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 witholding 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	02/04/2018 15:03
Date Of Accident	01/04/2018 18:50
Exact Location Of Accident	KJE BEFORE BRICKLAND EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5963K
Insured/Policyholder	
Name Of Registered Owner	FERME VEHICLES RENTAL LLP
Co Reg No	T17LL0525A
Email Address	DENNISTAN684@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90778739
Alternative Phone No	OFFICE-90778739
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOTOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5091887996
Cover Note Number	
Driver	
Name of Driver	TAN KIET HILL (CHEN JISHAN)
NRIC No	S7316623C
Date Of Birth	12/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90778739
Fax Number	
Contact Number	OTHERS-90778739
EMail Address	DENNISTAN684@GMAIL.COM

Address	BLK 411A FERNVALE ROAD #05-84
Postcode	791411
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	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQW3429 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180401/2097. I WAS APPROACH BY A PASSER BY TO SENT THE TWO PASSENGERS IN MY CAR TO GO HOME.I REJECTED THE OFFER AND ASK THE PASSENGERS ARE THEY INJURE,THE PASSENGERS SAYS NO.I EVEN OFFER TO SENT THEM TO HOSPITAL FOR CHECK-UP,THEY SAYS NO INJURY.THEN THE PASSER-BY DROVE(MERCEDES OR BMW) TOOK THE TWO PASSENGERS AWAY SAYING BY SEND THEM BACK.I RECEIVE A CALL FROM GRAB ON 02/04/2018 AROUND 3 TO 4 PM.THE PASSENGERS SAID THEY WANTS TO CLAIM AGAINST GRAB AND GRAB SAYS TO CLAIM THE DRIVER INSTEAD.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE SD CARD WITH THE TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQW3429
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	JQW3429
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

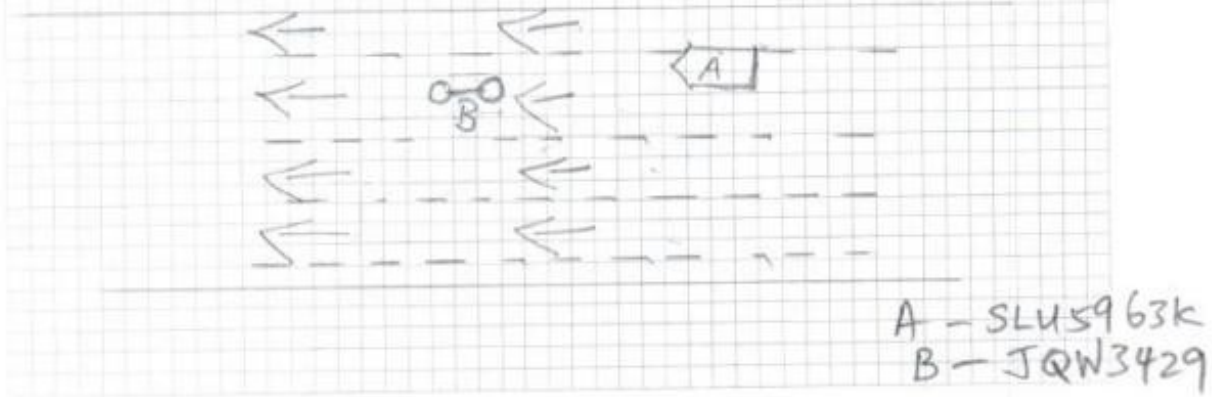
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN KRANJI EXPRESSWAY BEFORE BRICKLAND EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report T/20180401/2097

DECLARATION

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

X

Policyholder's Signature
Date & Time:

