

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 | 08/02/2018 16:14 |
| Date Of Accident | 04/02/2018 04:45 |
| Exact Location Of Accident | PIE TWDS JURONG B4 CLEMENTI AVE 6 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLA4520S |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------------------|
| Name Of Registered Owner | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81301183 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | WISH |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCFHQ17-000185 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAN SOON LYE |
| NRIC No | S6941565B |
| Date Of Birth | 28/11/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/03/1990 |
| Driving Experience | 27 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93279300 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 817 JURONG WEST ST 81 #11-24 |
| Postcode | 640817 |
| 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 | HIT BY FALLEN TREE / OTHER OBJECTS |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO 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 |

Accident Sketch Plan

SKETCH PLAN

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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
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

A!- SLA 4520S.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

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



Policyholder 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/20180206/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No: T/20180206/2129

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 06/02/2018 17:19 | | Vide Report No.: | | Station Diary No.: 125 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN SOON LYE | | Address: APT BLK 817 JURONG WEST STREET 81 #11-24 SINGAPORE 640817 | | | |
| ID Type / ID No.: NRIC NO / S6941565B | | Contact No.: | | Mobile: 93279300 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Male | Age: 48 | Date of Birth: 28/11/1969 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | 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 Government Property | Drink Drive: No | Date/Time of Accident: 04/02/2018 04:45 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Jurong, before Clementi Avenue 6 exit | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SLA4520S | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180205/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No: T/20180205/2129

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------|--|------------------------------------|
| Name | TAN SOON LYE | ID No. | S6941565B |
| Related Vehicle | NIL | Contact No. | 93279300 |
| 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.

On 04/02/2018 at about 0445hrs, I was driving my vehicle; SLA4520S along PIE on the extreme right lane towards Jurong before Clementi Ave 6 exit.

While driving along the expressway, I saw a large tree branch on the road and I swerved my vehicle to the right to avoid it. However, I did not manage to avoid the tree branch and lost control of the vehicle after hitting the tree branch. My vehicle then hit the road divider on the right causing an accident.

I was the only vehicle on the road at that point of time, after which I called for the tow truck service.

I wish to state that I was not intoxicated nor on any substances during that point of time. I also wish to state that this is the first time I have met with a car accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180206/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180206/2129

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:

J /
Sgt 2 CHIANG WEI TONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2018 17:19

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

SN 126

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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