

## 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	10/05/2018 16:26
Date Of Accident	10/05/2018 08:55
Exact Location Of Accident	JUNCTION OF RD 1 & RD 2 CLIVE STREET DUNLOP STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9146J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHIN KAIGAI TRAVEL SERVICE PTE LTD
Co Reg No	198500074H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIGHROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5095374043
Cover Note Number	

### Driver

Name of Driver	YEO LIAN KUAN
NRIC No	S6905859J
Date Of Birth	23/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82986087
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 215 ANG MO KIO AVENUE 1 #09-893  
 Postcode 560215  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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) 8

Passenger 1  
 NAME: : TOURIST GUIDE  
 GENDER: : MALE  
 Passenger 2  
 NAME: : MISS WAKABAYASHI HIROKO  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : PASSENGER 3  
 GENDER: : FEMALE  
 Passenger 4  
 NAME: : PASSENGER 4  
 GENDER: : FEMALE  
 Passenger 5  
 NAME: : PASSENGER 5  
 GENDER: : FEMALE  
 Passenger 6  
 NAME: : PASSENGER 6  
 GENDER: : FEMALE  
 Passenger 7  
 NAME: : PASSENGER 7  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name CAIRHILL NPP  
 Police Station Address ROAD: 9 GLOUCESTER ROAD #01-03 , POSTCODE: 21009 , 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 POLICE REPORT REF NO: T/20180510/2073

**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 SHC1008L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver MR OH  
NRIC/Passport Number  
Contact Number 90283303  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MISS WAKABAYASHI HIROKO  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? PA9146J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

SHIN KAIGAI TRAVEL SERVICE PTE LTD. I agree to the above terms and conditions under any regulations, laws or court orders.

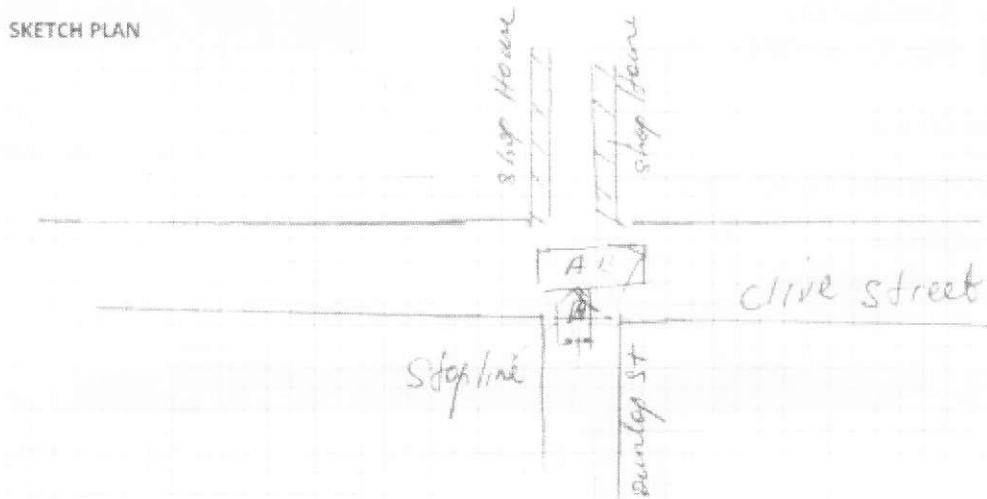
400, ORCHARD ROAD #06-17  
ORCHARD TOWER  
SINGAPORE 238875  
TEL: 67348879, 67348870  
FAX: 62358184

Policyholder's Signature  
Date & Time

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

CITY AUTO PTE LTD  
81x B Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234; 6453 7944  
Reporting Centre Signature  
Name  
NRIC/ID No.

### SKETCH PLAN



## 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.

Reporting (Class B Section) Signature \_\_\_\_\_  
Name \_\_\_\_\_  
NRK PIN No \_\_\_\_\_

Police report



**SINGAPORE  
POLICE FORCE**



T/20180510/2073

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

1 of 3

Report No: T/20180510/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2018 13:42	Video Report No.:	Station Diary No.: 18
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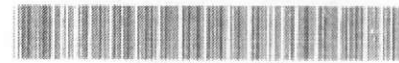
Informant's Particulars			
Name of Informant: YEO LIAN KUAN		Address: APT BLK 215 ANG MO KIO AVENUE 1 #09-893 SINGAPORE 560215	
ID Type / ID No.: NRIC NO / S6905859J		Contact No.: Home/Office: Mobile: 82986087	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 23/02/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/05/2018 08:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLIVE STREET DUNLOP STREET				
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	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA9146J	Bus/Coach/Minibus				Slightly Damaged	7
SHC1008L	Car				Slightly Damaged	0



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210009  
Tel No. 1800-2968999

2 of 3

Report No. T/20180510/2073

**CONTINUATION OF REPORT**

**Brief Details.**

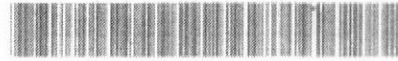
On 10/05/18 at 0859hrs, I was driving a Mini Bus 'PA9146J' along Clive Street. A Comfort Taxi 'SHC1008L' driving from Dunlop street and collided with my vehicle near right rear wheel. There was total 7 persons inside the mini bus (1 tourist guide and 6 tourist) and no one was injured. There was a dent near right rear wheel. We exchange our contact number 'Mr Oh, 90283303'.

The taxi driver Mr Oh informed that it's was his mistake and willing to pay for the damage. The mini bus belongs to my company 'Shin Kai Gai Travel Servicer PTE LTD'. I have informed my boss about this matter.

On the same day at about 0930hrs, one of the tourist namely 'Miss Wakabayashi Hiroko, 75 Years Old' informed that she was having headache. My company has arranged to send her to Japanese Clinic at Paragon Orchard.



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T/20180510/2073

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9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

3 of 3

Report No. T/20180510/2073

**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:  
A /  
Sgt 2 CAI JINQUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/05/2018 13:42

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP165

