

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	10/09/2018 13:29
Date Of Accident	07/09/2018 13:00
Exact Location Of Accident	PASIR RIS STREET 21 / LOYANG POINT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8798S
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281017
Alternative Phone No	OFFICE-83281017

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS 1.8E HYBRID CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5093843518-01
Cover Note Number	

Driver

Name of Driver	TAI LIP YIN
NRIC No	S1047203B
Date Of Birth	05/01/1954
Occupation	INDOOR
Date Of Driving Pass	28/04/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281017
Fax Number	
Contact Number	OTHERS-83281017
Email Address	NOEMAIL

Address	BLK 266 PASIR RIS STREET 21 #02-408
Postcode	510266
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	DRIZZLING
Road Surface	WET

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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180907/2149

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT7906E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NURHANIS BINTE AZMAN
NRIC/Passport Number	S9716821J
Contact Number	84446764
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAI LIP YIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLR8798S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

Handwritten signature

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

Handwritten signature 10/9/2018

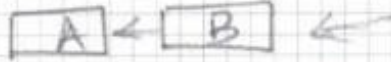
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

PASIR RIS STREET 21
LOYANG POINT CARPARK

A - SLR87985
B - SKT7906E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180907/2149

DECLARATION

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

Policyholder's Signature
Date & Time:

10/9/2018

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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180907/2149

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20180907/2149

CONTINUATION OF REPORT

Brief Details.

On 07/09/2018 at about 1300hrs, I was driving my vehicle, a white colored Toyota Prius bearing the registration number of SLR8798S, at the sheltered car park of Loyang Point. There was a car in front of me that was parking his vehicle. Hence, I stopped and was at a stationary position, waiting for the driver to park before moving off.

Suddenly, I felt an impact from the rear of my vehicle. I went down to make a check and discovered that the front portion of another vehicle, a gold colored Toyota Vios bearing the registration number of SKT7906E, had collided onto the rear of my vehicle. The rear bumper of my vehicle was slightly dislodged. The driver and I both exchanged particulars and took the necessary photos. As I was not feeling well, I went to see Doctor Timothy Tan at Mount Alvernia Hospital and was granted three days of MC from 07/09/2018 to 09/09/2018, MC number: M18012277. No Police and Ambulance attended to this accident. I have a rear in-car camera and it recorded the incident.

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



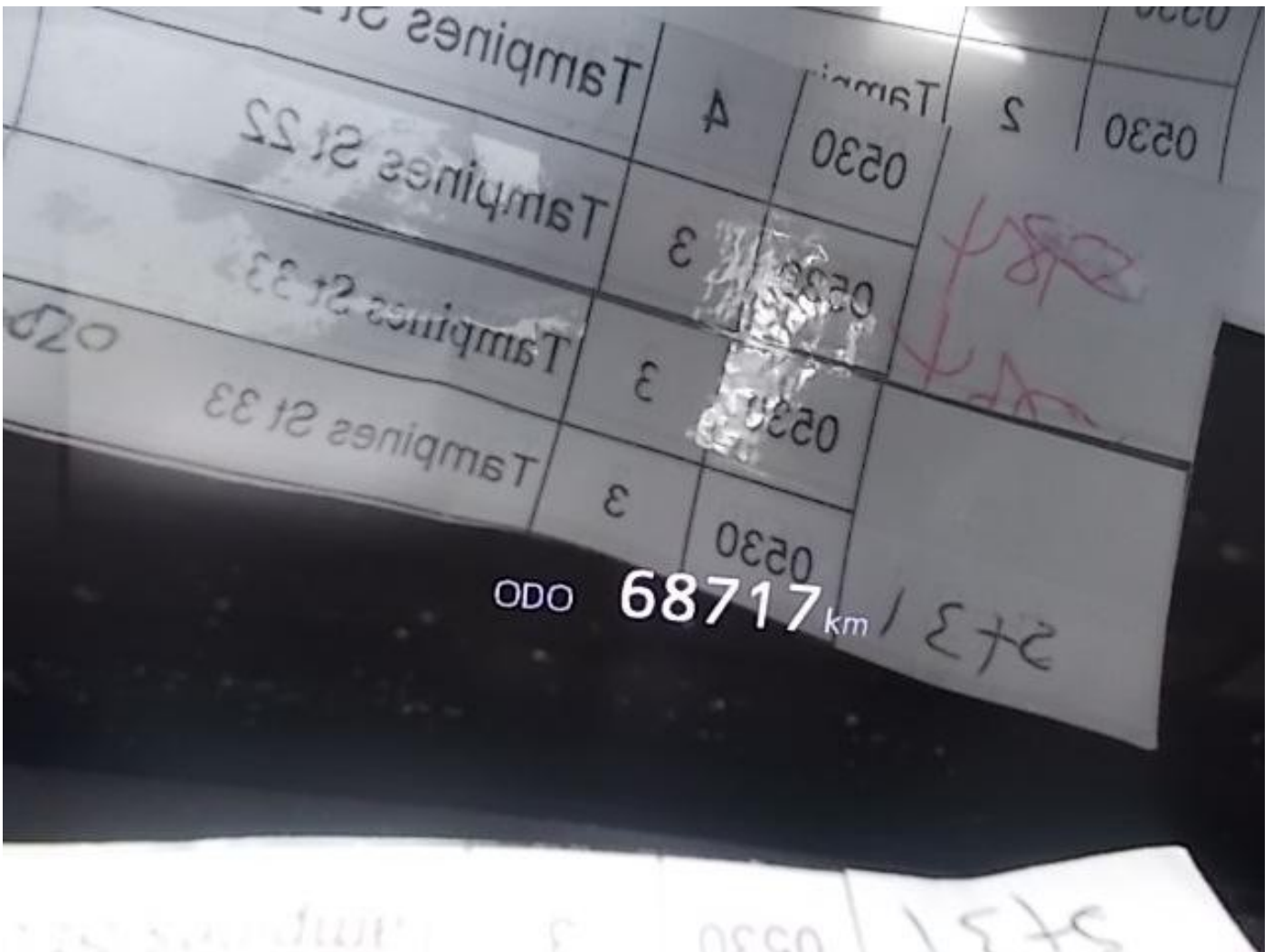
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2149

1 of 3

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180907/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 21:48	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars

Name of Informant: TAI LIP YIN			Address: APT BLK 266 PASIR RIS STREET 21 #02-408 SINGAPORE 510266		
ID Type / ID No.: NRIC NO / S1047203B			Contact No.: Home/Office: Mobile: 83281017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 05/01/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CLEANING SERVICE			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: 07/09/2018 13:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 21 LOYANG POINT CARPARK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SKT7906E	Car					0
SLR8798S	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2149

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2149

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180907/2149

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 /

Sgt 2 PHYLLIS TAN SI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2018 21:48

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE