

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	06/08/2018 14:02
Date Of Accident	05/08/2018 12:00
Exact Location Of Accident	JALAN AHMAD IBRAHIM TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5872E
Insured/Policyholder	
Name Of Registered Owner	HAPPY DRIVER SG PTE. LTD.
Co Reg No	201728594G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97645710

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X SPECIAL EDITION A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101186462 TP
Cover Note Number	

Driver

Name of Driver	ONN CHEE SENG (WEN ZHICHENG)
NRIC No	S8133522B
Date Of Birth	09/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645710
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 333D ANCHORVALE LINK #02-308
Postcode	544333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER / GRAB
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SKN1808B
Vehicle Make/Model/Colour	MITSUBISHI LANCER 1.5 MIVEC GLS 4A/T
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	ONN CHEE SENG (WEN ZHICHENG)
Approximate Age	36
Injuries Sustain	CHEST, BACK & NECK AREA PAIN
Injured person in which vehicle?	SJM5872E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: crack@singnet.com.sg
Name:
NRIC/FIN No.:

- 6 AUG 2018

SKETCH PLAN

See
Attached
(SJM 5872E)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Refer to
Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm V3

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

Date & Time: - 6 AUG 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

A = STM5872E
B = SKN1808B

↑
Pioneer
Road North

5/8/2018
12.00PM.



↓

A/E City

A/E CI003 ←

Pioneer
Road

↑

↓





**SINGAPORE
POLICE FORCE**



T/20180805/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20180805/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2018 17:00	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars

Name of Informant: ONN CHEE SENG			Address: APT BLK 333D ANCHORVALE LINK #02-308 SINGAPORE 544333		
ID Type / ID No.: NRIC NO / S8133522B			Contact No.: Home/Office: Mobile: 97645710		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 09/10/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2018 12:00	Type of Location: Roundabout
Location: Along Road 1 JALAN AHMAD IBRAHIM AYER RAJAH EXPRESSWAY At the roundabout towards AYE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5872E	Car				Slightly Damaged	0
SKN1808B	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180805/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180805/2086

CONTINUATION OF REPORT

Driver			
Name	ONN CHEE SENG	ID No.	S8133522B
Related Vehicle	SJM5872E (Car)	Contact No.	97645710
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/08/2018	Date Discharge	05/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/08/2018 at about 1200hrs, I was driving vehicle bearing plate number SJM 5872E from Jalan Ahmad Ibrahim into the roundabout towards AYE. I was on the left most lane making the right bend turn. At this juncture, vehicle bearing plate number SKN 1808B was traveling in the center lane of the roundabout made a sudden left turn to enter into Pioneer Road North. As such, vehicle bearing plate number SKN 1808B left side hit on to the right side of my vehicle (SJM 5872E). I wish to state that no government property was damaged. Traffic police and ambulance was not at scene. Following which, I felt pain on my chest, back and neck area. I then consulted a doctor and was given five days of medical leave. I am lodging this report for record purpose and for insurance claim. That's all.



**SINGAPORE
POLICE FORCE**



T/20180805/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180805/2086

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:

F /

Sgt 2 B HEMANRAJ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SN 005

Signature Of Informant:

Date/Time:

05/08/2018 17:00

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

