

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	25/09/2018 14:44
Date Of Accident	25/09/2018 07:40
Exact Location Of Accident	ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2911S
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.4 X HYBRID (ATH20) (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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-03
Cover Note Number	

Driver

Name of Driver	TEO HWEE TEE
NRIC No	S0079623I
Date Of Birth	10/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81811428
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 457 ANG MO KIO AVE 10 #03-1512 SINGAPORE
Postcode	560457
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO. T/20180925/2052

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	GBH1934H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANTHONY LIM BOON TONG
NRIC/Passport Number	S1500144E
Contact Number	93257756
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TEO HWEE TEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD2911S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 457 ANG MO KIO AVE 10 #03-1512 SINGAPORE
Postcode	560457

Accident Sketch Plan Pg. 1

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:

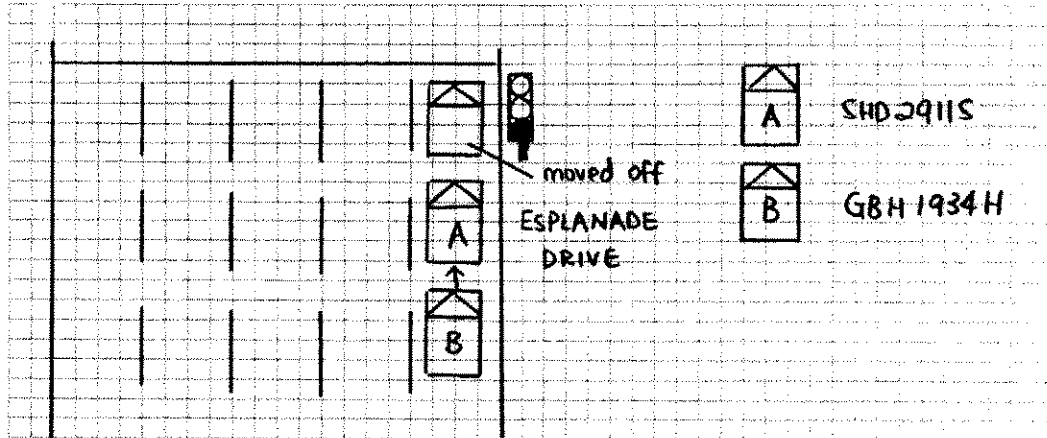
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/ACC Sketch Plan Form_V3

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO. T/ 20180925/2052

DECLARATION

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

Policyholder

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

©ARK SketchUpForm_V3

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POLICE REPORT Pg. 1



SINGAPORE POLICE FORCE



T/20180925/2052

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20180925/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2018 12:07		Vide Report No.:		Station Diary No.: 52
Informant's Particulars				
Name of Informant: TEO HWEE TEE		Address: APT BLK 457 ANG MO KIO AVE 10 #03-1512 SINGAPORE 560457		
ID Type / ID No.: NRIC NO / S00796231		Contact No.: Home/Office: Mobile: 81811428		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 63	Date of Birth: 10/01/1955	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2018 07:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ESPLANADE DRIVE NICOLL HIGHWAY Esplanade drive towards Nicoll Highway Junction of Stamford road and Raffles Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Vehicle Type	Driver	Model	Colour	Damage	Remarks
GBH1934H	Lorry				Slightly Damaged	0
SHD2911S	Car				Slightly Damaged	0

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180925/2052

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20180925/2052

CONTINUATION OF REPORT

Name	Anthony Lim Boon Tong		ID No.	S1500144E
Related Vehicle	GBH1934H (Lorry)		Contact No.	93257756
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	TEO HWEE TEE		ID No.	S0079623I
Related Vehicle	SHD2911S (Car)		Contact No.	81811428
Hospital/Clinic	INTEMEDICAL 24hr clinic		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SHD2911S) along Esplanade Drive on the 1st lane (extreme right lane). Upon reaching the traffic light, I then came to a stop behind another vehicle as the traffic light was red. Suddenly, I felt an impact from the rear of my vehicle.

Upon making a check, I realized that another lorry (GBH1934H) had collided into the rear of my vehicle and I noticed that there were dents and cracks on the rear bumper of my vehicle. I then took photo of the damages and exchanged particulars with the driver. Subsequently, I felt soreness around my neck and back area. As such, I went and see a doctor and was given medical leave of 5 days.



SINGAPORE
POLICE FORCE



T/20180925/2052

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20180925/2052

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 / Sgt 2 EVE LEE TENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2018 12:07
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG H Contact No.: 65476436	Classification Of Case: SN 061
Authentication Stamp NP168	 SIGNATURE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-147947

Date of Request: 25/09/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 25/09/2018

Enquiry By Alice Leong Sok Cheng

TP Vehicle No. GBH1934H

Accident Date 25/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBH1934H	AXA Insurance Pte Ltd	14/03/2018-13/03/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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