

## 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	03/01/2018 13:28
Date Of Accident	30/12/2017 15:20
Exact Location Of Accident	MIDDLE RD AND PRINSEP STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7153T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91884088
Alternative Phone No	OFFICE-91884088

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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	REPORTING ONLY
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	5096640135
Cover Note Number	

### Driver

Name of Driver	THAM JOHNNY
NRIC No	S1600282H
Date Of Birth	16/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91884088
Fax Number	
Contact Number	OTHERS-91884088
Email Address	NOEMAIL

Address	560 YISHUN AVE 6 #02-23
Postcode	768966
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171230/2103

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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:

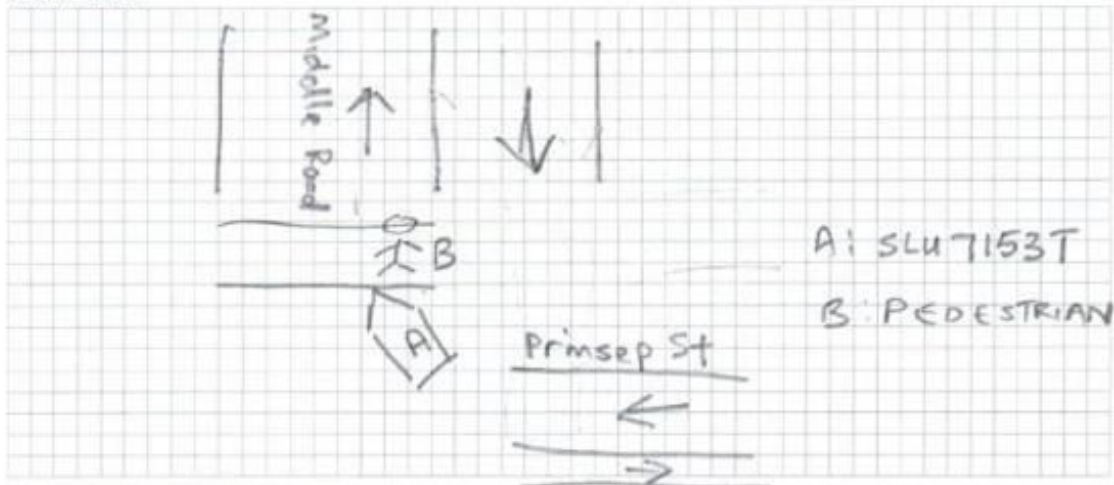
*[Signature]*

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

*[Signature]* 3/1/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— pls Refer to the Police Report  
T/20171230/2103

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

GUAMC SketchPlanForm, V8

*[Signature]*

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

*[Signature]* 3/1/2018

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

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20171230/2103

2 of 3

Report No. T/20171230/2103

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	THAM JOHNNY	ID No.	S1600282H
Related Vehicle	NIL	Contact No.	91884088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVE STATED DATE, TIME AND LOCATION, I PICKED UP A PASSENGER AT 62 PRINSEP STREET AND MAKING A RIGHT TURN TO MIDDLE ROAD. THEN I SAW A YOUNG PEDESTRIAN RUNNING ACROSS THE ROAD. I COULDN'T STOP IN TIME SO I KNOCKED INTO HIM. I THEN PARKED MY CAR AT THE SIDE OF MIDDLE ROAD, CAME OUT OF THE CAR AND TAKE A LOOK AT THE PEDESTRIAN. THEN I HELP HIM TO THE SINGAPORE POOL BUILDING AT THE WALKWAY TO TAKE A SEAT AND I ASKED IF HE NEED AMBULANCE. HE SAY NO NEED, SO I CALLED TRAFFIC POLICE TO COME BY. AFTER THAT I WENT TO MY CAR AND ASKED MY PASSENGER TO GET ANOTHER GRAB. THEN ME AND THE PEDESTRIAN WAITED FOR THE POLICE TO ARRIVE. THATS ALL.



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171230/2103

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171230/2103

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 17:15	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: THAM JOHNNY			Address: 560 YISHUN AVE 6 #02-23 LILYDALE SINGAPORE 768966		
ID Type / ID No.: NRIC NO / S1600282H			Contact No.: Home/Office: Mobile: 91884088		
Nationality:			Email:		
Sex: Male	Age: 54	Date of Birth: 16/11/1963	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2017 15:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MIDDLE ROAD PRINSEP STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU7153T	Car				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171230/2103

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171230/2103

## CONTINUATION OF REPORT

<b>Driver</b>				
Name	THAM JOHNNY		ID No.	S1600282H
Related Vehicle	NIL		Contact No.	91884088
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

AT THE ABOVE STATED DATE, TIME AND LOCATION, I PICKED UP A PASSENGER AT 62 PRINSEP STREET AND MAKING A RIGHT TURN TO MIDDLE ROAD. THEN I SAW A YOUNG PEDESTRIAN RUNNING ACROSS THE ROAD. I COULDN'T STOP IN TIME SO I KNOCKED INTO HIM. I THEN PARKED MY CAR AT THE SIDE OF MIDDLE ROAD, CAME OUT OF THE CAR AND TOOK A LOOK AT THE PEDESTRIAN. THEN I HELP HIM TO THE SINGAPORE POOL BUILDING AT THE WALKWAY TO TAKE A SEAT AND I ASKED IF HE NEEDED AN AMBULANCE. HE SAID NO NEED, SO I CALLED TRAFFIC POLICE TO COME BY. AFTER THAT I WENT TO MY CAR AND ASKED MY PASSENGER TO GET ANOTHER GRAB. THEN ME AND THE PEDESTRIAN WAITED FOR THE POLICE TO ARRIVE. THAT'S ALL.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20171230/2103

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171230/2103

### 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:  
TP /  
S SIVAVIKNESH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/12/2017 17:15

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_