

## 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             | 27/07/2018 11:22             |
| Date Of Accident           | 26/07/2018 12:25             |
| Exact Location Of Accident | SLE B4 WOODLANDS AVE 12 EXIT |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLV1505X               |
| <b>Insured/Policyholder</b> |                        |
| 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        |
| 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             | 5096914649                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | NG CHU NAN (HUANG ZUNAN) |
| NRIC No              | S7707986F                |
| Date Of Birth        | 28/03/1977               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 30/01/1997               |
| Driving Experience   | 21 YEARS AND 5 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-82992951     |
| Fax Number           |                          |
| Contact Number       |                          |
| EEmail Address       | NOEMAIL                  |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 772 WOODLANDS DR 60 #09-168 |
| Postcode  | 730772                          |
| 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                       | ORCHARD NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934                               |
| 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 | SHB989S |
| 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  | NG CHU NAN (HUANG ZUNAN) |
| Approximate Age                                     |                          |
| Injuries Sustain                                    | SHOULDER & NECK          |
| Injured person in which vehicle?                    | SLV1505X                 |
| 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:

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 = SLV 1505X  
B = SHB 9895.

SLE  
~~etc~~ before woodlands Ave 12 Exit.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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



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/20180727/2021

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20180727/2021

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                          |                            |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>27/07/2018 10:24 |            | Vide Report No.:             |   | Station Diary No.:<br>28 |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                          |                            |
| Name of Informant:<br>NG CHU NAN           |            |                              | Address:<br>APT BLK 772 WOODLANDS DRIVE 60 #09-168 SINGAPORE 730772 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S7707986F   |            |                              | Contact No.:<br>Home/Office: Mobile: 82992951                       |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                          |                            |
| Sex:<br>Male                               | Age:<br>41 | Date of Birth:<br>28/03/1977 | Type of Informant:<br>Driver  |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                          | Institution / School Name: |
| Occupation:<br>LIMO DRIVER                 |            |                              | Driving Licence Information:<br>Class: 2B,3,4,5 Date of Expiry:     |                          |                            |

## General Information of the Accident

|  |                  |                                    |  |                                    |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/07/2018 12:25 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>CENTRAL EXPRESSWAY<br>Along Lane 3, before Woodland Ave 12 Exit |                  |                                    |  |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way   |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                                 |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHB989S     | Car  |      |       |       | Slightly Damaged | 0               |
| SLV1505X    | Car  |      |       |       | Slightly Damaged | 0               |

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180727/2021

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180727/2021

### CONTINUATION OF REPORT

#### **Brief Details.**

On the 26/07/2018 @ about 1225hrs, I was driving along CTE heading towards Woodlands. I was driving at lane 3 and was wanted to exit via Woodlands Avenue 12. I was making the exit however there were cars in front of me, hence I slowed down to follow of traffic. While slowing down, A taxi (SHB989S) from my rear suddenly hit into my vehicle. Subsequently, we both got down of our vehicle to make a check. I spoke to the taxi driver who address himself as Kassim who is a male malay guy. I asked Kassim to exchange our particulars however Kassim gave me his hand phone number and requested to exchange our particulars via WhatsApp. Hence I agreed and we both left the area. I wish to state that I did not felt any pain as we were exchanging our contact numbers.

On the same day at about 1900hrs, I went home to rest. However I felt pain on my shoulder and neck hence I went to Khoo Teck Phua Hospital to see a doctor. Subsequently, The doctor gave me 5 days MC from 26/07/2018 - 30/07/2018. I also WhatsApp Kassim my particulars however he did not gave me his particulars and stopped replying me.

I wish to state that there is a in-car camera that faces front and back in my vehicle which captures the accident. I also wish to state that from this accident, I sustained pain from my shoulder and neck. The damage on my vehicle was scratches on my rear bumper and dents on my car boot. I am lodging a police report for record and insurance claim purposes.

Details of Kassim:  
Ctt: 82992951  
Vehicle: SHB989S

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180727/2021

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20180727/2021

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:

E /

Sgt 2 DOMINIC SONG GUO QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/07/2018 10:24

Classification Of Case:

ORE

CE

172

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo

