FORCE**



T/20171206/2044

3 of 4

Police Station Of Origin:
Bedok North N.P.C

Report No. T/20171206/2044

30 Bedok North Road SINGAPORE 469676
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CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T/20171206/2044

4 of 4

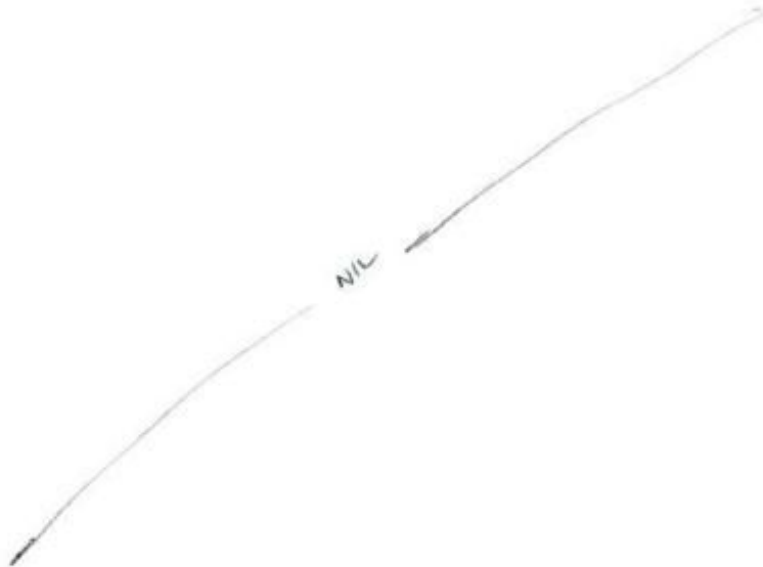
Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20171206/2044

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:
G / *M.N.*
Sr Staff Sgt MUHAMMAD NASSER BIN AHMAD
YUSOFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
[Signature]

Date/Time:
06/12/2017 11:26

Classification Of Case:

SN 105

M.N.

DATE:

Police Force