

## 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	20/09/2018 16:51
Date Of Accident	20/12/2017 14:30
Exact Location Of Accident	A/PORT BLVD SVC RD OF CHANGI A/PORT TERMINAL 2 ARR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2604P
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

#### Driver

Name of Driver	ALVIN CHUA TECK WEI
NRIC No	S8520894B
Date Of Birth	22/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86611661
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 593A MONTREAL LINK #09-66
Postcode	751593
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?	NO
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: : MISS GELESTINE LIM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180123/7018

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MISS GELESTINE LIM
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4492B
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

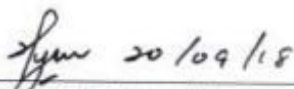
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. The 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 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:

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

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180123/7018

## DECLARATION

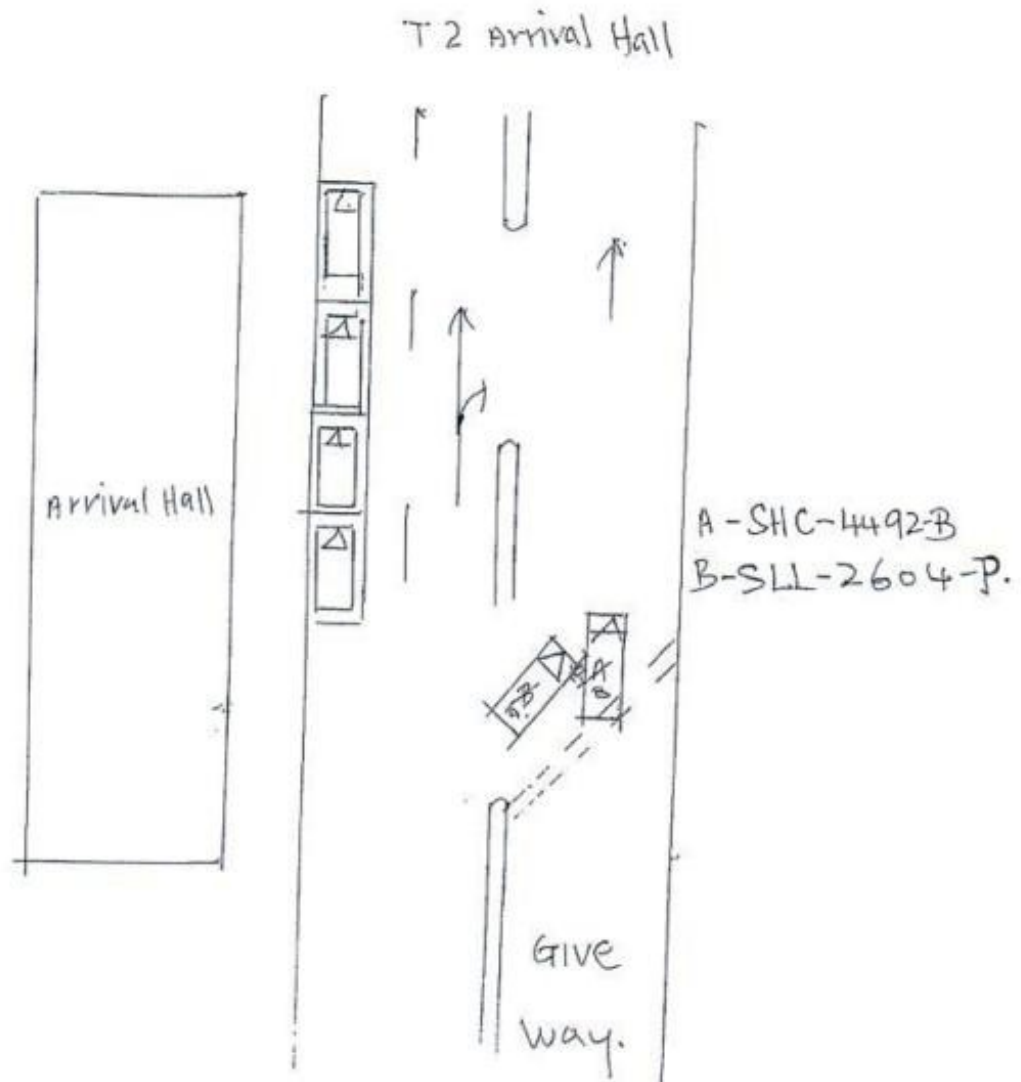
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

