

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 11:45
Date Of Accident	06/12/2017 08:40
Exact Location Of Accident	MOUNT SINAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6304P
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Insured/Policyholder

Name Of Registered Owner	BRIGHTSTAR CAR RENTAL PTE LTD
Co Reg No	-
Email Address	TANHEHE@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81450033

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001503-R00
Cover Note Number	

Driver

Name of Driver	SIM AIK PIN
NRIC No	S1789882E
Date Of Birth	11/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82601695
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 302A ANCHORVALE LINK #06-60
Postcode	541302
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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20171207/2014 & F/20171207/2015.

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	SFC72E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WONG KHAI LINN(WANG KAILIN)
NRIC/Passport Number	S7200983E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	MATT OSBORNE
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Phone Number 81258869

Email Address

DETAILS OF INJURED PERSON 1	
Name	SIM AIK PIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJE6304P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.



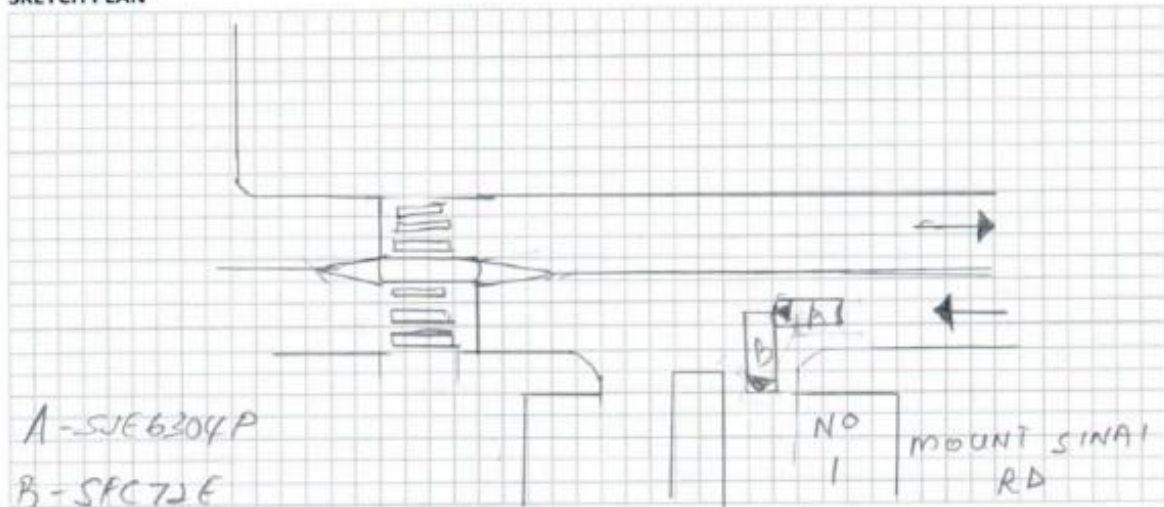
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: F/20171207/2014
F/20171207/2015

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



F/20171207/2014

1 of 2

POLICE REPORT (NP299)

Report No. F/20171207/2014

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 07/12/2017 02:46	Vide Report No.	Station Diary No. 11
Name Of Informant SIM AIK PIN	Address APT BLK 302A ANCHORVALE LINK #06-60 SINGAPORE 541302	
ID Type / ID No. NRIC NO / S1789882E	Contact No. Home/Office	Mobile 82601695
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Grab Driver	Sex Male	Age 50
Institution/School Name	Date of Birth 11/10/1967	Race Chinese
Date/Time Of Incident 06/12/2017 08:40	Location Of Incident MOUNT SINAI ROAD SINGAPORE 1 Mount Sinai Road	

Brief details.

On 06/12/2017 at about 0840hrs, while I was driving my vehicle (Registration Number: SJE6304P) along Mount Sinai Road at a very slow speed and approaching a zebra crossing, suddenly I witnessed there is a vehicle (Registration Number: SFC72E) had reversed out of number 1 of Mount Sinai Road at a very fast speed. As I was driving, I had hit on the rear side of the vehicle. Both vehicle then stopped and make a check on individual car. We then exchange particulars and both parties left the scene. There is no traffic police and ambulance attended at the accident scene. After the accident, I felt pain at my neck

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/12/2017 02:46

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt LIM KIM HWEE
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



Individual Statement



**SINGAPORE
POLICE FORCE**



F/20171207/2014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171207/2014

area thus I went to the doctor to get myself examine. I was given a total of 2 days of Medical Leave. I wished to state that my passenger namely, Matt Osborne (Fin: G3072252W, HP: 81258869) can be my witness as he had witness the whole accident scene.