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

2/4/2018

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

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180401/2097

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

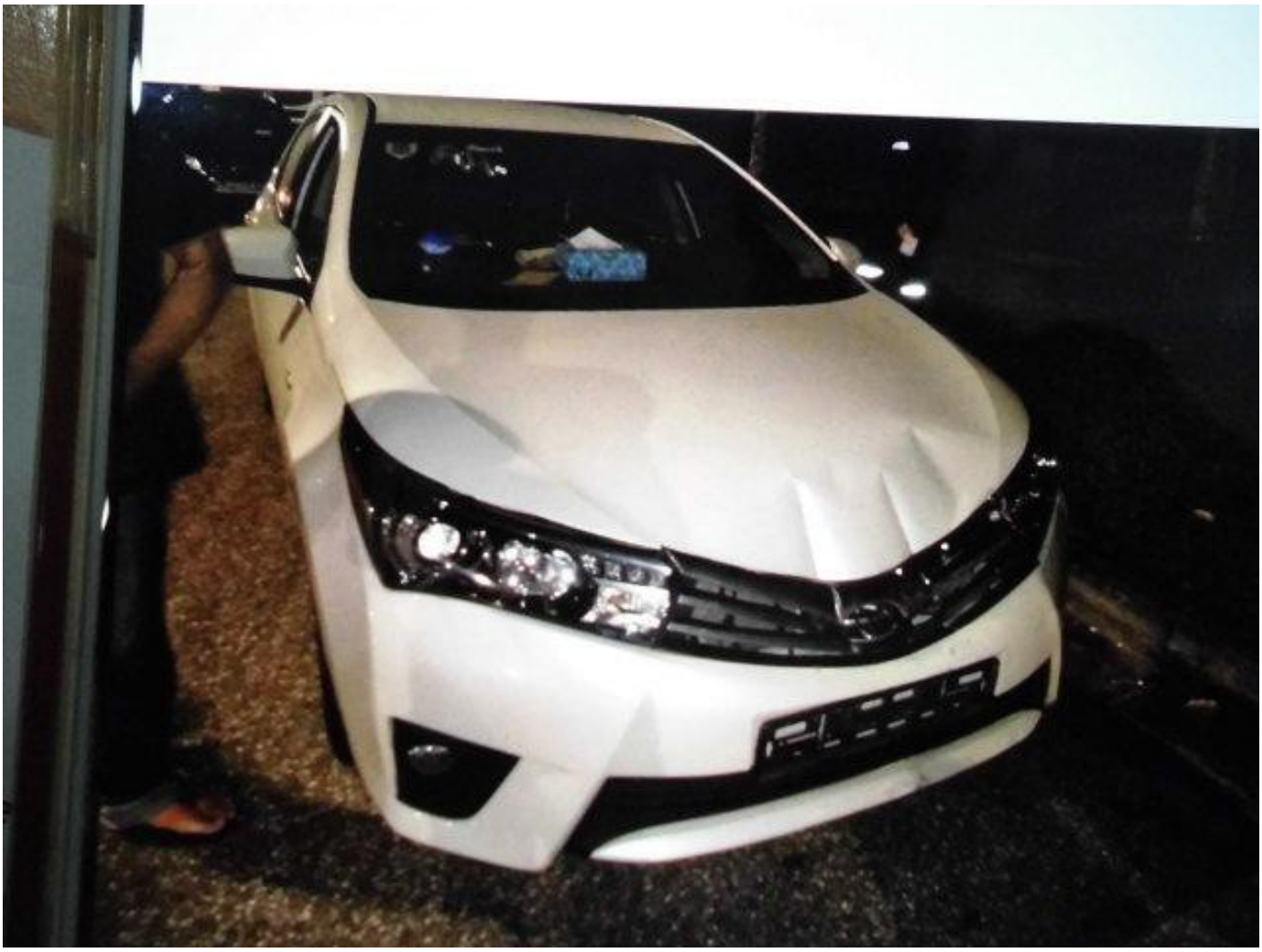
Driver			
Name	TAN KIET HILL	ID No.	S7316623C
Related Vehicle	SLU5963K (Car)	Contact No.	90778739
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

