SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	24/09/2018 15:05
Date Of Accident	22/09/2018 13:05
Exact Location Of Accident	EDGEDALE PLAINS BLK 172 EDGEDALE PLAINS SERVICE RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH544M
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97612657
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	REPORTING ONLY
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	5068994860-03
Cover Note Number	-
Driver	
Name of Driver	KOH HOO KWEE
NRIC No	S1776519A
Date Of Birth	25/04/1966
Occupation	OUTDOOR

07/11/1984

MALE

NOEMAIL

33 YEARS AND 10 MONTHS

(LOCAL) +65-97612657

Address BLK 172B EDGEDALE PLAINS #09-494

Postcode 822172

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 COLLIDED INTO PEDESTRIAN

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

) 1

NO

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

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

Vehicle Make/Model/Colour PEDESTRIAN

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:

- 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:
 - 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.:

1

	A: SLH544M
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SCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
SCHIOL CINCONSTAIN	CES OF THE ACCIDENT
	Refer to Police Report:
	TO TOTAL MENT
	7120180922/2119
LARATION	
ARATION declary the for the rig par	rticulars are true in every respect.
ARATION declare the forest ng par	rticulars are true in every respect.
declare the forest ng par	rticulars are true in every respect.
declare the foreign par	- Stand
declarothe foreign par	ticulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature (if driver is no), the policyholder) Name:



SINGAPORE POLICE FORCE

23/09/18
1100 hns
TP +12
10 Ubi Ave 3
To Yus Mastani

ACKNOWLEDGEMENT SLIP

Ref: Report No: \$\\\\ \frac{120190922}{204} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	6547 621
1. Egt mot fayey	94
(Recipient's Name, NRIC or Passport No. / R	lank and No.)
of Traffic Police	
(Address / Police Station / NPC / NE	op)
hereby acknowledge receipt of the below mentioned items of:	
1 one 1648 mone SD cond	
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from Kok Hoo KWEE S (7765)	(A
of 8/172B Edgedale Plains #09	-494 C(R20172)
(Address / Police Station / NPC / NPF	7)
on 22/09/18 at 14/5 hre	f.
(Date) (Time)	
Witnessed by / * Handed over by:	
(* Delete if applicable)	eived by:
\A	N
X	AC
(Signature)	(Signature)
12/16/21/21/21/21/21/21/21/21/21/21/21/21/21/	Set Favous
(Name, NRIC or Passport No. / Rank and No.) (Nam	ne, NRIC or Passport No. / Rank and No.)
Other Remarks;	
SD card not to sino 1 returned to an	I NEW -
N=-	
	HOLZILLIS
7/ 22/9/18- ()	

NP 323 (1/07)

POLICE REPORT





Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20180922/2119

H	EP	ORT	OF	A	RA	FFI	CA	ACCI	DEN	T

Date/Time Report Made: 22/09/2018 16:27			Vide Report No.: Station Diag F/20180922/0204 73			
Informa	nt's Partic	ulars		MSANDO MARIONA DE LA COMPANIONA DE LA COMP		
	f informant: DO KWEE		Address: APT BLK 172B EDGEDALE PLAINS #09-494 SINGAPORE 822172			
ID Type / ID No.: NRIC NO / S1776519A			Contact No.: Home/Office: Mobile: 97612657			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 52 25/04/1966			Type of Informant: Driver			
Race: Chinese Occupation: Taxi driver			Language: Institution / School Name:			
			Driving Licence Informati Class: 3,4,5	ion: Date of Expiry:		

Type of Accident:	Conveyed By Ambul	ance [Drink Drive: No	Date/Time Accident: 22/09/2018	Type of Location Car Park
Location: Along Road 1 EDGEDALE I		F ROAD			
Weather: Clear	D III O DE IVIO	Road Su Dry	ırface:		ad Speed Limit: Km/h
Traffic Flow: Two Way		Traffic C Not Cont			 iffic Volume:
Type of Collis	 yone conveyed by				

The second				ved	ehicle Invol	Details of Ve
n No of Passe	Condition	Color	Model	Make	Туре	Vehicle No.
0	No				Car	SLH544M
					Car	SLH544M

POLICE REPORT



T/20180922/2119

Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20180922/2119

CONTINUATION OF REPORT

Brief Details.

On 22/09/2018 at 1305hrs, I was driving my rented vehicle bearing registration number SLH544H along the service road at Bik 172 Edgedale Plains. As I was negotiating a right bend, a pedestrian suddenly dashed out from the bushes on my left and I could not stop in time. It was a blind spot and I could not spot vehicle to make a check on the pedestrian and she was injured. Another driver then called for ambulance. Paramedics attended to the pedestrian and conveyed her to hospital. Traffic Police subsequently an in-car camera and the attending officer had taken my sd card from the in-car camera. There was no

POLICE REPORT





Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20180922/2119

CONTINUATION OF REPORT

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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:	Signature Of Informant:
Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD AKHTAR	
Signature Of Interpreter: Not applicable	Date/Time:) 22/09/2018 16:27
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	1
Authentication Stamp	7

























