

## 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	02/05/2018 12:19
Date Of Accident	28/04/2018 07:45
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2031E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOGRAND PTE LTD
Co Reg No	201621171M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98159894
Alternative Phone No	OFFICE-98159894

### 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095768885 (DRIVO CLASSIC)
Cover Note Number	

### Driver

Name of Driver	LIM BAK CHOON
NRIC No	S0030726B
Date Of Birth	16/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1975
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91457171
Fax Number	
Contact Number	OTHERS-91457171
EEmail Address	NOEMAIL

Address	BLK 516 HOUGANG AVE 10 #02-203
Postcode	530516
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL VEHICLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : NATASSHA BINTE OMAR GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180430/2013 ATTACHED. (ATTENDED BY CHRISTINA)

#### 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	SHF610M
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	LIM BAK CHOON
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJN2031E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NATASSHA BINTE OMAR
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJN2031E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1


### SKETCH PLAN

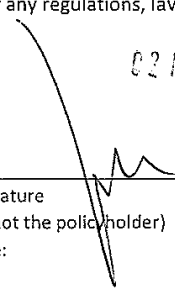
#### IMPORTANT NOTICE


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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)**

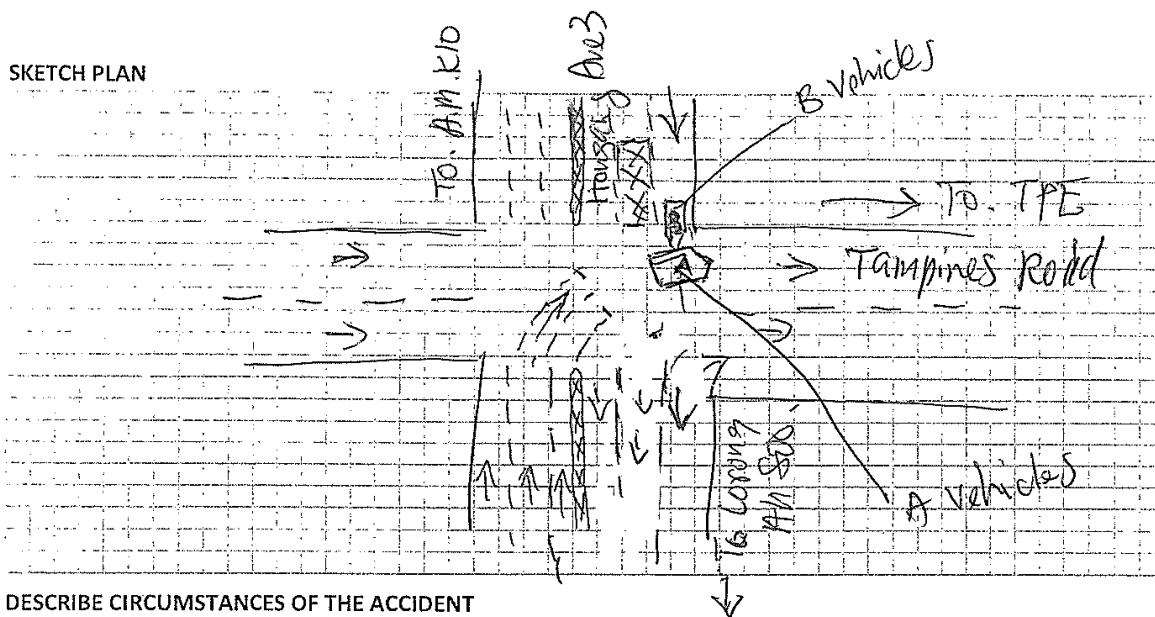
I understand, acknowledge, agree and consent that:

- (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 policy holder)  
Date & Time:

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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180430/2013

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20180430/2013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/04/2018 10:51			Vide Report No.:		Station Diary No.: 45
<b>Informant's Particulars</b>					
Name of Informant: LIM BAK CHOON			Address: APT BLK 516 HOUGANG AVENUE 10 #02-203 SINGAPORE 530516		
ID Type / ID No.: NRIC NO / S0030726B			Contact No.: Home/Office: Mobile: 91457171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 16/09/1953	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 07:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 3 TAMPINES ROAD JUNCTION OF HOUGANG AVENUE 3 AND TAMPINES ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF610M	Car					0
SJN2031E	Car				Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180430/2013

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20180430/2013

**CONTINUATION OF REPORT**

Driver			
Name	LIM BAK CHOON	ID No.	S0030726B
Related Vehicle	SJN2031E (Car)	Contact No.	91457171
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	28/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I am currently working as a Grab Driver.

On 28/04/2018 at about 0745hrs, I picked up one passenger, and was driving along Hougang Avenue 3. I was travelling on the second lane and was going to make a right turn to Tampines Road.

After ensuring that there was no vehicle coming from the other direction and the traffic light was turning amber for vehicle going straight, I moved off from my stationary position.