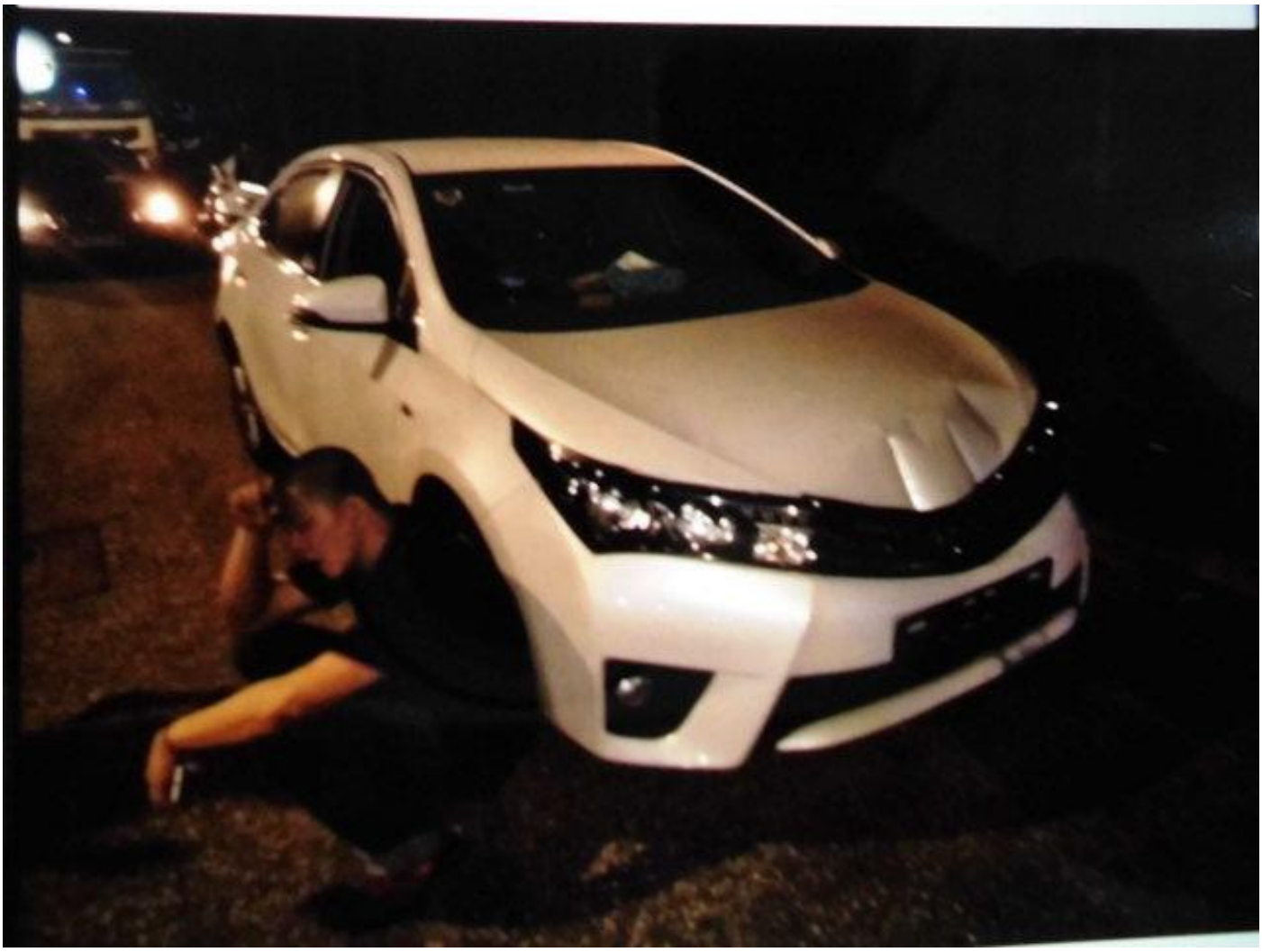
On 1/4/18 at about 1855hrs

While driving along KJE on the most right lane I wanted to turn left to change lane. While changing lane I suddenly saw a motorbike very close to me, I breaked straight away but the road was slippery due to rain. my car then skidded and hit onto the rider