 20/09/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Accident Sketch Plan



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180123/7018

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180123/7018

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	ALVIN CHUA TECK WEI	ID No.	S8520894B
Related Vehicle	SLL2604P (Car)	Contact No.	86611661
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 20 Dec 2017 approximately 230pm, I Alvin Chua Teck Wei (NRIC: S8520894B) was driving leased private hired vehicle SLL2604P. I had just picked up a passenger Miss Gelestine Lim (whom was a SIA Cabin Crew). After picking her up at the Arrival hall pickup point. I proceed to drive on the service road leading to the TPE/CTE expressway direction. While I was driving straight, I had checked my blindspot that no vehicle is on my left, suddenly I heard scream from Miss Gelestine exclaiming that a taxi was coming very fast. The taxi could not stop in time and its front right car body hit my vehicle sides (both front and rear door). The taxi driver and I both alighted and agreed to park aside to resolve the matters. We were guided by airport staff and police to park at one side. I asked the taxi driver to exchange particulars, but he did not respond and was being rude and keep yelling at me in an angry tone. As he is not cooperative, I proceed to check on Miss Gelestine. There was no injury to Miss Gelestine, however, she said she was traumatized and that the taxi driver was driving very fast, seemingly exceeding the vehicle road speed limit. I immediately took the vehicle plate number of the taxi (SHC4492B) and 4 angles photos of my vehicle and the taxi. I immediately reported the incident to Grab HQ Hotline: 66550005 whom I was driving for and the rental company Tribecar Emergency Hotline. Both Grab and Tribecar have a record of my accident reporting. I was advised by Grab that I can still send the passenger home if the car is driveable, as the car is still driveable, I inform Miss Gelestine that I can still proceed to send her home. I inform the taxi driver since he is not giving his particulars, and I had already reported the incident at my end, I suggested to him that no point that we keep arguing on the spot, so I advise him to report the incident to his company as well and let both companies settle the accident issue. The airport staff and police had also taken down our particulars and record of the accident. I sent the passenger home thereafter and sent the vehicle to Tribecar's workshop at Ubi. The car was returned to Tribecar on the same day, and I did my accident reporting with Tribecar, Tribecar advise that since there is no injury, there is no need to do a police report and they will handle from here.

All I have to say, I have a solid witness (my passenger Miss Gelestine Lim) whom can prove that I did not hit and run, and in fact my vehicle was the one being hit instead. I did all my proper reporting to Grab HQ, Tribecar and even furnished my particulars to the airport staff and police. This alleged hit and run is false. Please kindly look into this.

pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Fauziah Ahmad (MX)  
Traffic Police

Date: 17 MAY 2018

# Police Report



**SINGAPORE  
POLICE FORCE**



TG0180123/7018

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. TG0180123/7018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2018 22:47		Video Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ALVIN CHUA TECK WEI			Address: APT BLK 593A MONTREAL LINK #09-05 SINGAPORE 751593		
ID Type / ID No.: NRIC NO / S85208948			Contact No.: Home/Office: Mobile: 86811061		
Nationality: SINGAPORE CITIZEN			Email: resp@hotmail.sg		
Sex: Male	Age: 32	Date of Birth: 22/05/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Transport operations manager			Driving Licence Information: Class: 2B, 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2017 14:30	Type of Location: Straight Road	
Location:  AIRPORT BOULEVARD				
The accident happened at service road of Changi Airport Terminal 2 Arrival Hall.				
Weather: Clear	Road Surface: Dry	Certified True Copy Issued to Sec. 7a of the Road Traffic Act, Cap 37.	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		Anyone conveyed by ambulance: No
Type of Collision: Between Moving Vehicles - Head To Side				

<b>Details of Vehicle Involved</b>						
Vehicle No.:	Type:	Make:	Model:	Color:	Condition:	No. of Passenger:
SLL2804P	Car	TOYOTA	Altis	Grey	Slightly Damaged	1

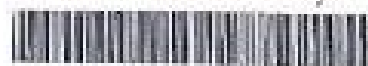
<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

581048

# Police Report



**SINGAPORE  
POLICE FORCE**



T20180123/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T20180123/7016

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ALVIN CHUA TECK WEI	ID No.	S8520894B
Related Vehicle	SLL2804P (Car)	Contact No.	86511661
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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Corroborated by Sec. 79 of the Evidence Act, Cap 87.

*[Signature]*  
Faizul Ahmad (MO)  
Traffic Police  
Date: 17 MAY 2018

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180123/7018

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470003

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Report No. T/20180123/7018

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Authentication Stamp  
NP166

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/01/2018 22:47

Certified True Copy  
pursuant to Sec. 76 of the  
Evidence Act, Cap 97.

Classification Of Case:

.....  
Fauziah Ahmed (NXX)  
Traffic Police  
Date :

17 MAY 2018