Just as soon as I was turning, one taxi, SHF610M, came at the high speed and hit onto the left side of my vehicle.

Due to the impact, the left side of my vehicle was badly damage. As for the taxi, his front left side was also damage.

At that point of accident, my passenger on board seated at the left rear passenger seat informed that she had neck and shoulder pains as such I advise her to seek medical treatment.

There was no police or ambulance at that point of time.

After the accident, I felt pain on my neck and shoulder as such I went to see a doctor and was given 3 days of MC.

My passenger informed that she witness the whole incident and she will be lodging a report as a witness.

I wish to state that the driver left scene before I take his vehicle number and his particular. After which, I managed to track down the said vehicle <sup>at the transcab's carpark.</sup> and take down his plate number.

HOUGANG NPC  
60 HOUGANG AVE 9  
SINGAPORE 538775  
TEL: 1800-4890999



**SINGAPORE  
POLICE FORCE**



T/20180430/2013

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

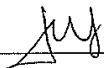
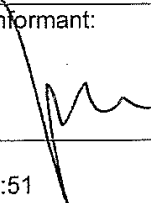

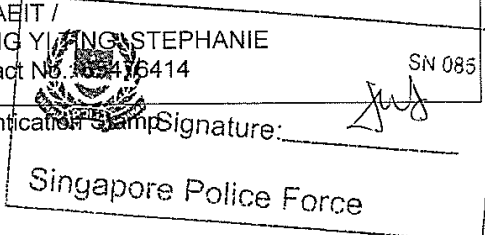
Report No. T/20180430/2013

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: F / Sgt 3 PHUA JIA JUN, MARK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2018 10:51
Officer In Charge Of Case: TP / AEIT / SI ANG YI / NG STEPHANIE Contact No: 65476414 	Classification Of Case:
Authentication Stamp NP168 	





**SINGAPORE  
POLICE FORCE**



G/20180501/7004

1 of 3

**POLICE REPORT (NP299)**

Report No. G/20180501/7004

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 01/05/2018 14:33	Vide Report No.	Station Diary No.
Name Of Informant NATASSHA BINTE OMAR	Address APT BLK 174D HOUGANG AVENUE 1 #07-1603 SINGAPORE 539174	
ID Type / ID No. NRIC NO / S8912725D	Contact No. Home/Office:	Mobile: 88261700
Nationality SINGAPORE CITIZEN	Email Address natasshamusa@gmail.com	
Occupation Computer technician (including IT user helpdesk technician)	Sex Female	Age 29
Institution/School Name	Date of Birth 11/04/1989	Race Malay
Date/Time Of Incident 28/04/2018 07:45 - 28/04/2018 07:45	Location Of Incident BLK HOUGANG AVENUE 3 NIL	

**Brief details.**

I was involve in a car accident at the T-Junction traffic along Hougang ave 3 going to old Tampines road on the 28/04/18 around 7.45 am while I was on my way to work in a grab car.

Im here to report against the transcab that crash into the grab car that I was in. The taxi was speeding so fast and past through the red light while the grab car I was riding was turning to the right to go to the old Tampines rd. I was seated on the left rear back seat and the transcab crash directly to where I was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2018 14:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE



G/20180501/7004

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180501/7004

seated and I flung to the right side of the window screen and hit my head and shoulder, which cause me great pain and injuries. Me and the grab driver unable to locate the driver maybe he drove away without giving the grab driver his details. After the incident I was shaking and in such trauma that I took cab go to work and my colleagues has to sent me to Changi general hospital to have me checked for my injuries caused by the car accident.

Below are the details of the grab car that I was a passenger of:

Driver: Mr Lim Bak Choon  
Plate Number: SJN 2031 E  
Car Type: Toyota Altis

Below are the details of the Transcab that crashes into the grabcar

Driver: ?  
Plate Number: SHF 610 M  
Car Type: Red Transcab Taxi

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2018 14:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



G/20180501/7004

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20180501/7004

<b>Suspect</b>			
Person Name	Unknown		
Gender	Male	Relation To Informant	The transcab driver that crashes in
Habits & Oddities	He drove transcab SHF 610 M		
<b>Victim</b>			
Person Name	NATASSHA BINTE OMAR		
ID Type	NRIC NO	ID No	S8912725D
Gender	Female	Age	29
Race	Malay	Language	English
Occupation	Computer technician (including IT user helpdesk technician)	Address Type	
Address	APT BLK 174D HOUGANG AVENUE 1 #07-1603 SINGAPORE 539174		Mobile No 88261700
Is Informant A Victim?	Yes		
<b>Person Name</b>			
Person Name	Lim Bak Choon		
Mobile No	91457171	Relation To Informant	Grab Driver
<b>Person Name</b>			
Person Name	NATASSHA BINTE OMAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.  Date/Time: 01/05/2018 14:33  Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