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/12/2017 02:46

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt LIM KIM HWEE
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



Individual Statement



**SINGAPORE
POLICE FORCE**



F/20171207/2015

1 of 2

Report No. F/20171207/2015

POLICE REPORT (NP299)

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 07/12/2017 02:54		Vide Report No. F/20171207/2014		Station Diary No. 15	
Name Of Informant SIM AIK PIN		Address APT BLK 302A ANCHORVALE LINK #06-60 SINGAPORE 541302			
ID Type / ID No. NRIC NO / S1789882E		Contact No. Home/Office Mobile 82601695			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Grab Driver		Sex Male	Age 50	Date of Birth 11/10/1967	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 06/12/2017 08:40		Location Of Incident MOUNT SINAI ROAD SINGAPORE 1 Mount Sinai Road			

Brief details.

I wished to add on the driver details for my report.

The details of the driver is as follows:

S7200983E

Wong Khai Linn (Wang Kailin)

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt LIM KIM HWEE
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
07/12/2017 02:54

Classification Of Case:



Individual Statement



SINGAPORE
POLICE FORCE



F/20171207/2015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171207/2015

I wished to further add that while the driver was reversing out of his unit, there is no one assisting him to check the traffic at the road.

Signature Of Officer Recording The Report:

F / Sgt 3 TAY MING HONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt LIM KIM HWEE
Contact No.: 64890999

Signature Of Informant:

Date/Time:

