

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	19/12/2017 15:42
Date Of Accident	19/12/2017 09:35
Exact Location Of Accident	T-JUNCTION OF TAMPINES ST 13 & TAMPINES AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH2166G
Insured/Policyholder	
Name Of Registered Owner	AUTO RENTZ LLP
Co Reg No	T16LL1519K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81884000

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	YES
Policy Number	5084751427
Cover Note Number	

Driver

Name of Driver	KANG HOCK PENG
NRIC No	S8531708C
Date Of Birth	17/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97306662
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 456 #12-65 YISHUN STREET 41
Postcode	760456
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED ACCIDENT SKETCHPLAN

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	SHB3464U
Vehicle Make/Model/Colour	HYUNDAI/ YELLOW
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98374318
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANG HOCK PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJH2166G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



F/20171219/2113

1 of 2

POLICE REPORT (NP299)

Report No. F/20171219/2113

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 19/12/2017 15:01	Vide Report No.	Station Diary No. 58
Name Of Informant KANG HOCK PENG	Address APT BLK 456 YISHUN STREET 41 #12-65 SINGAPORE 760456	
ID Type / ID No. NRIC NO / S8531708C	Contact No. Home/Office	Mobile 97306662
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 32
Institution/School Name	Date of Birth 17/10/1985	Race Chinese
Date/Time Of Incident 19/12/2017 00:00	Location Of Incident TAMPINES AVENUE 3 SINGAPORE Junction of Tampines St 83 / Tampines Ave 3	

Brief details.

On 19/12/2017 at about 0935hrs, I was driving my Grab Car, Silver Honda Stream, SJH2166G, along Tampines St 83. I was with one female passenger, about to turn left on to Tampines Avenue 3 at the T-Junction.

Whilst I was stopped at the T-Junction, I suddenly felt an impact from the rear. I exited my car and saw that a Yellow Comfort Taxi, SHB3464U, had collided on to my car. The taxi's front bumper had collided

Signature Of Officer Recording The Report: F / Sgt 2 IZWAN BIN SANI	Signature Of Informant: <i>Iwan</i>
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 15:01
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt SHAHRIL RASHIDI BIN SADLI Contact No.: 64849999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20171219/2113

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171219/2113

on to my car's rear bumper.

I took down the contact number of the driver, a male Chinese, HP:98374318, and he offered to settle privately.

Subsequently, the driver told me that he does not want to settle the matter privately and told me to go for insurance claim. No one was injured. No government property was damaged.

Due to the collision, my car's rear bumper is dented.

I am lodging this report for my own record and company action.

Signature Of Officer Recording The Report:

F / Sgt 2 IZWAN BIN SANI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/12/2017 15:01

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt SHAHRIL RASHIDI BIN SADLI
Contact No.: 64849999

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



T/20171219/2101

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Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No: T/20171219/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2017 16:15	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: KANG HOCK PENG			Address: APT BLK 456, YISHUN STREET 41 #12-65 SINGAPORE 760456	
ID Type / ID No.: NRIC NO / S8531708C			Contact No.: Home/Office: Mobile: 9730 6662	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 17/10/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2017 09:35	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 3				
T-JUNCTION OF TAMPINES AVENUE 3 AND TAMPINES ST 83				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3464U	Car	HYUNDAI	I40	Yellow	Slightly Damaged	0
SJH2166G	Car	HONDA	STREAM	Silver	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20171219/2101

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20171219/2101

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHB3464U (Car)	Contact No.	9837 4318
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
Driver			
Name	KANG HOCK PENG	ID No.	S8531708C
Related Vehicle	SJH2166G (Car)	Contact No.	9730 6662
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19th December 2017 at about 0935hrs, I was driving my Grab car, a silver Honda stream bearing registration plate number SJH2166G along Tampines St 83 with a female passenger seated at the rear. I slowed down and was about to make a left turn into Tampines Avenue 3 at the T-junction when I felt an impact from the rear. I noticed a Comfort taxi, a yellow Hyundai i40 bearing registration plate number SHB3464U had collided into the rear of my car. The rear bumper of my car suffered a dent while the front bumper of the taxi had scratches.

I only got the driver, a male Chinese, contact details. I did not notice any injuries sustained on the other driver nor my passenger. I felt pain in my neck and went to see a doctor where I received 3 days MC.

Sketch Plan #6 Pg. 1



SINGAPORE
POLICE FORCE



T/20171219/2101

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20171219/2101

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:

F /

Staff Sgt KARTINA BINTE ZUHRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2017 16:15

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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:

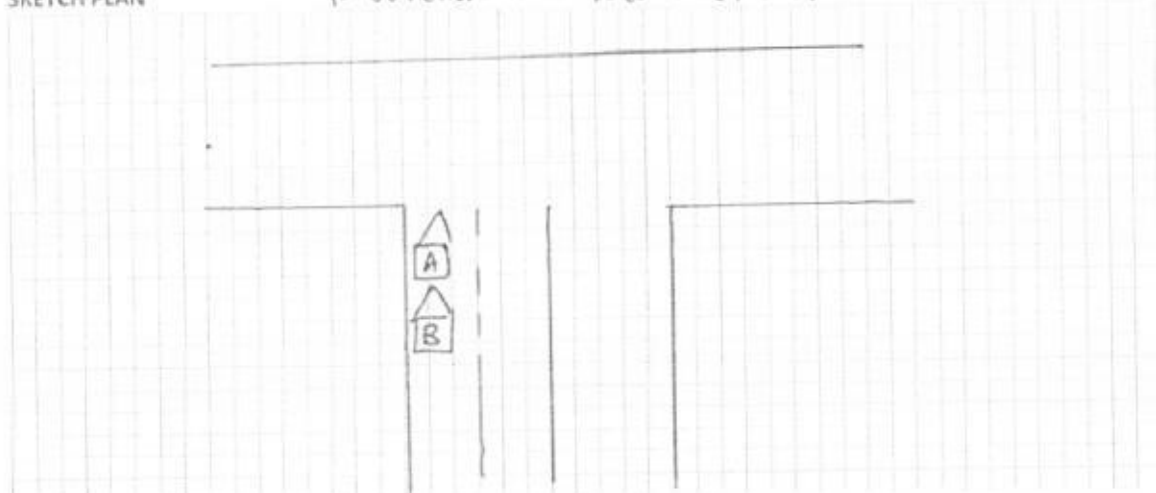

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19.12.2017 15:30hrs
Reporting Centre Personnel's Signature
Name: SEW HOUN
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

T- Junction of Tampines St 83 / Tampines Ave 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO: F/2017/219 / 2113

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: CHEN HONG

NRC/FIN No.: