

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	26/07/2018 15:26
Date Of Accident	26/07/2018 11:20
Exact Location Of Accident	ALONG JALAN ADAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7625Y
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	MERVIN.PAN@BLAZEMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	YES
Policy Number	5097296239
Cover Note Number	

Driver

Name of Driver	PANG SU FANG
NRIC No	S1673835B
Date Of Birth	25/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98737713
Fax Number	
Contact Number	
EEmail Address	FLORENCE_PANG2003@YAHOO.COM

Address	BLK 33 BEDOK SOUTH AVE 2 #12-351
Postcode	460033
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	SIDE SWIPE
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: : UNKNOWN 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 NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2084

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	SJP8677S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS WONG SHIAO YUN
NRIC/Passport Number	S1382042B
Contact Number	96747100
Address	

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

DETAILS OF INJURED PERSON 1	
Name	PANG SU FANG
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SLG7625Y
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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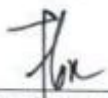
8. Consent under the Personal Data Protection Act (PDPA)


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.



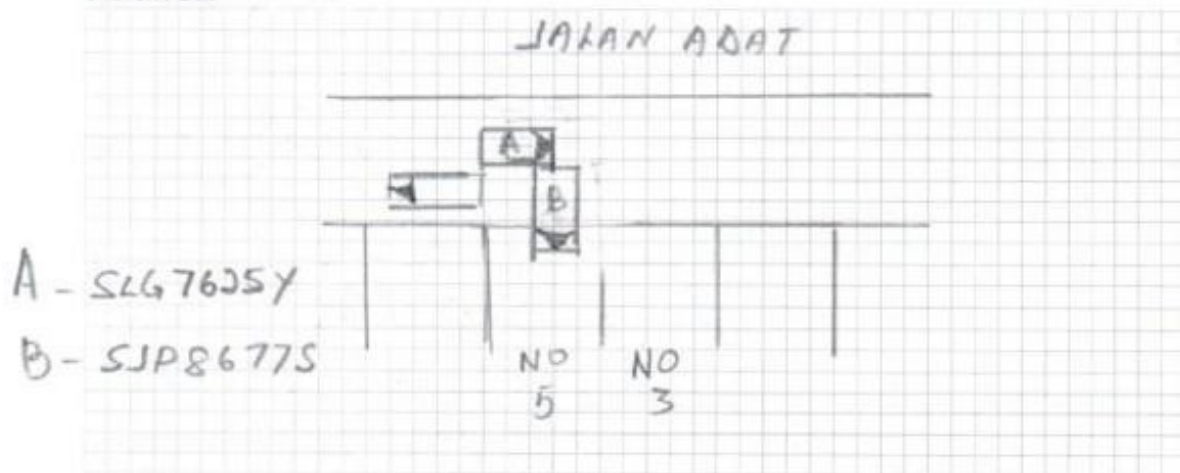
Policyholder's Signature
Date & Time:

 26 July 2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 26/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180726/2084

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/20180726/2084

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

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Report No. T/20180726/2084

CONTINUATION OF REPORT

Driver			
Name	PANG SU FANG	ID No.	S1673835B
Related Vehicle	SLG7625Y (Car)	Contact No.	98737713
Hospital/Clinic	BEDOK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I am a GRAB Car driver driving a silver in color Toyota Corolla Axio with bearing plate number SLG7625Y.

On 26/7/2018 at about 1120hrs, I was driving the said vehicle along Jalan Adat and was about to pick up a female passenger residing at 11 Jalan Adat. After I picked up the said female passenger at the said location, I then made a three point turn to exit and was on the way driving out to University Road.

Suddenly, a silver in color Lexus with bearing plate number SJP8677S reversed out recklessly from 5 Jalan Adat and collided on to my front portion of my vehicle. I did not see the said vehicle coming out from the said unit as there was a white in color Nissan vehicle with bearing plate number SJD3335A that was parked in front of 7 Jalan Adat on the right which block my view.

After the accident occurred, I managed to exchange particulars with the Lexus driver. The Lexus driver is one Mrs Wong Shiao Yun, S1382042B, residing at 5 Jalan Adat, c/n: 96747100. My vehicle's damages were front portion of the vehicle damaged.

When the accident occurred, Traffic Police and Ambulance were not at scene. After I exchanged particulars with the Lexus driver and was on the way to my vehicle workshop, I then started to felt pain on my rear neck portion thus I headed down to BEDOK MEDICAL CENTRE located at Blk 18 Bedok South Road #01-57 to seek for medical assistance. I was then given 7 days of medical leave starting from 26/7/2018 till 1/8/2018.

I would like to state that I do not have a built-in cctv inside my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2084

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No. T/20180726/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 14:13	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: PANG SU FANG			Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #12-351 SINGAPORE 460033		
ID Type / ID No.: NRIC NO / S1673835B			Contact No.: Home/Office: Mobile: 98737713		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 25/12/1964	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

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 JALAN ADAT Along Jalan Adat				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8677S	Car					1
SLG7625Y	Car				Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180728/2034

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

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Report No. T/20180728/2034

CONTINUATION OF REPORT

Driver			
Name	PANG SU FANG	ID No.	S1673835B
Related Vehicle	SLG7625Y (Car)	Contact No.	98737713
Hospital/Clinic	BEDOK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



T/20180726/2084

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419989

3 of 3

Report No. T/20180726/2084

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 GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/07/2018 14:13

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP166