

## 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	15/08/2018 15:09
Date Of Accident	14/08/2018 13:20
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS DAIRY FARM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2322X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 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	YES
Policy Number	5078818993-02
Cover Note Number	

### Driver

Name of Driver	SOON LIANG CHIEH (SUN LIANGJIE)
NRIC No	S7222407H
Date Of Birth	23/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84099980
Fax Number	
Contact Number	OFFICE-84099980
Email Address	NOEMAIL

Address	BLK 448A BUKIT BATOK WEST AVENUE 9 #06-06
Postcode	651448
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	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180815/2045.

#### 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	SLD7804M
Vehicle Make/Model/Colour	
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)

1

**DETAILS OF INJURED PERSON 1**

Name	SOON LIANG CHIEH (SUN LIANGJIE)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJM2322X
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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#### **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.



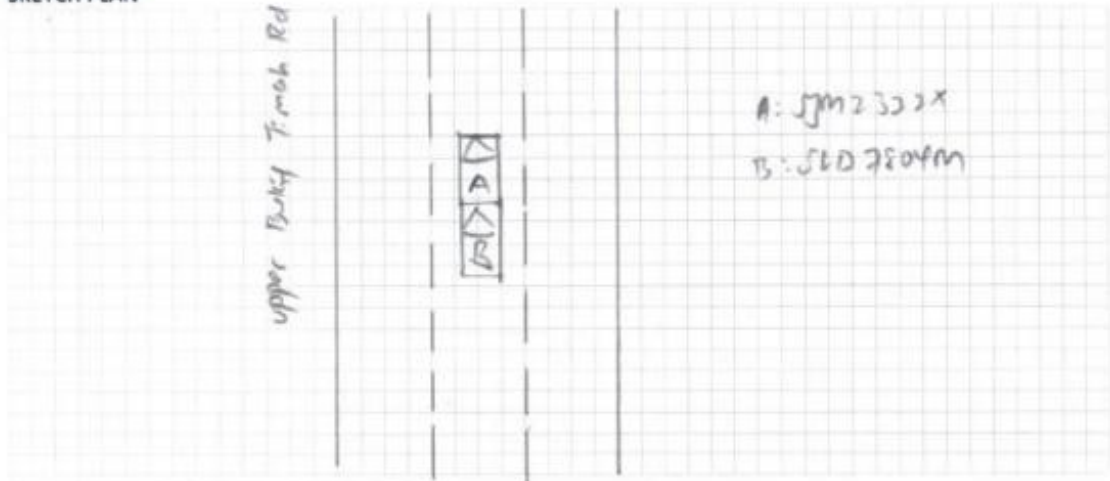
Policyholder's Signature  
Date & Time:

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




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

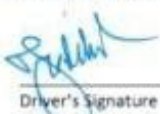
Refer to police report - 7/2018 at 15/2045.

*[The remaining lines of the form are crossed out with a diagonal line.]*

### 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/20180815/2045

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C.  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20180815/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 11:40	Vide Report No.:	Station Diary No.: 66
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### Informant's Particulars

Name of Informant: SOON LIANG CHIEH			Address: APT BLK 448A BUKIT BATOK WEST AVENUE 9 #06-06 SINGAPORE 651448	
ID Type / ID No.: NRIC NO / S7222407H			Contact No.: Home/Office: Mobile: 84099980	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 23/06/1972	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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/08/2018 13:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER BUKIT TIMAH ROAD DAIRY FARM ROAD along UPPER BUKIT TIMAH ROAD towards DAIRY FARM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM2322X	Car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0
SLD7804M	Car	HONDA	JAZZ		Slightly Damaged	0

### Details of Person Involved

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



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180815/2045

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180815/2045

### CONTINUATION OF REPORT

Driver			
Name	SOON LIANG CHIEH	ID No.	S7222407H
Related Vehicle	SJM2322X (Car)	Contact No.	84099980
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the above mentioned date and time, I was travelling on the middle lane along Upper Bukit Timah Road towards Dairy Farm Road when I felt an impact on the rear of my vehicle, SJM2322X. I then immediately looked at the front mirror, and I saw another vehicle which was directly behind me. The driver was a woman driver and instead of stopping her vehicle, she maneuver to the left lane and drove off. I believed she has collided onto my vehicle.

I managed to get a glimpse of her vehicle registration plate number which is SLD7804M. I wish to state that I do not have an in-built camera in my vehicle.

Damages done to my vehicle as follows:

1) Deep dent on my right rear bumper.

I went to seek medical attention and was given 3 days MC. I am lodging this report for insurance claim purposes.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180815/2045

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20180815/2045

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 /

Staff Sgt NORHAZWANI BINTE MA'AZ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/08/2018 11:40

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



현대자동차				HYUNDAI MOTOR COMPANY	
변속기	차축	도장	외장	KMHDU41BR9U634034	
TRANSM	AXLE	PAINT	TRIM		
P	H	9D	9P		
발매번호	형식	승인	번호		
S.V.C	APPD	MODEL	NO		

Accident Photo

