

## 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	01/12/2017 14:55
Date Of Accident	30/11/2017 16:45
Exact Location Of Accident	JUNCTION OF EAST COAST RD TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ9694E
Insured/Policyholder	
Name Of Registered Owner	SIN HIAP MUI PTE LTD
Co Reg No	200406735E
Email Address	RONNIEOH@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62619694
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT BMT 5G13GZ
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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 CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MY008399-R03
Cover Note Number	28/01/17 - 27/01/18
Driver	
Name of Driver	OH JI CHUAN (HU ZHICHUAN)
NRIC No	S8812107D
Date Of Birth	13/04/1988
Occupation	INDOOR
Date Of Driving Pass	01/08/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889694
Fax Number	
Contact Number	
EEmail Address	JICHUAN88@GMAIL.COM

Address	BLK 329 JURONG EAST AVE 1 #08-1692
Postcode	600329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON OF OWNER
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was stationary on the extreme right lane due to red traffic which is for straight and right turn. When traffic had just turned green, middle lane front vehicles started to move on and I wanted to go straight and noticed a bus was still not moving hence I signal left, check side mirror then filter in slowly. Out of sudden, I felt an impact at my left and realised m/taxi SHD528D also filtered into middle lane thus causing the collision. In order not to jam the traffic behind, both of us move to the side to settle. As such, I was unable to take photos of the accident scenario.

#### 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	SHD528D
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	
Name of Driver	NEOH AH BAH @NG AH BAH
NRIC/Passport Number	S1243088D
Contact Number	96669662
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SKJ 9694E  
INSURER : Tokio Marine  
DATE & TIME: 30/11/17 @ 4.45pm

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### 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.



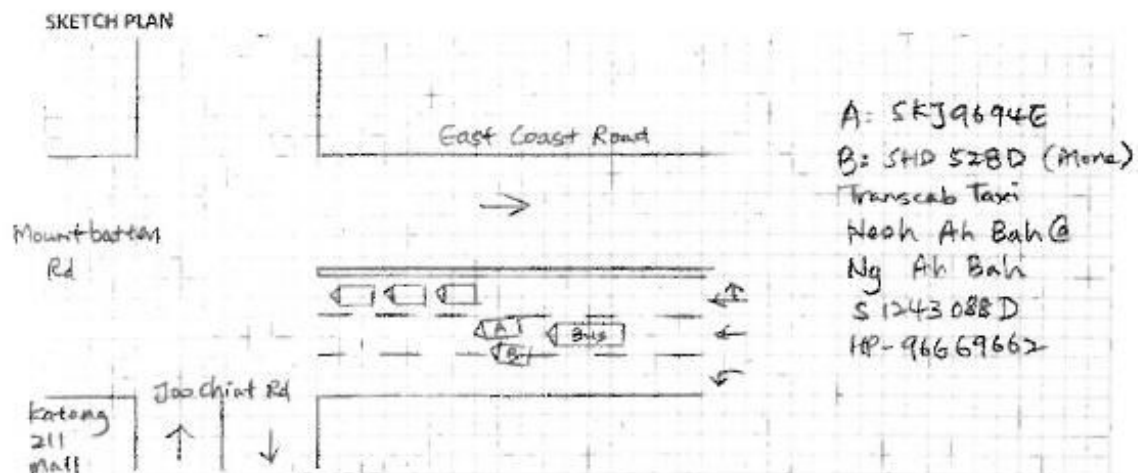
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/IN No.: 01/12/17

## Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary on the extreme right lane due to red traffic which is for straight and right-turn. When traffic had just turned green, middle lane front vehicles started to move on and I wanted to go straight and noticed a bus was still not moving hence I signal left, check side mirror then filter in slowly. Out of sudden, I felt an impact at my left and realised my taxi SHD 528D also filtered into middle lane thus causing the collision. In order not to jam the traffic behind, both of us move to the side to settle. As such, I was unable to take photos of the accident scenario.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

I/We declare the following 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: (Ys)  
NRIC/FIN No:

☐ Claim Own Policy    ☐ Claim Third Party    ☐ Reporting Only  
☐ Claim OD/TP at other workshop

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8812107D



Name  
OH JI CHUAN  
(HU ZHICHUAN)  
胡志川

Race  
CHINESE

Date of birth  
13-04-1988

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8812107D



Name  
OH JI CHUAN  
(HU ZHICHUAN)

Valid Until  
13 Apr 1998

Valid Until  
01 Aug 2013

002209316E



3443882



MINE No S8812107D



Date of issue  
13-12-2003

Address


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Motor cars < 2000 kg, with < 7 passengers, excluding the driver, and motor tractor vehicles < 2500 kg	01 Aug 2013
Class 4	Heavy motor cars and motor tractors > 2000 kg	16 Apr 2015
Class 5	Motor vehicles > 7500 kg not capable of carrying any load	23 May 2015

S8812107D

S / No. 9000174791

Licence No. S8812107D



NP 428A

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





SCENE



SCENE





# SCENE