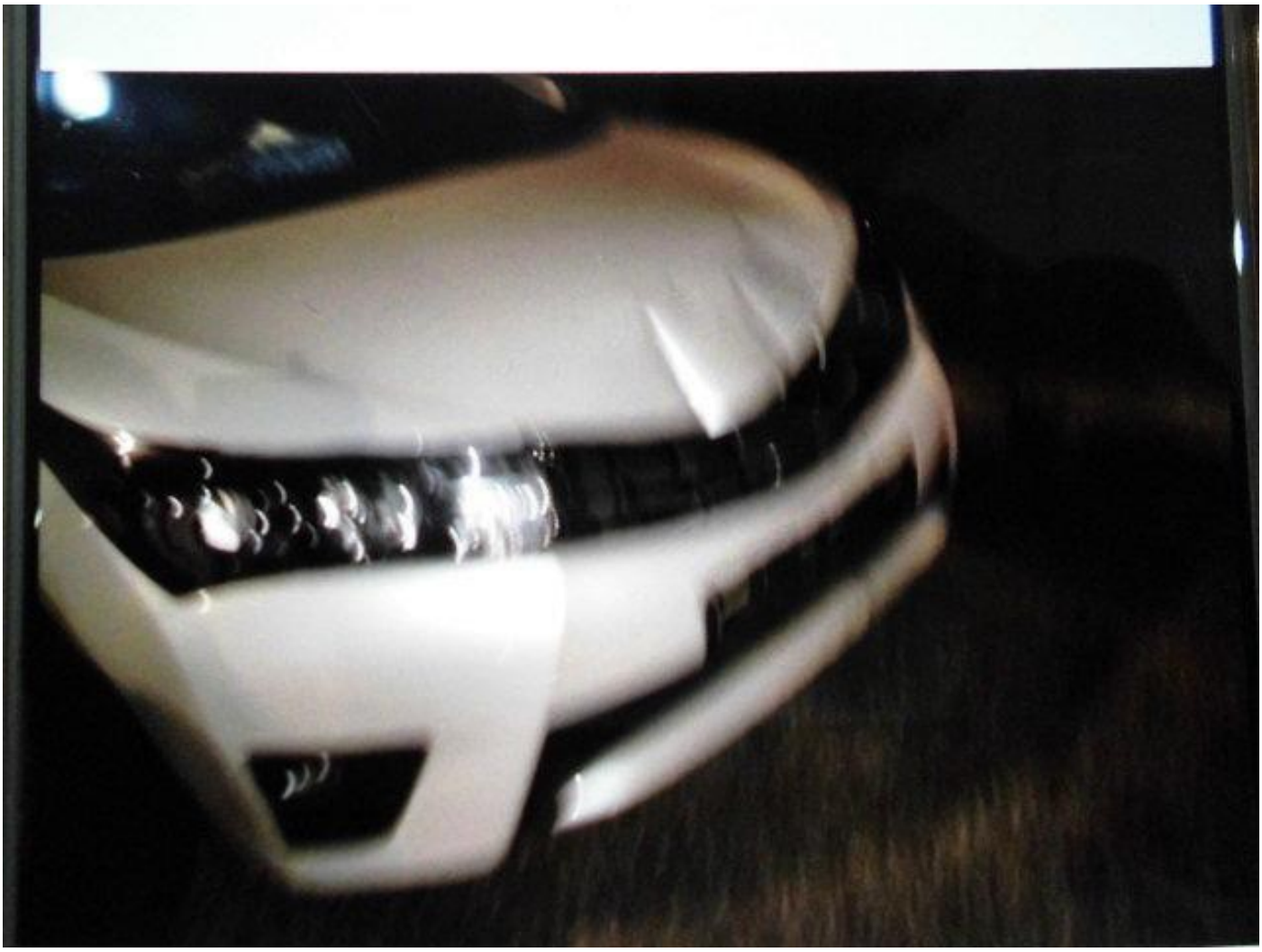
Accident Photo



Accident Photo



Accident Photo



Accident Photo

Accident Photo

