

## 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	08/12/2017 10:28
Date Of Accident	05/12/2017 15:35
Exact Location Of Accident	11 HOSPITAL DRIVE NATIONAL CANCER CENTRE (169610)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2849K
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	LEE JIN SENG
NRIC No	S1280001J
Date Of Birth	21/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1977
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98474748
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 391 TAMPINES AVE 7 #04-223
Postcode	520391
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?	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
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	FBG7936T
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	JOYCELYN VICTORIA TAN
Phone Number	88265108

Email Address

## Accident Sketch Plan

### SKETCH PLAN

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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:

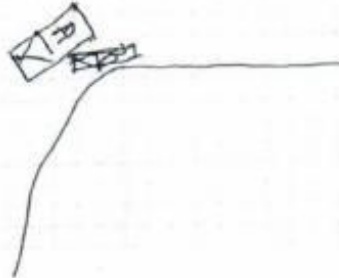
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

(A) SLJ2849K

(B) FBG7936T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While making a turn to Sph Cancer centre  
Vehicle B Collided onto my Vehicle Side.

**DECLARATION** ROSEI MOUSINE  
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:

*Rosei Mousine*

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

*[Signature]*

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20171207/2096

1 of 2

## POLICE REPORT (NP299)

Report No. F/20171207/2096

Police Station Of Origin  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Date/Time Report Made 07/12/2017 15:33	Vide Report No.	Station Diary No. 62
Name Of Informant LEE JIN SENG	Address APT BLK 391 TAMPINES AVENUE 7 #04-223 SINGAPORE 520391	
ID Type / ID No. NRIC NO / S1280001J	Contact No. Home/Office Mobile 98474748	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 60
Institution/School Name	Date of Birth 21/09/1957	Race Chinese
Date/Time Of Incident 05/12/2017 15:35	Location Of Incident 11 HOSPITAL DRIVE NATIONAL CANCER CENTRE SINGAPORE SINGAPORE 169610	

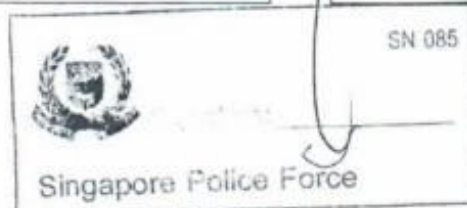
### Brief details.

On 05/12/2017 at 1535hrs, I was driving my private hire Grab Car SLJ2849K with one female passenger along Hospital Drive turning left to National Cancer Centre when suddenly, a motorcycle FBG7936T collided with the front left passenger door of my car.

The male malay rider apologized for the collision and agreed on a private settlement and my car rental company (Roset Limousine Pte Ltd) will contact the rider.

Signature Of Officer Recording The Report: F / Staff Sgt NURULHUDA BINTE OMAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2017 15:33
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Staff Sgt NURULHUDA BINTE OMAR Contact No.: 64519999	Classification Of Case:

Authentication Stamp





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20171207/2096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171207/2096

On 07/12/2017, the rental company called me and informed that the rider refused private settlement and asked me to proceed with police report.

I wish to state that there is no injury to both parties. The left side mirror and around the area was damaged. My passenger was willing to be my witness for the accident.

I am lodging this report for my own record purpose and insurance claiming purposes.

<b>Subjects Involved</b>			
<b>Witness</b>			
Person Name	Joycelyn Victoria Tan		
Mobile No	88265108		
<b>Others</b>			
Person Name	Mohamad Yasser S/O A Kadar Maricar		
ID Type	NRIC NO	ID No	S7326166Z
Gender	Male	Age	44
Address Type	Apt Blk	Address	APT BLK 205A Compassvale Lane #06-59 SINGAPORE 541205
Mobile No	91903037		

Signature Of Officer Recording The Report:

