

## 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	26/03/2018 14:54
Date Of Accident	25/03/2018 12:35
Exact Location Of Accident	BEDOK RESERVOIR VIEW CARPARK EXIT GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1585S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARS RENTAL & LEASING
Co Reg No	53312317L
Email Address	STARSRENTLEASE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81456830
Alternative Phone No	OFFICE-90877770

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5085942280-01
Cover Note Number	

### Driver

Name of Driver	TOH HUI WEN
NRIC No	S9104708Z
Date Of Birth	08/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81456830
Fax Number	
Contact Number	
Email Address	STARSRENTLEASE@GMAIL.COM

Address	BLK 415A FERNVALE LINK #06-40 SINGAPORE
Postcode	791415
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	
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)	3
Passenger 1	NAME: : ANTON FINENKO GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : MALE

#### 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	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED - THIRD PARTY REVERSE HIT INSURED STATIONARY VEHICLE

#### 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	SHC715K
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)

#### DETAILS OF INJURED PERSON 1

Name TOH HUI WEN  
Approximate Age  
Injuries Sustain BACK AND SHOULDER PAIN  
Injured person in which vehicle? SJG1585S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

SKETCH PLAN

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6. The 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 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.



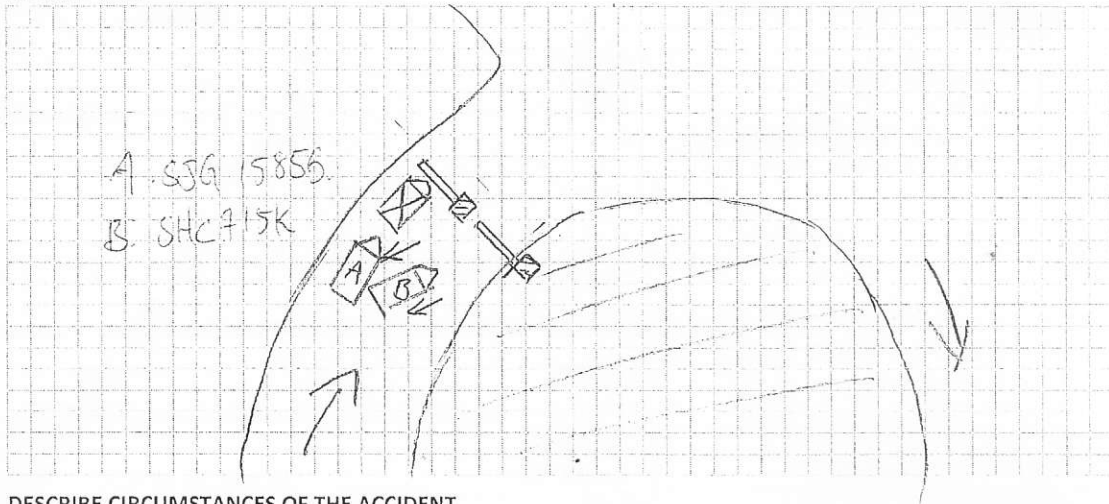
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was about to exit the carpark after picking up my passenger. when i was queueing to exit the gantry on the left, the taxi on the right gantry reversed and hit the rear side bumper of my car.

## 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/FIN No.:

Form 11 (Rev 10/10)

## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180326/2122

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180326/2122

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2018 16:24		Vide Report No.:		Station Diary No.: 64	
<b>Informant's Particulars</b>					
Name of Informant: TOH HUI WEN			Address: APT BLK 415A FERNVALE LINK #06-40 SINGAPORE 791415		
ID Type / ID No.: NRIC NO / S9104708Z			Contact No.: Home/Office: Mobile: 81456830		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 08/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2018 12:30	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR VIEW near carpark gantry, 774 carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Rear to head			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC715K	Car					0
SJG1585S	Car				Slightly Damaged	2

**Details of Person Involved**

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

## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180326/2122

2 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180326/2122

## CONTINUATION OF REPORT

Driver			
Name	TOH HUI WEN	ID No.	S9104708Z
Related Vehicle	SJG1585S (Car)	Contact No.	81456830
Hospital/Clinic	CHUA MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2018	Date Discharge	26/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was about to exit the gantry to the carpark when the said mentioned taxi, which was in front of me but in another lane suddenly started to reverse. The said taxi without slowing down hit onto my rear right side bumper. The driver did not turn as he reverse and just reverse straight. The area to exit was a round about. My vehicle bumper was dislodge due to hit from the taxi and suffered several scratches.

I went to a nearby clinic the very next day and was given 3 days mc. I have no CCTV inside of my vehicle. The taxi is yellow in colour and belongs to CityCab.



SINGAPORE  
POLICE FORCE



T/20180326/2122

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180326/2122

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 /

Staff Sgt DZULHILMI BIN OMAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/03/2018 16:24

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE