

## 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	07/05/2018 16:20
Date Of Accident	06/05/2018 16:00
Exact Location Of Accident	ALONG TEW CHEW STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU8619G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHUTTLECARS
Co Reg No	53342058W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91803288

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	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	5095871921
Cover Note Number	

### Driver

Name of Driver	TAN HOCK LIONG
NRIC No	S1687390Z
Date Of Birth	21/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91803288
Fax Number	
Contact Number	
EEmail Address	JAYTANHL@GMAIL.COM

Address	BLK 386 YISHUN RING ROAD #12-1715
Postcode	760386
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : RAFIZAH 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 EAST NPP
Police Station Address	<b>ROAD:</b> 263 TAMPINES STREET 21 #01-138 , <b>POSTCODE:</b> 520263 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7839999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180507/2092

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	RAFIZAH
Phone Number	96237084
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC6370J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	KOH MENG KOK
NRIC/Passport Number	S1278839H
Contact Number	92702630
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN HOCK LIONG
Approximate Age	
Injuries Sustain	BACK,NECK,SHOULDER & VISION DISCOMFORT
Injured person in which vehicle?	SFU8619G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### 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 liability**.
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. 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.



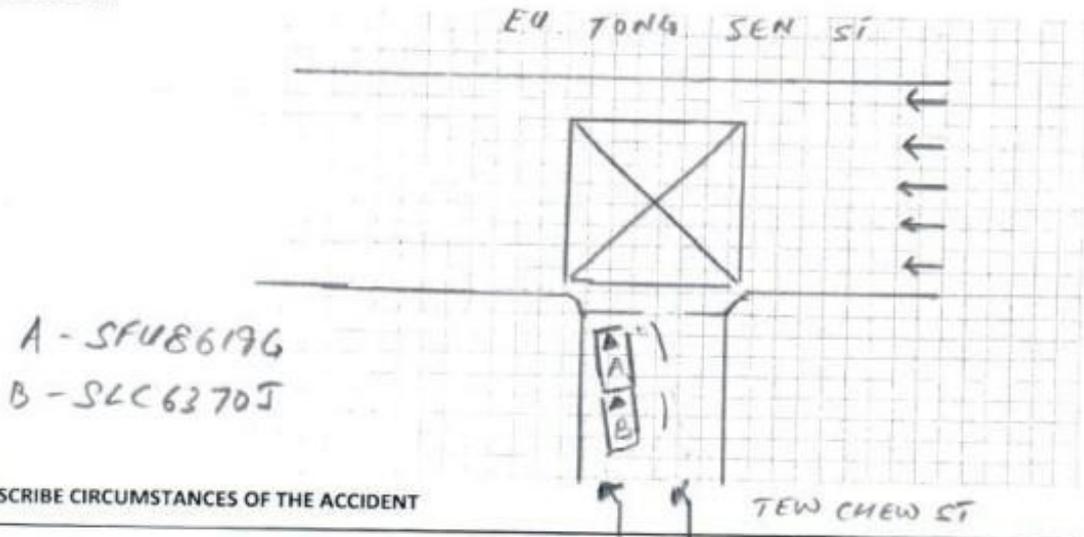
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 1/20180507/2092

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.:

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180507/2092

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

2 of 4

Report No. T/20180507/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HOCK LIONG	ID No.	S1687390Z
Related Vehicle	SFU8619G (Car)	Contact No.	91803288
Hospital/Clinic	ORTHOSPORTS ORTHOPAEDIC SURGERY & SPORTS MEDICINE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	KOH MENG KOK	ID No.	S1278839H
Related Vehicle	SLC6370J (Car)	Contact No.	92702630
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 6/5/2018 at about 1600hrs, I had picked up a passenger from The Central. I had then proceeded to drive along Tew Chew Street.

As I approached the T-Junction leading to Eu Tong Sen Street, I had slowed down as there were other cars ahead of me. I had then came to a stop at the stop line. All of a sudden, there was an impact from the rear. I had checked with my passenger and she informed that she was ok. As such, I had stepped out of my car to make further checks on what had happened.

I saw that another vehicle had rear ended me. I had requested to exchange particulars with the other driver however, he was reluctant initially but he did eventually produced his driver license. I had then also taken photos of the damages. As a result of the impact, the rear bumper of my car was dislodged and suffered from some scratches.

After the accident, I had gone home. I had then began to felt pain in my neck at night as well as some vision discomfort. As such I had gone to OrthoSports on 7/5/2018 for outpatient treatment. I was then given 8 days of medical leave (7/5/2018-14/5/2018).

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE  
POLICE FORCE**



T/20180507/0042

1 of 4

Police Station Of Origin  
Tampines East NPP  
263 Tampines Street 21 #01-13B  
SINGAPORE 520263  
Tel No: 1800-7839999

Report No: T/20180507/0042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/05/2018 15:28	Video Report No.:	Station Diary No. 27
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**Informant's Particulars**

Name of Informant: TAN HOCK LIONG		Address: APT BLK 386 YISHUN RING ROAD #12-1715 SINGAPORE 760386	
ID Type / ID No. : NRIC NO / S1687390Z		Contact No. : Home/Office: Mobile: 91803298	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 21/05/1965	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 Others	Drink Drive: No	Date/Time of Accident: 06/05/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 TEW CHEW STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SFU8619G	Car	NISSAN	LATIO 1.5LHB	Blue	Slightly Damaged	1
SLC6370J	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White		0

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180507/2082

Police Station Of Origin:  
Tampines East NPP  
283 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

2 of 4

Report No: T/20180507/2082

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HOCK LIONG	ID No.	S1687390Z
Related Vehicle	SFU8619G (Car)	Contact No.	91803286
Hospital/Clinic	ORTHOSPORTS ORTHOPAEDIC SURGERY & SPORTS MEDICINE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	KOH MENG KOK	ID No.	S1278836H
Related Vehicle	SIC6370J (Car)	Contact No.	82702630
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 6/5/2018 at about 1600hrs, I had picked up a passenger from The Central. I had then proceeded to drive along Tew Chew Street.

As I approached the T-Junction leading to Eu Tong Sen Street, I had slowed down as there were other cars ahead of me. I had then came to a stop at the stop line. All of a sudden, there was an impact from the rear. I had checked with my passenger and she informed that she was ok. As such, I had stepped out of my car to make further checks on what had happened.

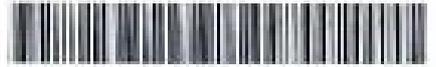
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**Police Report**



**SINGAPORE  
POLICE FORCE**



T20180507/2092

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

3 of 4

Report No. T20180507/2092

**CONTINUATION OF REPORT**

Police Report



SINGAPORE  
POLICE FORCE



T/20180507/2092

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

4 of 4

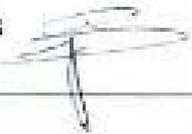
Report No: T/20180507/2092

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 BRYAN LIM CHIM SONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2018 15:26
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NPPes 