F / Staff Sgt NURULHUDA BINTE OMAR

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

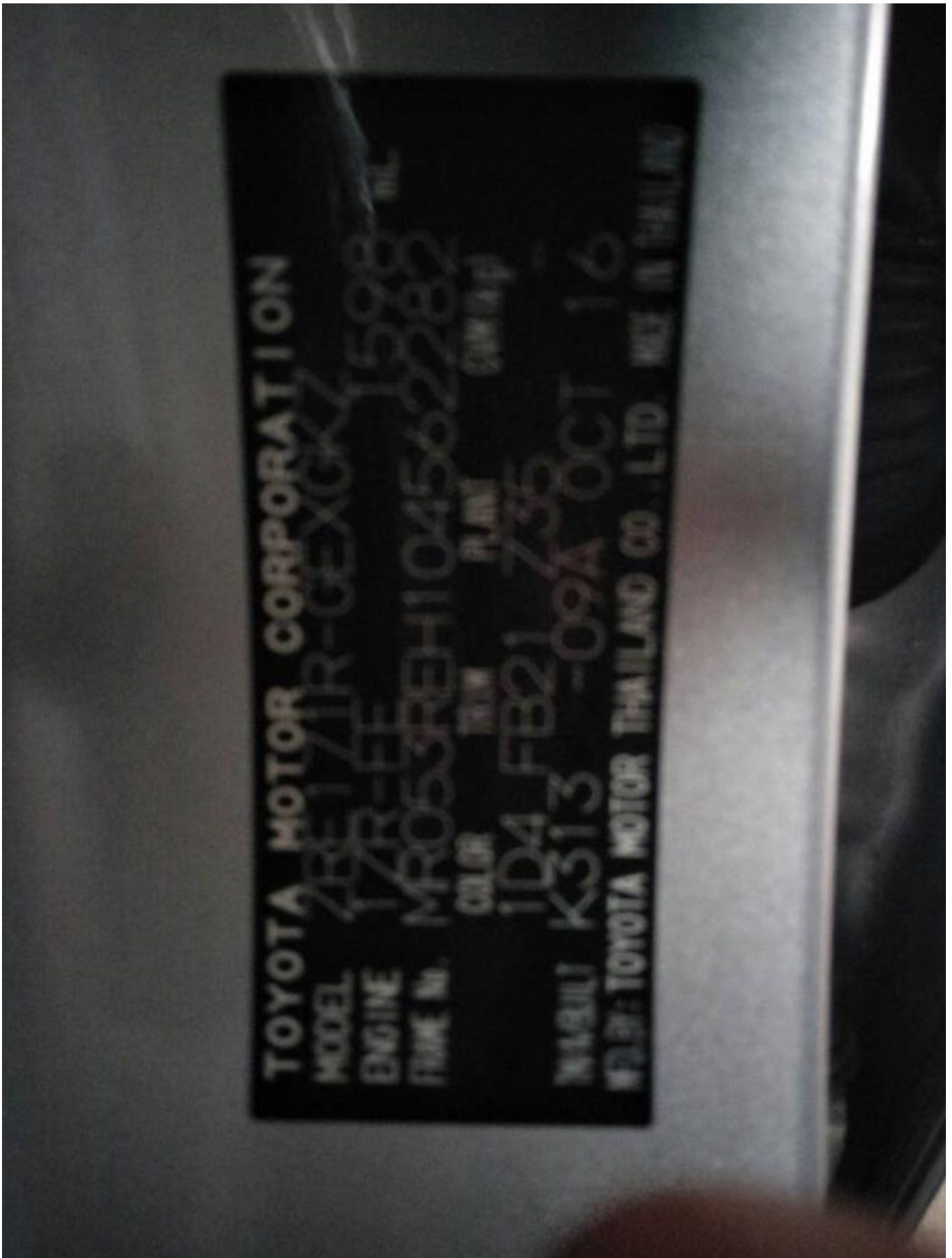
Date/Time:  
07/12/2017 15:33

Officer In-Charge Of Case:  
F / Ang Mo Kio South N.P.C /  
Staff Sgt NURULHUDA BINTE OMAR  
Contact No.: 64519999

Classification Of Case:

Authentication Stamp







Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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Accident Photo

