#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/01/2018 19:18
Date Of Accident	08/01/2018 11:00
Exact Location Of Accident	ALONG CTE (BEFORE CAIRNHILL EXITLANE 1)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1363D
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	TAY_JOY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91990009
Alternative Phone No	OFFICE-91990009
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082409493-01
Cover Note Number	
Driver	

Name of Driver IRENE JOY TAY
NRIC No S7708002C
Date Of Birth 28/03/1977
Occupation OUTDOOR
Date Of Driving Pass 16/05/1996

Driving Experience 21 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91990009

Fax Number

Contact Number OTHERS-91990009

EMail Address TAY JOY@HOTMAIL.COM

66 ELIAS ROAD Address

#05-09

Postcode 519941

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

YES

NO

Weather Conditions **DRIZZLING** 

Road Surface WET

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? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2 Passenger 1

NAME: : NG

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20180108/2066

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SH1801G

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:
  - 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:
  - 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:

FA JAN 2018

430 HRS

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

SKETCH PLAN			
WELL A: SOM 1801 L	1		
Veh B: SEW 3716 Y	Commonwealth		
B. and 3/16 1	AVE WAST		
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		1   > Camanti Rol	
	41	111111	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
As per police report	17080107 704	f	
	1		
ECLARATION We declare the foregoing partic	ulars are true in every respect.	/ 11	
n. ~	1 00	/ solar lan	gr
		~ 201 x 13:30 gur 008/01/101	J
olicyholder's Signature late & Time:	Oriver's Signature (If driver is not the policyh		7
	Date & Time:	NRIC/FIN No.: PON "OUR	





Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

1 of 3 Report No. T/20180108/2065

Date/Time Report Made: 08/01/2018 13:39		Made:	Vide Report No.;	Station Diary No.:	
Informar	nt's Partic	ulars		92	
Name of IRENE J	Informant		Address: 66 ELIAS ROAD #05-09 SIN	CAPODE SANCE	
ID Type / NRIC NO	ID No.: / S77080	02C	Contact No.: Home/Office		
Nationality: SINGAPORE CITIZEN		EN	Home/Office: Mobile: 91990009 Email:		
Sex: Female	Age: 40	Date of Birth: 28/03/1977	Type of Informant:		
Race: Chinese Occupation: PRIVATE HIRE CAR DRIVER			Language: English	Institution / School Name:	
		R DRIVER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Date/Time of Accident:		Type of Location Expressway
Location:		No	08/01/2018 11:00	1000000
CENTRAL EV	PRESSWAY			
CENTRALEX	PRESSWAY			
BEFORE CAL	RHILL EXIT, ON LANE	- 1		
The second secon	THE PAINT ON LAIN	= 1		
Weather:	THE LAW, ON LAND	Road Surface:		Road Speed Limit
Weather: Drizzling	THE EAT, ON LAND	Road Surface: Wet		Road Speed Limit: 90 Km/h
Weather: Drizzling Traffic Flow: One Way		Road Surface: Wet Traffic Control:		90 Km/h Traffic Volume:
Weather: Drizzling Traffic Flow: One Way Type of Collisi		Road Surface: Wet Traffic Control: Not Controlled		90 Km/h

Vehicle No.	Type	Make	Model	Calan		
SH1801G	Car	- Invario	Model	Color	Condition	No of Passenger
(Not Accurate)	Cai				Slightly Damaged	1
SLS1363D	Car			_		
					Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	OSC OF Fedestrian Crossing: NA



T/20180108/2065

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

2 of 3 Report No. T/20180108/2065

#### CONTINUATION OF REPORT

Driver					
Name	IRENE JOY TAY		ID No	0.	S7708002C
Related Vehicle	SLS1363D (Car)			act No.	91990009
Hospital/Clinic	NIL		Class Drivin Licen	ng	Class: 3 Date of Expiry: NIL
Date Treatment				NIL	
Tro, or Days gramed Medical Leave NIL Degree			f Injury		
Passenger				Library.	
Name	NG		ID No		NIL
Related Vehicle	SLS1363D (Car)		Conta	ct No.	94591508
Hospital/Clinic	NIL		Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
				NIL	
No. of Days grante	Degree of	Injury	NIL :		

### Brief Details.

On 8/1/2018 at about 1100hrs, I was driving my vehicle bearing car plate no. SLS1363D along Central Expressway, Before Carinhill exit, on Lane 1. As I was driving, a vehicle (unknown no.) infront of me brake suddenly, which caused me to do the same. Subsequently, a taxi bearing car plate no. SH1801G was at the back of my vehicle and it hit the rear bumper of my vehicle. I then tried to signal to the left and do so. I tried to wave to him but to no avail and the taxi continued to drive off. I managed to see the taxi and it was a Chinese male driver. I could not see if there were any passenger in his taxi as his rear

I am working as a Grab driver and there was a passenger in my vehicle by the surname of Ng, contact no. 94591508 during the time of the accident. There was no one injured but there was a few scratches and cracks on the rear bumper of my vehicle. I wish to state that I have a in-car camera facing the front and rear during the time of the incident.

I am lodging this report for insurances purposes.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 3 Report No. T/20180108/2065

CONTINUATION OF REPORT

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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 Recor E / Sgt 2 DOMINIC SONG GU	THE OWNER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	Signature Of Informant:		
Signature Of Interpreter: Not applicable	2200	Date/Time: 08/01/2018 13:39		
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368		Classification Of Case:		
Authentication Stamp NP168	SINSAPORE POLICE FORCE	SN 172		
	SI	GNATURE		



