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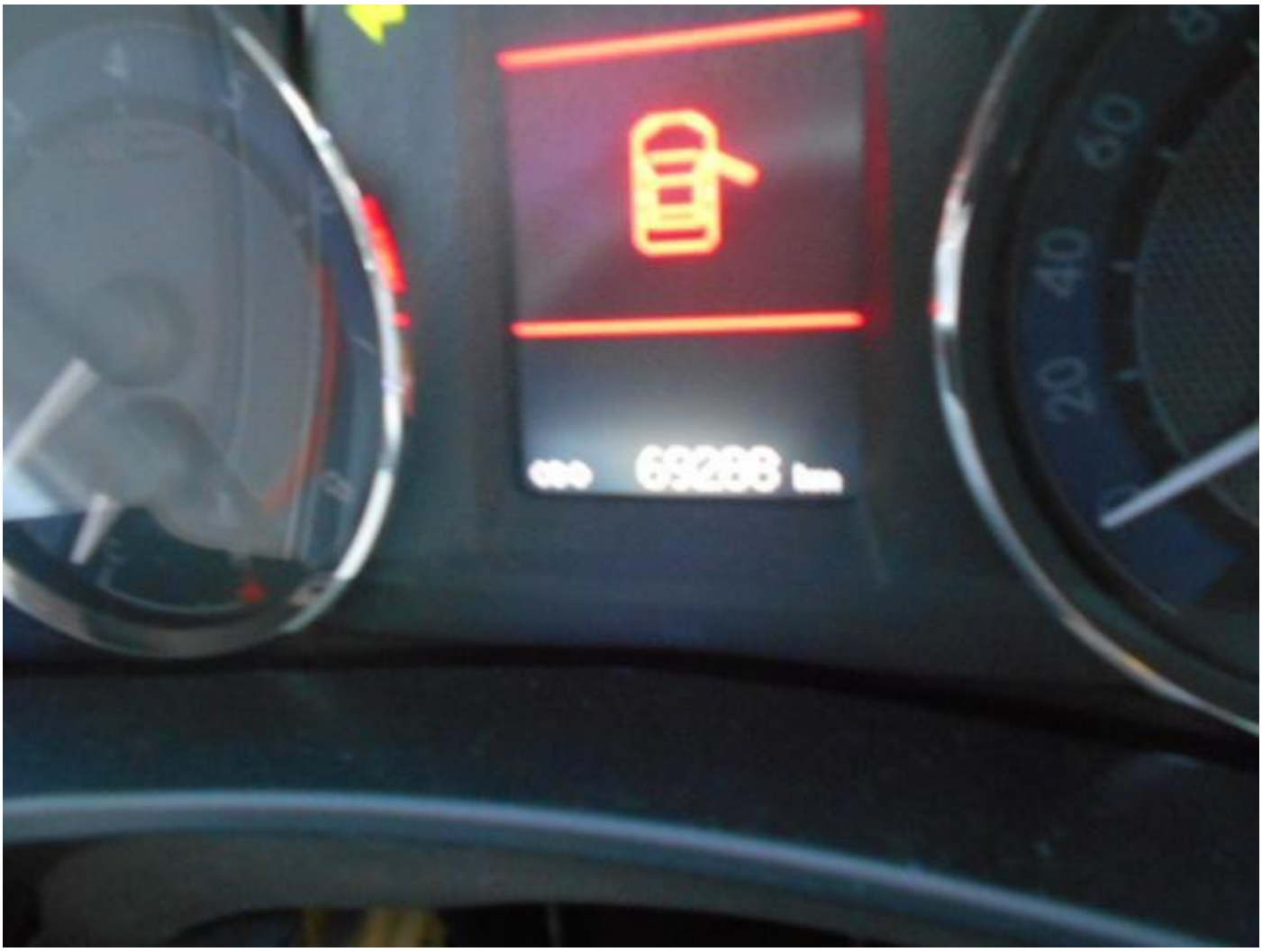
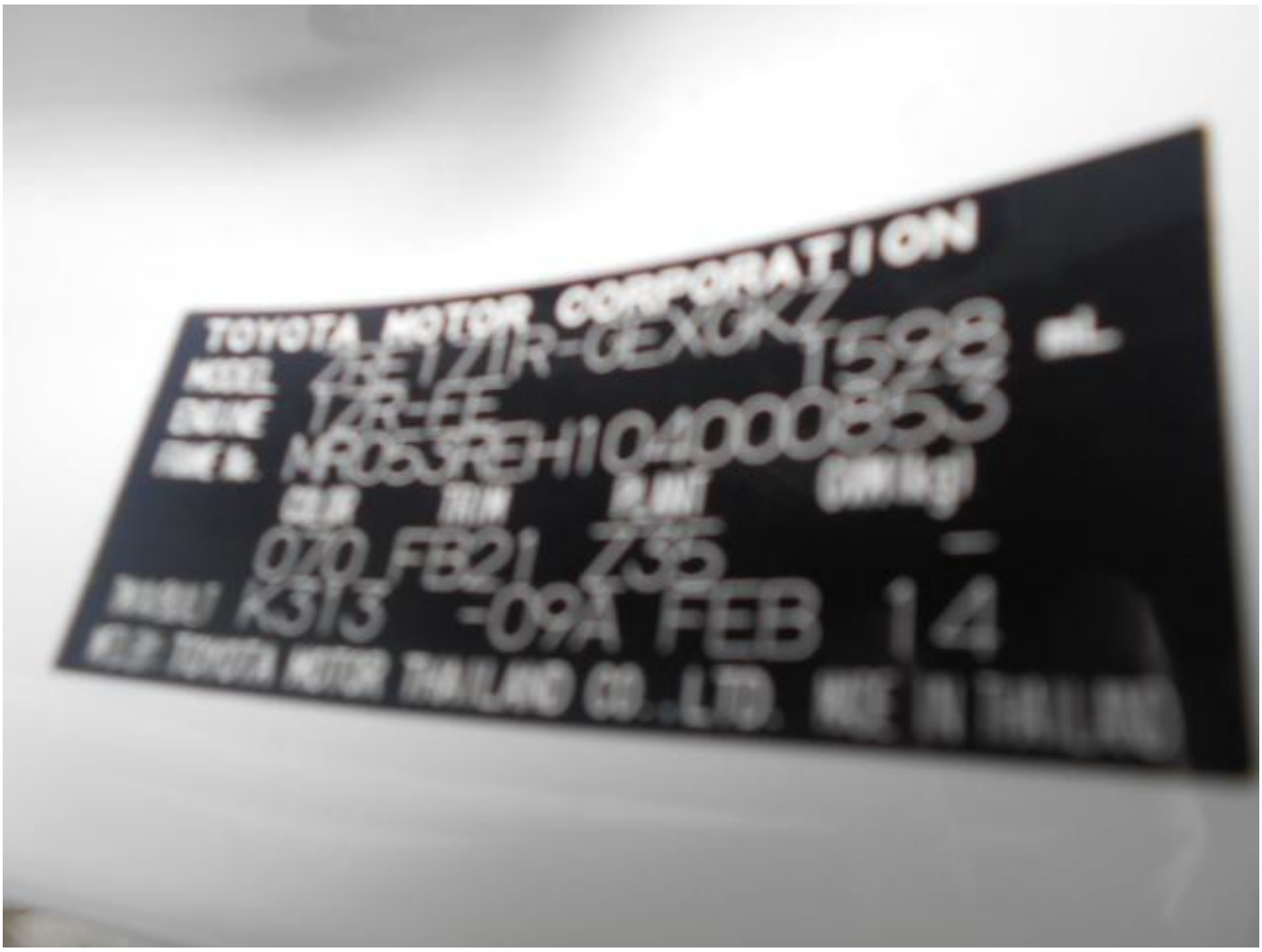


