

## 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
<b>Insured/Policyholder</b>	
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	
EMail 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

DECLARATION

1. I declare that I am the driver of the vehicle involved in the accident.
2. I declare that the information provided is true and correct.
3. I declare that the information provided is true and correct.
4. I declare that the information provided is true and correct.
5. I declare that the information provided is true and correct.
6. I declare that the information provided is true and correct.
7. I declare that the information provided is true and correct.
8. I declare that the information provided is true and correct.

I hereby declare, acknowledge, agree and consent that:

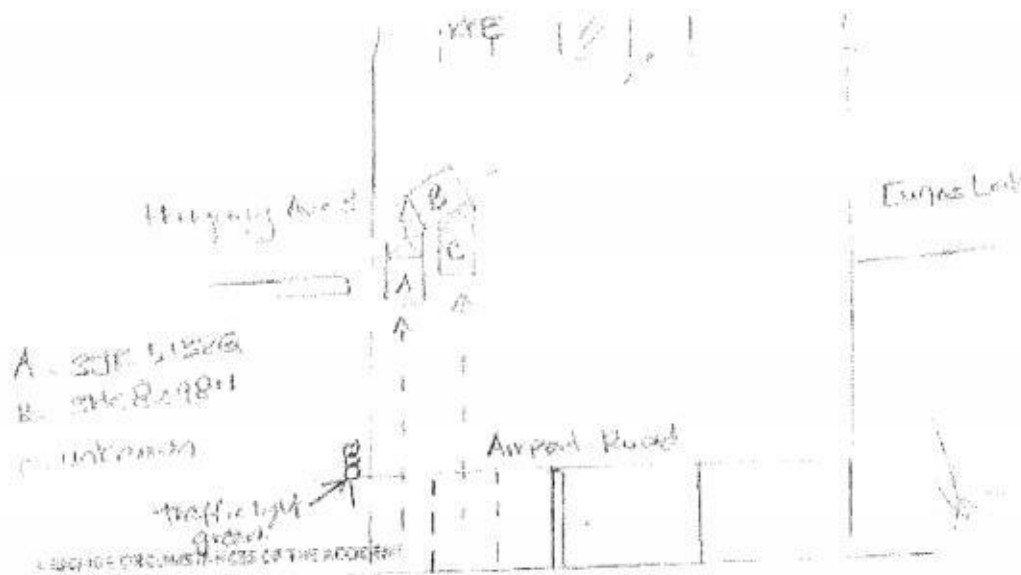
- (a) my insurer, my nomination and my General Insurance Association of Singapore ("GIA") may/are permitted to collect and disclose and/or process my personal data/personal information (referred to as "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have issued vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/loss adjusters, the Insurers' authority of Singapore and any relevant government agencies/authority (such as the police), for the purposes 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 my inquiries to me;
  - (iv) advising my claims (including the making of correspondence, statements, reports or notices to me, which could involve disclosure of certain personal data about me in being able to deliver of the same as well as to the essential force of envelope and packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/loss adjusters, 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/loss adjusters), which may be cited 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.:

# 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


## DECLARATION

I/We declare that the 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/Pass No.:

## POLICE REPORT

SINGAPORE  
POLICE FORCE

F/20171117/033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171117/033

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

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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:

## POLICE REPORT

SINGAPORE  
POLICE FORCE

F/20171117/7033

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## 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 #02 703 SINGAPORE 400334			
ID Type / ID No. NRIC NO / 58113388C	Contact No. Home/Office:		Mobile: 83855241	
Nationality SINGAPORE CITIZEN	Email Address law81rence@yahoo.com.sg			
Occupation SENIOR ACCOUNT MANAGER	Sex Male	Age 36	Date of Birth 10/05/1981	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/11/2017 01:10 - 17/11/2017 02:15	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 SHC829BU 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.
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2017 17:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp