

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	28/09/2018 17:05
Date Of Accident	27/09/2018 17:05
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD1206R
Insured/Policyholder	
Name Of Registered Owner	PRIME LIMO PTE LTD
Co Reg No	201827388R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93860929
Alternative Phone No	OFFICE-93860929

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	NO
Policy Number	5103355447
Cover Note Number	

Driver

Name of Driver	HAN LI SIEW
NRIC No	S8685812F
Date Of Birth	27/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93860904
Fax Number	
Contact Number	OFFICE-93860904
Email Address	NOEMAIL

Address	BLK 268B PUNGGOL FIELD #04-145
Postcode	822268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : PATRICK GENDER: : MALE

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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180928/2093.

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	SJS1809J
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 HAN LI SIEW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKD1206R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PATRICK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKD1206R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN

The sketch plan is a grid of 10 columns and 10 rows. The first column is labeled 'P1E (change)' vertically. The second column is labeled 'A' and the third column is labeled 'B' vertically. The fourth column is labeled 'A' and the fifth column is labeled 'B' vertically. The sixth column is labeled 'A' and the seventh column is labeled 'B' vertically. The eighth column is labeled 'A' and the ninth column is labeled 'B' vertically. The tenth column is labeled 'A' and the eleventh column is labeled 'B' vertically. The grid is divided into four sections by vertical lines. The first section is labeled 'P1E (change)'. The second section is labeled 'A' and 'B'. The third section is labeled 'A' and 'B'. The fourth section is labeled 'A' and 'B'. The grid is divided into four sections by vertical lines. The first section is labeled 'P1E (change)'. The second section is labeled 'A' and 'B'. The third section is labeled 'A' and 'B'. The fourth section is labeled 'A' and 'B'.

A: SKD1206R
B: SJS1809J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/18 09:28 / 2093.

(The rest of the section is 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.:

Source: www.p1e.com.sg

Police Report



**SINGAPORE
POLICE FORCE**



T/20180928/2093

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

1 of 3

Report No. T/20180928/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 14:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HAN LI SIEW			Address: APT BLK 268B PUNGGOL FIELD #04-145 PUNGGOL SAPPHIRE SINGAPORE 822268		
ID Type / ID No.: NRIC NO / S8685812F			Contact No.: Home/Office: Mobile: 93860904		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 27/10/1986	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2018 17:05	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY NEAR PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS1809J	Car				Slightly Damaged	0
SKD1206R	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180928/2093

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

3 of 3

Report No. T/20180928/2093

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/09/2018 14:42

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Police Report



**SINGAPORE
POLICE FORCE**



T/20180928/2093

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

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Report No. T/20180928/2093

CONTINUATION OF REPORT

Driver				
Name	HAN LI SIEW		ID No.	S8685812F
Related Vehicle	NIL		Contact No.	93860904
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 ABOVE MENTIONED DATE AND LOCATION @ ABT 17008HRS,

I WAS DRIVING MY CAR ON THE LANE 1, AS I WAS GOING STRAIGHT THE VEHICLE INFRONT JAMMED BRAKED AND STOPPED. I STOPPED AS WELL BUT UNFORTUNATELY, THE CAR BEHIND ME COULDN'T STOP AND COLLIDED ON MY CAR.
MY CAR IS SLIGHTLY DAMAGE BUT NO INJURIES.

I APPROACHED THE DRIVER AND SPOKE TO HIM. I TOOK PHOTOGRAPHS OF THE VEHICLES. THEN LEFT THE PLACE.
THAT'S ALL

Medical Cert

CENTRAL 24HR CLINIC (HOUGANG)

BLOCK 681 HOUGANG AVE 8

#01-831 SINGAPORE 530681

Medical Certificate

Date : 27 Sep 2018

MC No. : 0000403164

This is to certify that :

Name : HAN LI SIEW

NRIC : S8685812F

is Unfit for Duty for 3 days

from 28/09/2018 to 30/09/2018 inclusive.



DR WOO KIN FATT

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

HOUGANG	Bk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6065
PASIR RIS	Bk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2643
CLEMENTI	Bk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
YISHUN	Bk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7885
JURONG WEST	Bk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6465 7484
PIONEER NORTH	Bk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
WOODLANDS	Bk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
MARSILING	Bk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6385 2908

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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