Accident Photo



SINGAPORE POLICE FORCE

T/20180401/2097

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/04/2018 23:12	J/20180401/0197	

Informant's Particulars

Name of Informant: TAN KIET HILL			Address: APT BLK 411A FERNVALE ROAD #05-84 SINGAPORE 791411	
ID Type / ID No.: NRIC NO / S7316623C			Contact No.: Home/Office: Mobile: 90778739	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 12/05/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2018 18:50	Type of Location:

Location:
Along Road 1
KRANJI EXPRESSWAY

BEFORE BRICKLAND EXIT

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5963K	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT		Slightly Damaged	2

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20180401/2097

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	TAN KIET HILL	ID No.	S7316623C
Related Vehicle	SLU5963K (Car)	Contact No.	90778739
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
On 1/4/18 at about 1855hrs

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SINGAPORE POLICE FORCE

T/20180401/2097

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: TP / WONG ZI WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 23:12
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	Signature:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0080
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0030G / 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 : MNA1180436S5 Vehicle Registration No: SLU5963K

Name(as shown in NRIC) : TAN KIET HILL (CHEN JISHAN) NRIC/FIN/Passport No : S7316603C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 411A FERNVALE RD #05-84 Singapore(791411)

Contact (Tel) : Mobile No. : 90778739

Email Address :

Date of Accident : 01/04/18 Time of Accident : 18.50

Place of Accident : KJE BEFORE BRICKLAND EXIT

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:

~~AMEND~~

ADD IN INJURY

INVOLVED FOREIGN VEH

AMEND TP VEH CATEGORY

ADD IN STATEMENT

THE RIDER FELL OF FROM THE BIKE AND THE HELMET FLY OFF AWAY DISTANCE FROM THE RIDER.

Policyholder / Driver's Signature
Date: 03/04/18

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