

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 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	23/01/2018 16:44
Date Of Accident	20/01/2018 10:40
Exact Location Of Accident	ALONG RD 1 ALEXANDRA RD NEAR B/S B10279
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5328P
Insured/Policyholder	
Name Of Registered Owner	HENG HENG AUTO
Co Reg No	<i>Bug 8475K</i>
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98792897
Alternative Phone No	OFFICE-98792897

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	
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	5093648148
Cover Note Number	

Driver

Name of Driver	TAY BOON CHUI
NRIC No	S1289378G
Date Of Birth	20/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98792897
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	-
Postcode	
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG SERAI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ALJUNIED CRESCENT #01-102 , POSTCODE: 380111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7459999 - FAX NO: 67455673
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	SHC8762X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH SOO WAI
NRIC/Passport Number	S0541576D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY BOON CHUI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJQ5328P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

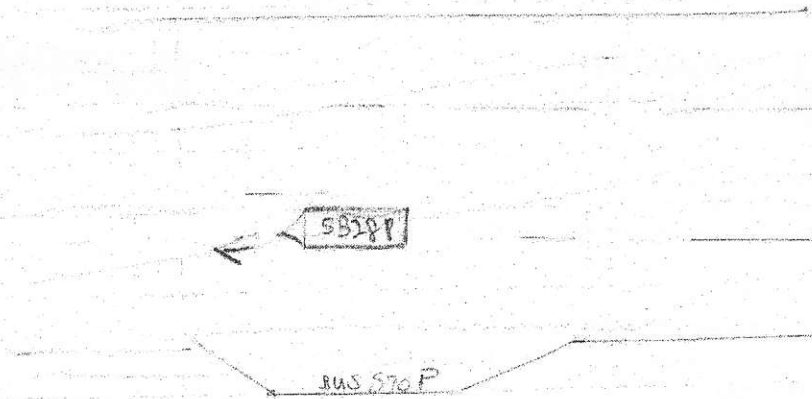
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the police Report

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/PIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180120/2123

1 of 3

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

Report No. T/20180120/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2018 17:55		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: TAY BOON CHUI			Address: APT BLK 98 ALJUNIED CRESCENT #04-411 SINGAPORE 380098		
ID Type / ID No.: NRIC NO / S1289378G			Contact No.: Home/Office: Mobile: 98792897		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/01/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury.	Drink Drive: No	Date/Time of Accident: 20/01/2018 10:40	Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA ROAD NEAR BUS STOP B10279				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC8762X	Car				Slightly Damaged	0
SJQ5328P	Car				Totally Damaged	0

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



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Tel No: 1800-7459999

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Report No. T/20180120/2123

CONTINUATION OF REPORT

Driver			
Name	GOH SOO WAI		ID No. S0541576D
Related Vehicle	SHC8762X (Car)		Contact No. NIL
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	TAY BOON CHUI		ID No. S1289378G
Related Vehicle	SJQ5328P (Car)		Contact No. 98792897
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/1/18 at around 1035hrs, I was driving my vehicle(SJQ5328P) along Alexandra road at the most left lane at the speed of roughly 70km/hr. When I was near to the bus stop B10279, I felt a sudden huge impact on my right and it resulted in my car heading up the curb. I alighted my vehicle and discovered that one vehicle(SHC8762X) has collided onto me causing my vehicle to be totally damaged. I wish to state that I did not know where SHC8762X came from as it was too sudden. After which we exchange particulars and I tow my vehicle to my workshop. As I am experience some pain on my left shoulder area, I will be heading to see a doctor after this police report. I also wish to state that I have the in car camera footage with my workshop. After viewing the CCTV footage from the rear view, I believe SHC8762X came from the most extreme right lane and collided onto me.



**SINGAPORE
POLICE FORCE**



T/20180120/2123

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111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

Report No. T/20180120/2123

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: G / Sgt 2 ONG JIN HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2018 17:55
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE