

## 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	14/02/2018 11:19
Date Of Accident	14/02/2018 09:15
Exact Location Of Accident	JUNCTION MARINA BLVD AND SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6641E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TERENCE SOON GRABCAR
Co Reg No	53329821X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98320962
Alternative Phone No	OFFICE-98320962

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	5088196904
Cover Note Number	11/03/2017 - 10/07/2018

### Driver

Name of Driver	TERENCE SAMMY SOON
NRIC No	S6878992C
Date Of Birth	20/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98320962
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 282 TAMPINES ST 22 #06-294
Postcode	520282
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : JIAYI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ANNEX D

#### 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	SKT1098B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8689A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
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:

Terence Soon  
Grabcar

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

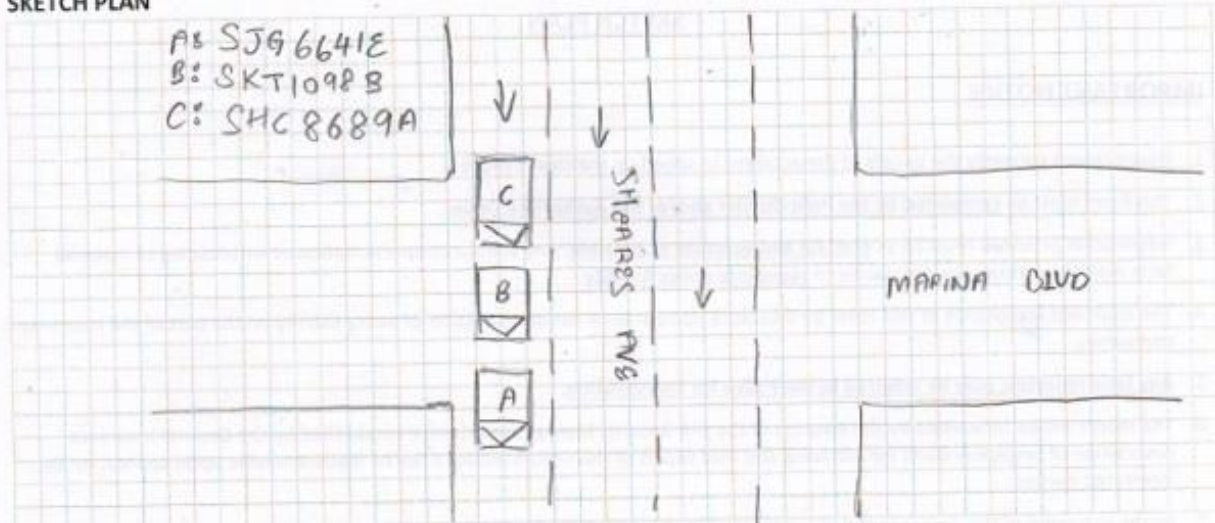
14/2/2018  
11:35 am

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

HOCK WAH MOTOR WORKSHOP PTE LTD  
Blk 9005 Tampines St. 83, #01-204  
Singapore 529840  
Tel: 6785 3933 (2Lines) Fax: 6788 3933

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CENTRAL BLVD

REFER TO POLICE REPORT ANNEX D

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

Terence Soon  
 Grabcar

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

14/2/2018  
 11:35am

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

WILL MOTOR WORKSHOP PTE LTD  
 Blk 6006 Tampines St. 63, #01-204  
 Singapore 520640  
 Tel: 6785 3933 (2Lines) Fax: 6786 3933



Annex D

### NOTICE OF REPORTING

This is to confirm that Terence Sammy Soon, NRIC/FIN S6878992C, hp 98320962 has reported to the Police a non-injury traffic accident which occurred at Junction Marina Blvd and Sheares Ave towards direction of Marina Financial Area on 14/02/2018 at 0917hrs involving the following :-

Vehicles: 1) SJG6641E (Complainant's)  
2) SKT1098B  
3) SHC8689A

1 On 14/02/2018 at about 0917hrs, at junction of Marina Blvd and Sheares Ave while driving my Grab car SJG6641E in the extreme right lane and I was in a stationary mode as to wait for the oncoming vehicle to clear. Suddenly there's aloud collison. A vehicle SKT1098B collided into the rear of my vehicle. The said collison is cause by a m/taxi SHC8689A into the rear of SKT1098B. The said collision happens in the junction. Damages for my vehicle rear bumper dented and boot cannot be close, the vehicle SKT1098B suffers a front and rear bumper dented. The taxi suffered a front bumper dented. I had a female passenger she was offered to see doctor but she decline. No one was injured..

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing Officer : SI Nasrun 8017

Date : 14/02/2018 Time : 1100hrs

S/D Ref : 5

Police Post / Unit : Changi NPC

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo

