

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 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. 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	30/10/2018 17:22
Date Of Accident	11/10/2018 19:35
Exact Location Of Accident	YIO CHU KANG RD JUNC OF SERANGOONNORTHAVE1/AMKAVE3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8515S
Insured/Policyholder	
Name Of Registered Owner	NEO R & R PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81610971
Alternative Phone No	OFFICE-81610971

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994579
Cover Note Number	

Driver

Name of Driver	KWOK WAI SIONG ALLEN
NRIC No	S1649612Z
Date Of Birth	26/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81610971
Fax Number	
Contact Number	OTHERS-81610971
Email Address	NOEMAIL

Address	BLK 203C COMPASSVALE ROAD #04-33
Postcode	543203
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181011/2189

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 Witness 1

Name	CARMEN (PASSENGER)
Phone Number	96438180
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6904S
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)

Sketch Plan

SKETCH PLAN

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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:

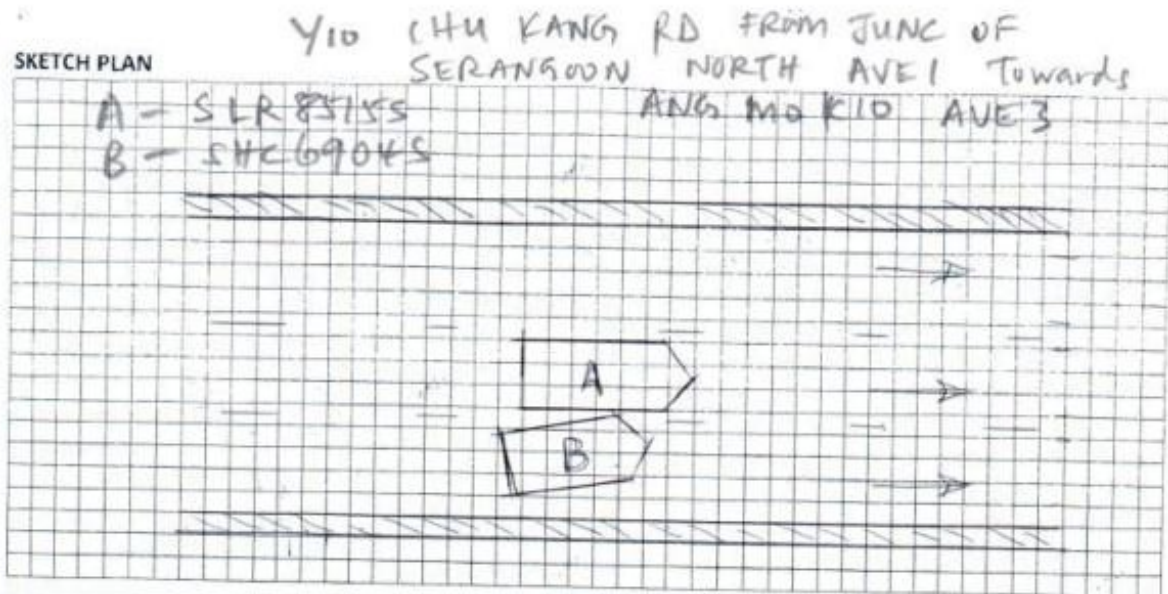
16/10/18

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

30/10/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/10/2018 @ 1930 HRS, I WAS DRIVING PRIVATE HIRE CAR (VEH A) ALONG Y10 CHU KANG RD FROM JUNCTION OF SERANGODAI NORTH AVE1 TOWARDS ANG MO KIO AVE3 ON LANE 2. I SAW A SILVER CAR TAXI (VEH B) MOVING OUT OF LANE 1 INTO LANE 2 WITHOUT SIGNALING. AFTER I PASSED THE SAID CAR (VEH B) I HEARD A LONG HIT SOUND AND FELT AN IMPACT TO MY CAR. I SLOWED MY CAR DOWN AND STOPPED AT THE BUS STOP. I CAME OUT OF MY CAR AND THE SAID TAXI DID NOT COME TO ME. I THEN QUICKLY WENT BACK INTO MY CAR AND TRIED TO CATCH UP IF THE TAXI IS STILL AROUND. MY PASSENGER AND I THEN SAW A SILVER CAR TAXI STOPPED AT THE TRAFFIC JUNCTION OF ANG MO KIO AVE3 Y10 CHU KANG RD FLYOVER. MY PASSENGER THEN TOOK DOWN THE SAID TAXI NUMBER THAT WE BELIEVED THAT HIT MY CAR. I DID NOT MANAGED TO STOP THE SAID TAXI AND PROCEED TO SEND MY PASSENGER TO HER DESTINATION.

Pls Refer to the Police Report
T/20181011/2189

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: 16/10/18

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

30/10/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20181011/2189

CONTINUATION OF REPORT

Brief Details.

On 11/10/2018 at about 1930hrs, I was driving a private hire car (SLR8515S) along Yio Chu Kang Rd towards Ang Mo Kio Ave 3 and I was driving on lane 2. Later after I moved off from traffic light junction of Serangoon Nth Ave 1 and Yio Chua Kang Rd, I saw a silver cab taxi (SHC6904S) coming out from lane 1 without signaling. After I passed the said car, I heard a loud hit sound and my car shook. I later moved to the left and stopped my car at the bus stop. I came out from my car and the said taxi did not come to me. I then quickly went inside my car and tried catch up if the said taxi is still around. My passenger and I then saw a Silver cab taxi at the traffic light junction of Ang Mo Kio Ave 3, Yio Chu Knag Rd fly over. My passenger then took down the said taxi car number which I believed the taxi that hit my car. I did not managed to stop the said taxi.

