

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 | 04/06/2018 18:55 |
| Date Of Accident | 04/06/2018 08:15 |
| Exact Location Of Accident | AYE (CITY) BEFORE ALEXANDRA RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJL9084S |
| Insured/Policyholder | |
| Name Of Registered Owner | BETHANY TRANSPORT SERVICES |
| Co Reg No | 53277921E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91809776 |
| Alternative Phone No | OFFICE-91809776 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HONDA |
| Model | HONDA JAZZ 1.3L A |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | 5086627684-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | CHEONG HWEE SEE MRS.SIM HWEE SEE |
| NRIC No | S0044879F |
| Date Of Birth | 08/07/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/04/1975 |
| Driving Experience | 43 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98581077 |
| Fax Number | |
| Contact Number | OFFICE-98581077 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 501 DUNMAN ROAD #18-05 |
| Postcode | 439193 |
| 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 | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK POLICE DIVISIONAL HQ (G DIVISION) |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2440000 - FAX NO: 64443009 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - G/20180604/7034

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 | GBG140T |
| Vehicle Make/Model/Colour | NISSAN NV350 |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | FAUZIAH BINTE JABBAR |
| NRIC/Passport Number | S9025652A |
| Contact Number | 98552521 |
| Address | |

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------------------|
| Name | CHEONG HWEE SEE MRS.SIM HWEE SEE |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | SJL9084S |
| 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.

BETHANY TRANSPORT
SERVICES

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

SKETCH PLAN

4

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A 3119082

B 606140

Sketching

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

BETHANY TRANSPORT
SERVICES

Policyholder's Signature
Date & Time:

GAMBIT 4.10.1 (Jan 2010)

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**



G/20180604/7034

1 of 2

POLICE REPORT (NP299)

Report No. G/20180604/7034

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

| | | | | | |
|--|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 04/06/2018 16:37 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant CHEONG HWEE SEE | | Address 501 DUNMAN ROAD #18-05 SINGAPORE 439193 | | | |
| ID Type / ID No. NRIC NO / S0044879F | | Contact No. Home/Office: | | Mobile: 98581077 | |
| Nationality SINGAPORE CITIZEN | | Email Address hweeseec@gmail.com | | | |
| Occupation GRAB DRIVER | | Sex Female | Age 64 | Date of Birth 08/07/1953 | Race Chinese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 04/06/2018 08:15 - 04/06/2018 08:25 | | Location Of Incident AYER RAJAH EXPRESSWAY NIL | | | |

Brief details.

I was travelling along AYE towards city before Alexandra Exit. Due to the heavy traffic, all the vehicles were travelling slowly and having to brake at several intervals. Suddenly, the front driver made a sharp brake and I managed to brake without contact with the front vehicle. Suddenly I felt a huge impact on the rear portion of my vehicle. When I alighted from my vehicle, I realized the rear vehicle had collided onto the rear portion of my vehicle.

| | |
|--|--|
| Subjects Involved | |
| Victim | |
| 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: 04/06/2018 16:37 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20180604/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180604/7034

| | | | |
|---------------------------|--|--------------|-----------|
| Person Name | CHEONG HWEE SEE | | |
| ID Type | NRIC NO | ID No | S0044879F |
| Gender | Female | Age | 64 |
| Race | Chinese | Language | English |
| Occupation | GRAB DRIVER | Address Type | |
| Address | 501 DUNMAN ROAD #18-05 SINGAPORE 439193 | Mobile No | 98581077 |
| Is Informant A Victim? | Yes | | |
| Person Name | Not Provided | | |
| Gender | Female | Language | English |
| Relation To Informant | Grab Passenger | | |
| Person Name | CHEONG HWEE SEE (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. |
| Signature Of Interpreter: Not applicable | Date/Time: 04/06/2018 16:37 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