07/12/2017 02:54

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



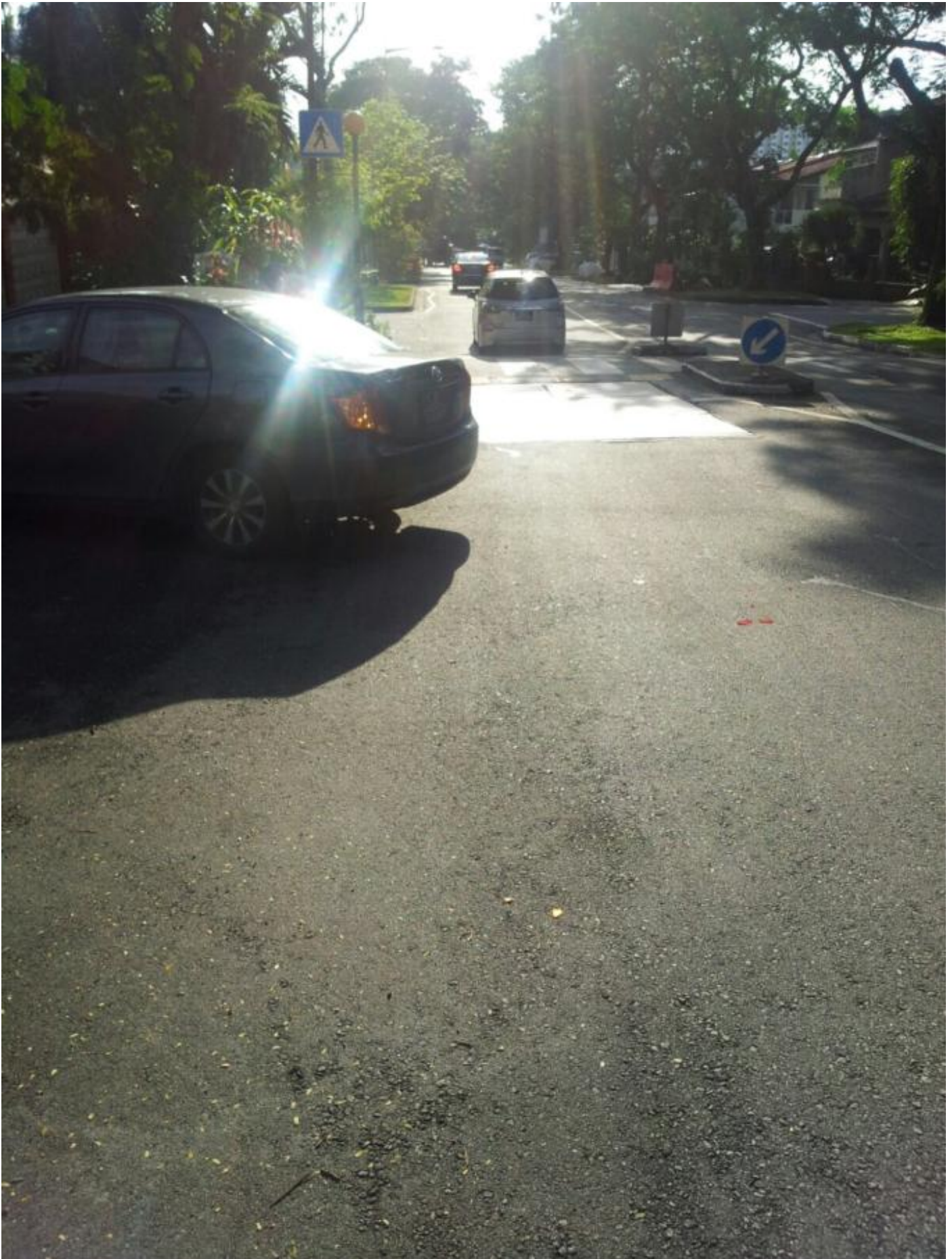
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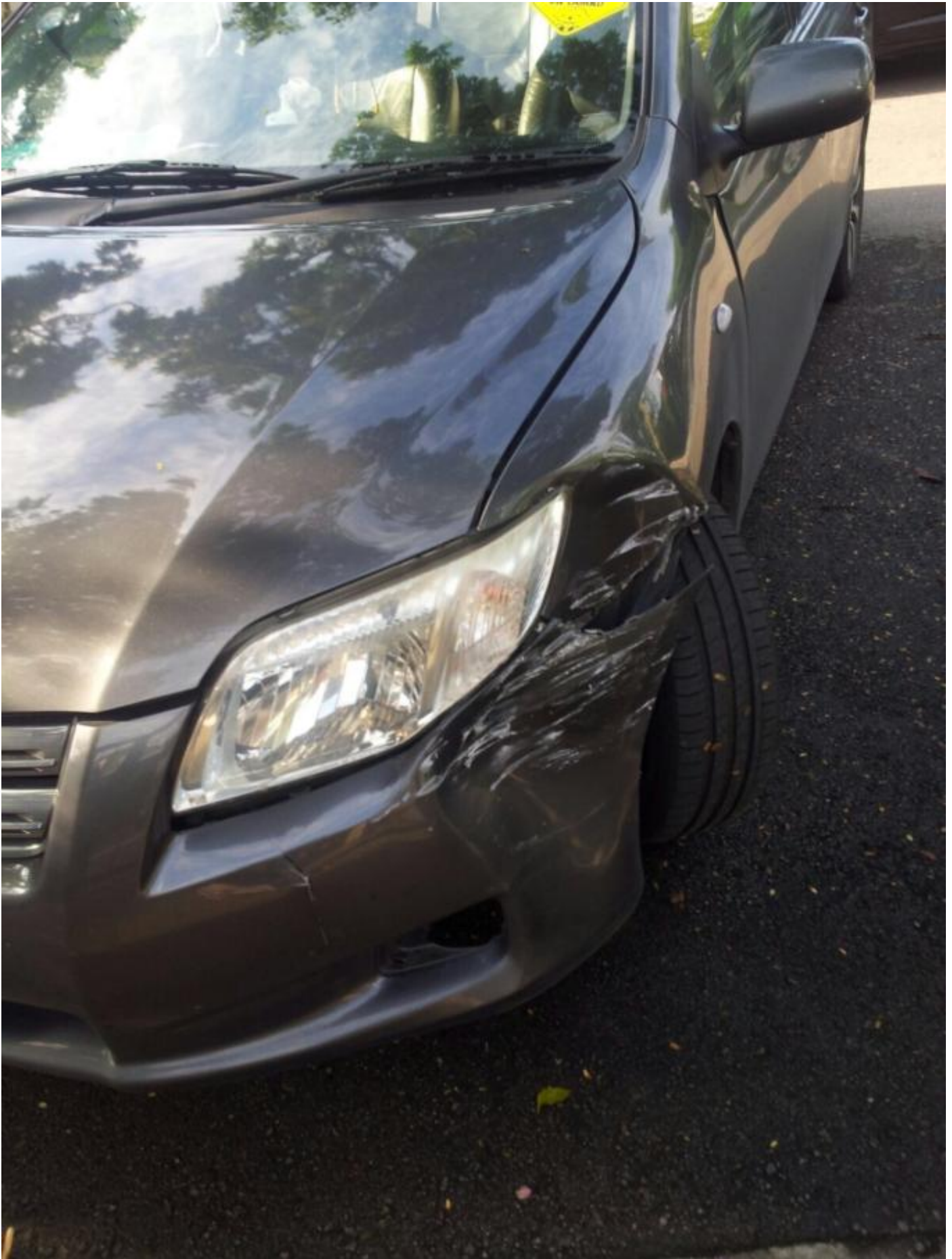
Accident Photo



Accident Photo



Accident Photo



Accident Photo

