

## 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	06/07/2018 13:47
Date Of Accident	02/07/2018 14:35
Exact Location Of Accident	SINARAN DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3959E
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#### Insured/Policyholder

Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

#### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G 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	5101203584
Cover Note Number	-

#### Driver

Name of Driver	WON WEE HENG(YUN WEIXING)
NRIC No	S7107021B
Date Of Birth	24/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81252761
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 82 BEDOK NORTH RD #05-318
Postcode	460082
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD6838J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HEW KUAN CHEONG
NRIC/Passport Number	G6145741R
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WON WEE HENG(YUN WEIXING)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SMA3959E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

A = SMA 3959E  
B = SKD 6838J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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/20180705/2008

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180705/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2018 02:21	Vide Report No.:	Station Diary No.: 9
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## Informant's Particulars

Name of Informant: WON WEE HENG			Address: APT BLK 82 BEDOK NORTH ROAD #05-318 SINGAPORE 460082		
ID Type / ID No.: NRIC NO / S7107021B			Contact No.: Home/Office: Mobile: 8125 2761		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 24/02/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2018 14:35	Type of Location: Straight Road
Location: Along Road 1 SINARAN DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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 Passenger
SKD6838J	Car	BMW		White		0
SMA3959E	Car	HONDA		White		0

## Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180705/2008

2 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180705/2008

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HEW KUAN CHEONG		ID No. G6145741R
Related Vehicle	SKD6838J (Car)		Contact No. NIL
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
<b>Driver</b>			
Name	WON WEE HENG		ID No. S7107021B
Related Vehicle	SMA3959E (Car)		Contact No. 8125 2761
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	03/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 02/07/2018 at about 1435hrs, I was driving my Grab vehicle, one white Honda car bearing registration number, SMA3959E, along Sinaran Drive after turning right from Moulmein Rd. I was on my way to pick up a passenger from Novena Square. As I was travelling along Sinaran Drive, the traffic was heavy and while my vehicle was stationary, another vehicle suddenly hit my vehicle from behind.

After the collision, I alighted from my vehicle and met up with the driver of the other vehicle. Both of us exchanged particulars and took pictures of the damages on our vehicles. We did not call for Police or ambulance. I was still able to drive my vehicle after the accident.

Due to the accident, I cancelled the job to pick up the passenger. I went to Ng Teng Fong General Hospital and received 3 days of medical leave. I sustained back pain due to the accident.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180705/2008

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20180705/2008

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 /  
Sr Staff Sgt NADIYAH BINTE BASA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/07/2018 02:21

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo

