

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	03/11/2018 09:42
Date Of Accident	02/11/2018 07:15
Exact Location Of Accident	BENDEMEER RD B4 THE ZEBRA CROSSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3083B
Insured/Policyholder	
Name Of Registered Owner	SOON TYRE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62355593

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M066604/18/700/3500
Cover Note Number	

Driver

Name of Driver	OH CHEE XIANG(HU ZHIXIANG)
NRIC No	S7724151E
Date Of Birth	03/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90933977
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 542 HOUGANG AVE 8 #05-1281
Postcode	530542
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	5
Passenger 1	NAME: : TEO JIA YI GENDER: : FEMALE
Passenger 2	NAME: : ZACHARY OH GENDER: : MALE
Passenger 3	NAME: : ZELIA OH GENDER: : FEMALE
Passenger 4	NAME: : ZEFIE OH 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	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

PLS REFER TO THE POLICE REPORT: T/20181103/2027

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAN'T UPLOAD FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ1783J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GRESSA MAK WEI ZHI
NRIC/Passport Number	S7141671B
Contact Number	97970203
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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)**

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.



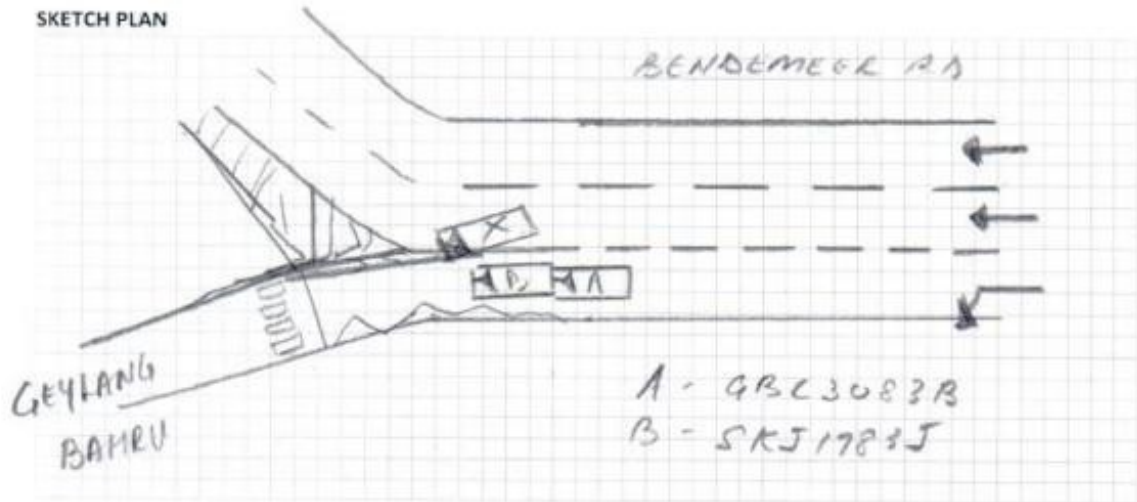
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: 7/20181103/2027

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181103/2027

1 of 2

POLICE REPORT (NP299)

Report No. T/20181103/2027

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

Date/Time Report Made 03/11/2018 09:18	Vide Report No.	Station Diary No.
Name Of Informant OH CHEE XIANG (HU ZHIXIANG)	Address APT BLK 542 HOUGANG AVENUE 8 #05-1281 SINGAPORE 530542	
ID Type / ID No. NRIC NO / S7724151E	Contact No. Home/Office	Mobile 90933977
Nationality SINGAPORE CITIZEN	Email Address	
Occupation MOTOR VEHICLE TECHNICIAN	Sex Male	Age 41
Institution/School Name	Date of Birth 03/09/1977	Race Chinese
Date/Time Of Incident 02/11/2018 07:15 - 02/11/2018 07:20	Location Of Incident BENDEMEER ROAD SINGAPORE BEFORE THE ZEBRA CROSSING	

Brief details.

ON THE 02/11/2018 AT AROUND @0720HRS ALONG BENDEMEER ROAD

I WOULD LIKE TO LODGE A REPORT ABOUT THIS VEHICLE (SLJ5779J) FOR MAKING A VERY ABRUPT LANE CHANGE. I WAS TRAVELLING ALONG BENDEMEER ROAD ON EXTREME LEFT LANE OUT OF 2 LANE, THIS VEHICLE (SLJ5779J) WAS ON THE EXTREME RIGHT LANE OUT OF 2 LANES. THERE WAS AN OTHER VEHICLE IN FRONT OF ME AT THAT POINT OF TIME, WHEN I

Signature Of Officer Recording The Report: TP / KEE CHUAN JIA MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 09:18
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp



Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181103/2027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

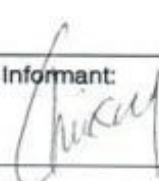
Report No. T/20181103/2027

WAS DRIVING ALONG THAT ROAD. WHEN SUDDENLY THE VEHICLE (SLJ5779J), TRY TO CUT IN FRONT OF THE IN FRONT OF ME BY MAKING A VERY ABRUPT LANE CHANGE. WHICH MADE THE VEHICLE IN FRONT OF ME JAM HER BRAKE, BOTH VEHICLE CAME TO A HAIT AND LATER ON VEHICLE (SLJ5779J) QUICKLY ENTER INTO THE SIDE ROAD AND LEFT THE SCENE.

I HAVE IN CAR FOOTAGE OF THE INCIDENT, I WOULD LIKE TO REPORT ON THIS VEHICLE (SLJ5779J) FOR MAKING A ACCIDENT.

THAT'S ALL

Subjects Involved	
Victim	
Person Name	OH CHEE XIANG (HU ZHIXIANG) (Informant)

Signature Of Officer Recording The Report: TP / KEE CHUAN JIA MARCUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 09:18
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



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T/20181103/2027

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Occupation MOTOR VEHICLE TECHNICIAN		Sex Male	Age 41	Date of Birth 03/09/1977	Race Chinese
Institution/School Name		Language English			
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Police Report



**SINGAPORE
POLICE FORCE**



T/20181103/2027

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POLICE REPORT (NP299)

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Victim	
Person Name	OH CHEE XIANG (HU ZHIXIANG) (Informant)

Signature Of Officer Recording The Report:

TP / KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Department Investigation Branch /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp

Signature Of Informant:

Date/Time:
03/11/2018 09:18

Classification Of Case:



Identification Card

