

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	12/03/2018 16:40
Date Of Accident	12/03/2018 11:30
Exact Location Of Accident	SIN MING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7223H
Insured/Policyholder	
Name Of Registered Owner	PAS AUTO PTE LTD
Co Reg No	201512120M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64523938

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX DIESEL TURBO MT 2WD LGV (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097031756
Cover Note Number	

Driver

Name of Driver	TEO KOK KIONG
NRIC No	S1781815E
Date Of Birth	28/12/1966
Occupation	INDOOR
Date Of Driving Pass	07/07/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91371369
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 36 CASSIA CRESCENT #10-104
Postcode	390036
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SHA7158H
Vehicle Make/Model/Colour	COMFORT BLUE
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

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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.

 **PAS AUTO PTE LTD**
 811 Sin Ming Drive
 #01-325 Singapore 575706
 Tel: 8452 3938 Fax: 8452 7937

Policyholder's Signature
 Date & Time:

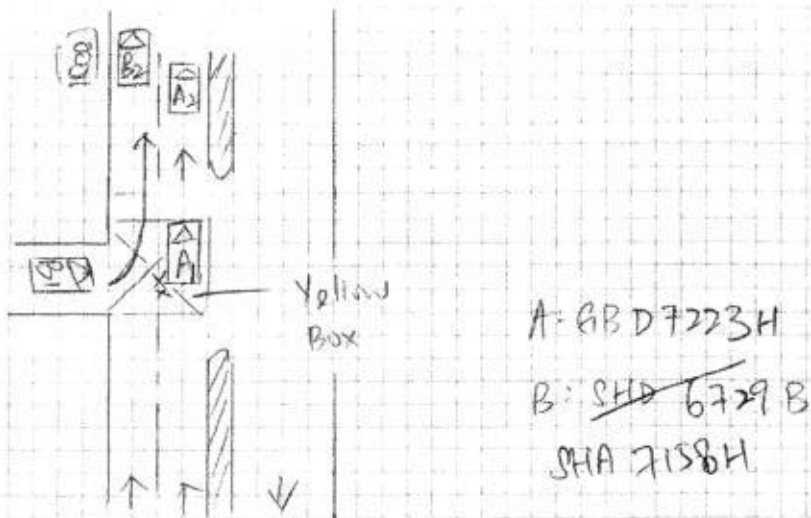

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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



12/3/18
 3pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight and slowed down near the traffic junction. I saw that a taxi was coming out from comfort taxi. Suddenly, I felt an impact but the taxi did not stop. I managed to obtain his vehicle number from the video recording.

DECLARATION

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

  **PAS AUTO PTE LTD**
Blk 32, Sin Ming Drive
#01-325 Singapore 575705
Tel: 6452 3938 Fax: 6452 7938

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Shuman



12/3/18 @
3pm



**SINGAPORE
POLICE FORCE**



T/20180312/2080

Police Station Of Origin:

1 of 3

Robinson NPP

Report No. T/20180312/2080

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2018 15:38	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: TEO KOK KIONG			Address: APT BLK 36 CASSIA CRESCENT #10-104 SINGAPORE 390036		
ID Type / ID No.: NRIC NO / S1781815E			Contact No.: Home/Office: Mobile: 91371369		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 28/12/1966	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

Zoo:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/03/2018 11:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SIN MING DRIVE SIN MING AVENUE Outside Comfort Delgro				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
D7223H	Van				Slightly Damaged	0
SHD6725B (Not Accurate)	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180312/2080

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3
Report No. T/20180312/2080

CONTINUATION OF REPORT

Driver			
Name	TEO KOK KIONG		ID No. S1781815E
Related Vehicle	GBD7223H (Van)		Contact No. 91371369
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 the above stated date, time and location, I was driving my vehicle on the first lane. I saw one taxi waiting at the exit of Comfort Delgro to turn left in to Sin Ming Drive. Just as I passed Comfort Delgro exit, I felt an impact from the left side of my vehicle, then I saw the taxi travelling past me. But the driver did not stop. There is a camera installed in my vehicle and based on the footage, I identified the vehicle not to be SHD6725B. I'm lodging this report to facilitate my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180312/2080

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20180312/2080

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:

E /

Sgt 2 LOKMAN BIN ABDUL GHANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2018 15:38

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN

Contact No.: 65476079



Classification Of Case:

SN 070

Authentication Stamp

NP168

SIGNATURE

Sketch Plan #3 Pg. 1

AMENDMENT OF NP 168 ACCIDENT REPORT

Officer in-charge
Investigation Section
Traffic Police Department
100 Avenue 3
Singapore 408865

Name: TEO KOK KIONG
NRIC No: S1781815E
Address: BLK 36-CASSIA CRESENT #10-104
Tel / Pager: 91371369

Dear Sir/Ma'am,

Accident involving GBD7223H (Complainant's vehicle), SHA7158H (other party's vehicle)
along Sin Ming Drive
on 12 March 2018 at 1130 hrs

2 With reference to the above, I have on 12/03/2018 (date) 1538hrs (time)
make a police report at Thomson NPP (Police Station/NPP/NPC)
In NP 168- T/20180312/2080

3 On 19 March 2018 (date), at 1750hrs (time) at
Thomson NPP (Police Station/NPP/NPC), I make the following amendment

Amendment the brief details:

I wished to make the following amendments.

My supervisor got a call from Comfort Delgro on 19/3/2018. He informed me that the other party vehicle which hit onto me was SHA7158H. The Comfort Delgro Officer's number is 91992874.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE	
If a police officer recorded these amendments, please complete the following.	
Name / Rank No	: INSP Soh Wei Hao
Date and Time	: 19/03/2018 @ 1750hrs
Station Dairy No	: 71
Signature	: 
Interpreter Name/Rank	

(To be completed in duplicate)



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6274 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKK H 18034242 Vehicle Registration No : G8D 7223H
 Name (as shown in NRIC) : TEO KOK KIONG NRIC/FIN/Passport No : S1781815 E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 91371369
 Email Address : _____
 Date of Accident : 12-3-18 Time of Accident : 11:30 AM
 Place of Accident : SIN MING DRIVE
 Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

MY IN-CHARGE GOT A CALL FROM COMFORT
DELLERO TODAY THAT THE VEHICLE TAXI THAT
HIT US IS SHA 7158 H. THE PHONE NO.
OF THE COMFORT DELLERO OFFICER WHO CALLED
IS 91992874.

 Policyholder / Driver's Signature
 Date

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



19/3/18