

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	12/02/2018 12:54
Date Of Accident	10/02/2018 15:20
Exact Location Of Accident	366 ORCHARD ROAD DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3327L
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-83888241
Alternative Phone No	OFFICE-83888241

Vehicle Particulars

Manufacturer	HONDA
Model	GRACE-1.5 (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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-M1000277-R00
Cover Note Number	

Driver

Name of Driver	LIM LIHAN
NRIC No	S8126731F
Date Of Birth	26/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83888241
Fax Number	
Contact Number	OTHERS-83888241
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 488B CHOA CHU KANG AVENUE 5 #02-145
Postcode	682488
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20180122/2003 (COLLISION TYPE IS TP REVERSE AND HIT INSURED)

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	SHC8907X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG WOEI CHANG
NRIC/Passport Number	
Contact Number	90080745
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

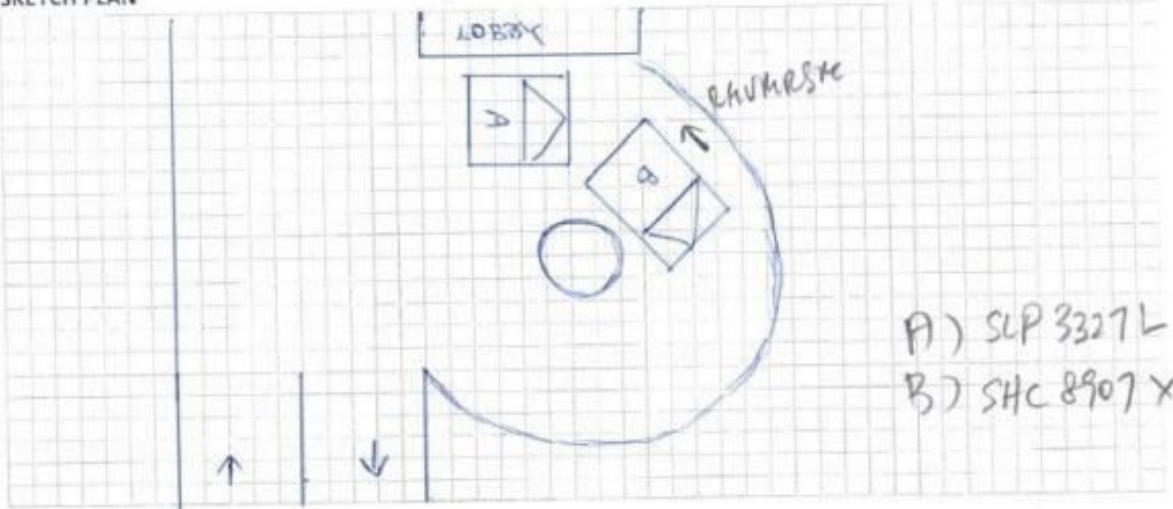

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policy Holder's Signature _____
Date & Time: _____

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

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



**SINGAPORE
POLICE FORCE**



F/20180211/2003

1 of 2

Report No. F/20180211/2003

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 11/02/2018 00:17	Vide Report No.	Station Diary No. 5
Name Of Informant LIM LIHAN	Address APT BLK 488B CHOA CHU KANG AVENUE 5 #02-145 SINGAPORE 682488	
ID Type / ID No. NRIC NO / S8126731F	Contact No. Home/Office	Mobile 83888241
Nationality SINGAPORE CITIZEN	Email Address	
Occupation FULL TIME DRIVER	Sex Male	Age 36
Institution/School Name	Date of Birth 26/08/1981	Race Chinese
Date/Time Of Incident 10/02/2018 15:20 - 10/02/2018 15:20	Location Of Incident 366 ORCHARD ROAD SINGAPORE 238904	

Brief details.

On 10/02/2018 at about 1520hrs, I was driving my grab reg plate no. SLP3327L towards Yotel Hotel. I turned into the drop off point in front of the hotel lobby to alight my passengers. There was comfort cab reg plate no. SHC8907X in front of my car alighting his passengers. After the passengers alighted from the cab (SHC8907X), the driver (Ng Woei Chang S7129998H HP: 90080745) drove forward to exit the roundabout.

Upon seeing him drove forward, I then followed and drove my car in front of the lobby to alight my

Signature Of Officer Recording The Report:

F / Sgt 2 VIVIAN TEO MAN LING

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sgt 2 LEE SHI HUI, ISABELLA
Contact No.: 64629999

Authentication Stamp

Signature Of Informant:

Date/Time:
11/02/2018 00:17

Classification Of Case:

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



F/20180211/2003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180211/2003

passenger. I stopped my car in front of the hotel lobby and allow my passengers to alight.

Suddenly, the driver from the cab reversed and the rear of his cab hit the front of my car. The cab driver inch forward and alighted. We both check on the damages and I took down his particulars. There are CCTVs located at the lobby, I checked with the hotel and confirmed that the whole incident was captured. My vehicle also has a in car camera which has captured the whole incident, however I am unable to view the footages.

I am lodging this report for insurance claims.

Signature Of Officer Recording The Report: F / Sgt 2 VIVIAN TEO MAN LING <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 00:17
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 LEE SHI HUI, ISABELLA Contact No.: 64629999	Classification Of Case:

Authentication Stamp

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