Sketch Plan #4



Accident Sketch Plan



Neo R AND R PTE LTD
No. 61 Ubi Road One Oxley Bizhub #01-22 Singapore 408727
Tel: 6288 8324 / 6288 5324 Fax: 6288 1002
www.neorentalandresources.com
Reg No: 201026086E

Authorization Letter

NEO R & R PTE LTD hereinafter appointed KWOK WAI SIONG ALLEN, IC: S1649612Z to make an accident report.



Signature, Company's Stamp

Name: Guan Zhi Jie.

NRIC No: S9171653D

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



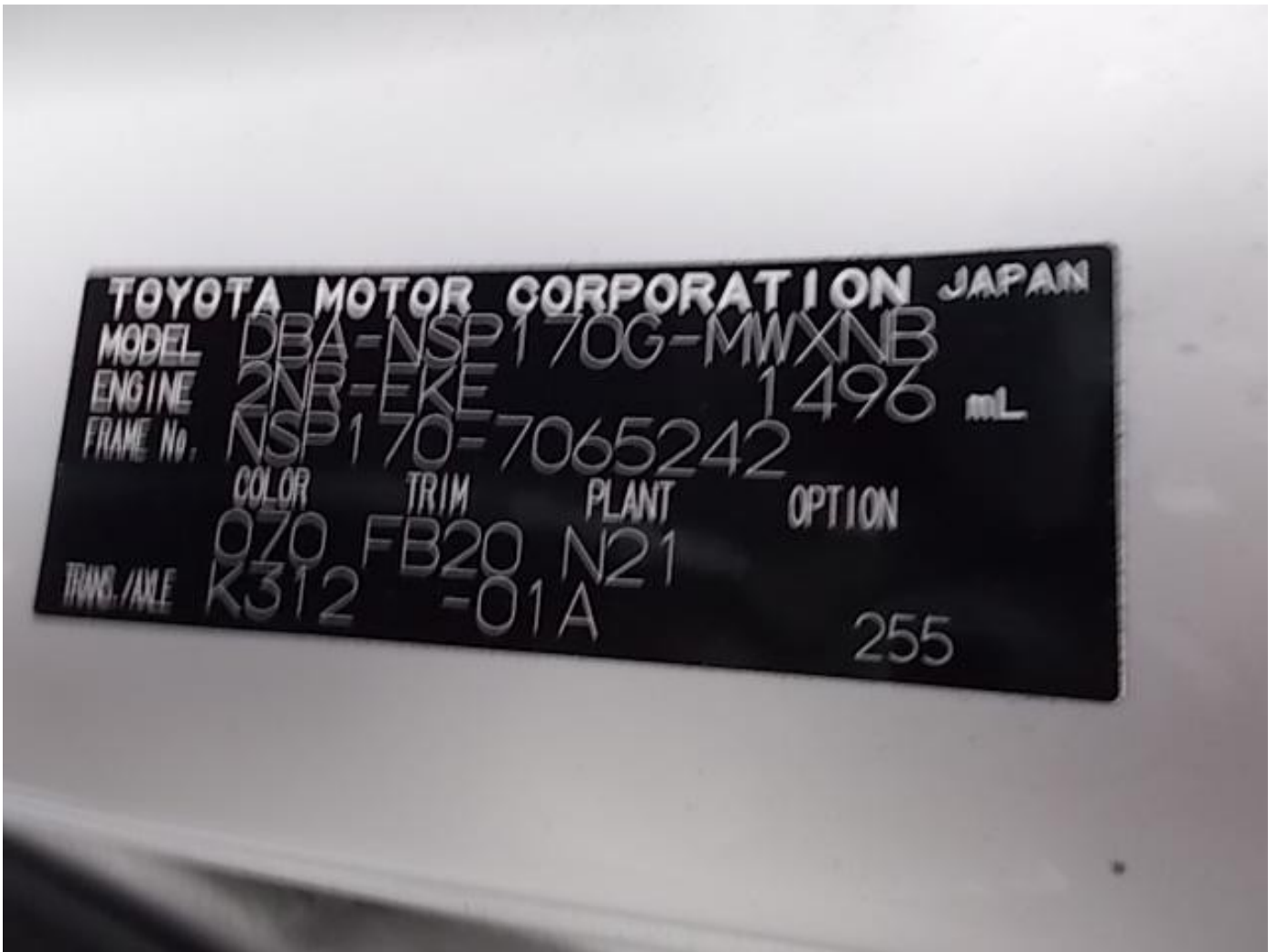
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20181011/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2018 21:29	Vide Report No.:	Station Diary No.: 131
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Informant's Particulars

Name of Informant: KWOK WAI SIONG ALLEN			Address: APT BLK 203C COMPASSVALE ROAD #04-33 SINGAPORE 543203		
ID Type / ID No.: NRIC NO / S1649612Z			Contact No.: Home/Office: Mobile: 81610971		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 26/01/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/10/2018 19:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHC6904S	Car					0
SLR8515S	Car				Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20181011/2189

CONTINUATION OF REPORT

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181011/2189

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3



Report No. T/20181011/2189

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: F / Staff Sgt MUHAMAD KHAIRI BIN SUBAGIO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2018 21:29
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP158  Signature:  Singapore Police Force	