

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	03/04/2018 16:05
Date Of Accident	01/04/2018 20:00
Exact Location Of Accident	CTE BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM8261Z
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5097115453
Cover Note Number	

Driver

Name of Driver	SIA CHUON AIK JACK
NRIC No	S1821522E
Date Of Birth	04/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93895895
Fax Number	
Contact Number	OFFICE-93895895
EEmail Address	NOEMAIL

Address	BLK 488B TAMPINES STREET 45 #10-141
Postcode	521488
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	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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180402/2136.

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	SHD6563L
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS325X
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) 1

DETAILS OF INJURED PERSON 1

Name SIA CHUON AIK JACK
Approximate Age
Injuries Sustain NOSE, MOUTH, SHOULDER, NECK & ARM
Injured person in which vehicle? SJM8261Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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.



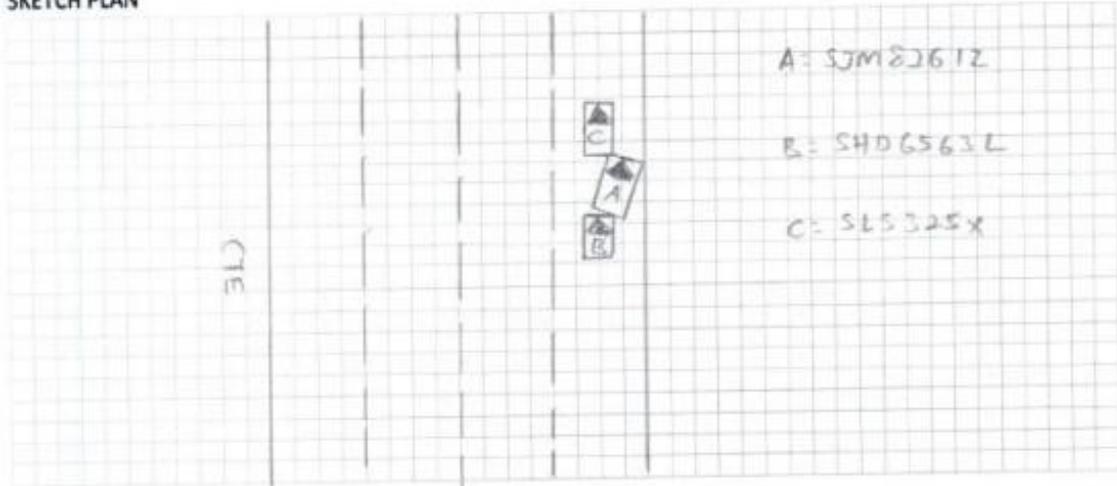
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/201864 02/2136.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2136

2 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180402/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	LOW HWEE LIANG, COLLIN	ID No.	S8020139G
Related Vehicle	SHD6563L (Car)	Contact No.	86863344
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
Driver			
Name	SIA CHUON AIK JACK	ID No.	S1821522E
Related Vehicle	SJM8261Z (Car)	Contact No.	93895895
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/04/2018	Date Discharge	02/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	HENRY YANG YEE MENG	ID No.	S7916128D
Related Vehicle	SLS325X (Car)	Contact No.	84813350
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 01/04/2018 at about 2000hrs, I was driving my GRAB car (SJM8261Z) with 3 passengers on board travelling on CTE on lane 1 towards Seng Poh Road. I was travelling at a speed of about 80km/hr.

After passing Jalan Bahagia (opposite direction) near to Australian School, I saw the car (SLS325X) ahead came to a stop. Immediately, I jammed brake to avoid the collision. A few seconds later, I felt impact coming from the rear. A taxi (SHD6563L) hit the rear of my car causing my car to swerve to the right. My head was slammed onto the steering wheel, my car spin and hit the divider railing. Due to the impact, the airbag of my car was activated and my car slightly hit on the front car which caused the paint

Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2136

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Report No. T/20180402/2136

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520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

to be chip off.

My nose and mouth was bleeding. My passengers did not sustain any injury. Shortly, Traffic Police and Ambulance arrived at scene. I refused to be convey to hospital because I did not want to abandon my car and passengers behind.

I exchanged particulars with the drivers involved. My passengers took a taxi back home. The Traffic Police officer took my in-car CCTV camera for investigation and issued me a medical form for referral to the hospital.

After the accident, I felt unwell and seek medical treatment at Changi General Hospital. I was given 4 days of outpatient sick leave from 01/04/2018 to 04/04/2018. I have follow-up appointment to the hospital due to my nose bone fractured. My next appointment is on 17/04/2018.

Police Report



SINGAPORE
POLICE FORCE



T/20180402/2136

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Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180402/2136

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.

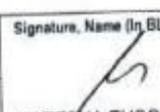
Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ISA BIN MD RASHID 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2018 17:38
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR  SINGAPORE POLICE FORCE Contact No.: 65476200	Classification Of Case: <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Authentication Stamp NP168 <div style="border: 1px solid black; padding: 5px; display: inline-block;">  SIGNATURE </div>	

Medical cert

ORIGINAL

MEDICAL CERTIFICATE

EMD201862585

Name SIA CHUON AIK JACK		NRIC No. S1821522E
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>01-Apr-2018</u> to <u>04-Apr-2018</u> inclusive.		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on: _____
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Operated on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: The above-named patient attended my clinic at _____ <u>N.A.</u> and left at _____ <u>N.A.</u> No medical leave is necessary		
Hospital/Clinic: Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 02-Apr-2018	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  NATESHA EUSOOF ANGULLIA, 63215E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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