

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	02/01/2018 14:09
Date Of Accident	30/12/2017 19:50
Exact Location Of Accident	JUNC BUKIT TIMAH RD & FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8781P
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS 1.8E HYBRID CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093829189
Cover Note Number	

Driver

Name of Driver	CHAN PEIR
NRIC No	S1698468Z
Date Of Birth	23/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1986
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96495569
Fax Number	
Contact Number	OFFICE-96495569
Email Address	NOEMAIL

Address	BLK 180D RIVERVALE CRESCENT #16-387
Postcode	544180
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 - 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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171230/2143.

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	SLH9890D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	CHAN PEIR
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLR8781P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



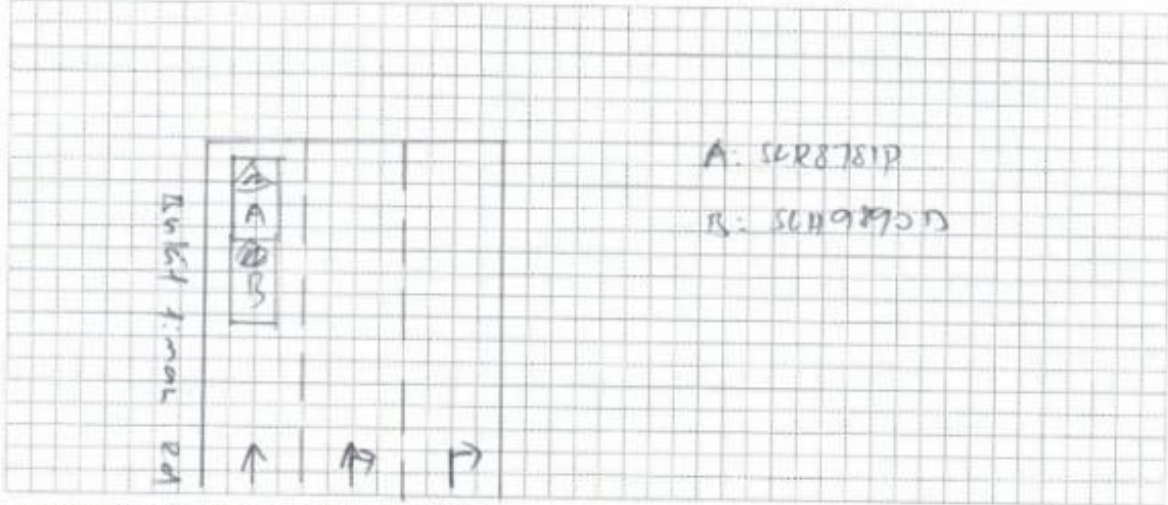
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2017/230/2147.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/201712302143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 28914
Tel No: 1800-4628888

1 of 3
Report No. T/201712302143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 22:41		Vide Report No.: E/20171230/0151		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: CHAN PEIR		Address: APT BLK 180D RIVERVALE CRESCENT #18-387 SINGAPORE 544180			
ID Type / ID No.: NRIC NO / S1898488Z		Contact No.: Home/Office: Mobile: 96495569			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 52	Date of Birth: 23/04/1965	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B, 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 30/12/2017 19:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT TIMAH ROAD FARRER ROAD Along bukit timah road, at junction of farrer road, near sarane centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLH8890D	Car	BMW		White	Slightly Damaged	0
SLR8781P	Car	TOYOTA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR8781P	NTUC Income Insurance Co-Operative Limited	5083829159	30/08/2017	29/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/201712302143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4625888

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Report No. T/201712302143

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA LI LI	ID No.	S7808455C
Related Vehicle	SLH9890D (Car)	Contact No.	92730986
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	CHAN PEIR	ID No.	S1698488Z
Related Vehicle	SLR8781P (Car)	Contact No.	96485589
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am working as a grabdriver of vehicle, SLR8781P for the past 3 months.

On 30/12/2017 at 1850hrs, I was driving along bukit timah road, when I reached the traffic junction of bukit timah road and farrer road, near serene centre. I stopped my vehicle as the traffic light was red. While my vehicle was stationary, I was hit from the rear by a white BMW, SLH9890D. I then alighted from the vehicle. I wish to state I am not injured during the point of accident. I have a camera in my vehicle, the memory card that capture the footages of the traffic accident is handed over to the traffic police SS Farnan. Traffic police arrived to the scene vide E/20171230/0151.

I am lodging this report for traffic police investigations.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171230/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20171230/2143

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:
E /
Staff Sgt CHONG JIALEI SEBASTIAN

Signature Of Informant:

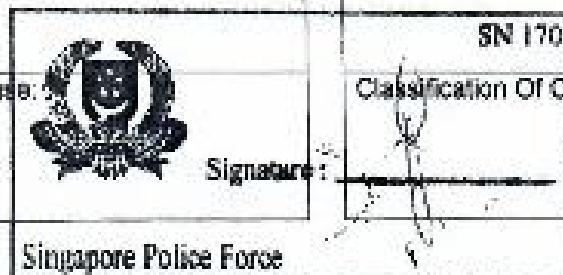
Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2017 22:41

Officer In Charge Of Case:
TP / DDGVT /

Contact No.:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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