### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 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	05/11/2018 13:59
Date Of Accident	03/11/2018 12:30
Exact Location Of Accident	JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME4310Z
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at ime of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
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	5100745627
Cover Note Number	
Driver	
Name of Driver	LOKE YUE KIN
NRIC No	S2716675Z
Date Of Birth	23/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE

(LOCAL) +65-90067335

**NOEMAIL** 

Address BLK 886 TAMPINES ST 83

#09-37

Postcode 520886

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? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20181103/2113

### 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

Vehicle Make/Model/Colour

Details Of Properties PEDESTRIAN
Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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DETAILS OF INJURED PERSON 1		
Name	UNKNOWN	
Approximate Age		
Injuries Sustain	LEGS PAIN(PEDESTRIAN)	
Injured person in which vehicle?		
Were seat belts worn?	NO	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

#### Accident Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)
  - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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 Sienature Date & Time

53373000K

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> Driver's Signature (If driver is not the policyholder)

Date & Time: 5

Reporting Centre Personnel's Signature

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN		A A	1.1	
		1 1 1	1 31	
JAN TOCK	SENIG LINIC			
TWAS IIN	TAN TUCK SEA	ue i		
227	THIN Y VEN SE	T	A	
A- 5mE 4310	z			
B- PEDESTRIA	~	100 -		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
0/2				
Pls ref-	to the po	he rep	wort . 7/20	18/103/2/13
DECLARATION				
/We declare the foregoing particu	ilars are true in every respe	ct.	0	
(∑(GoReg. No. ) 0	-		ofym	02/11/18
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the pol	jcyholder)	Reporting Centre Pe Name:	ersonnel's Signature
	Date & Time:	- filology	Name:	

#### **Individual Statement**





Police Station Of Origin: Tampines N.P.C \* 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20181103/2113

## Brief Details.

On the 3rd of November 2018 at about 1230hrs, I was driving (SME4310Z) along Tan Tock Seng Link, after picking up a passenger. I wanted to make a turn into Jalan Tan Tock Seng. Out of a sudden, a lady appeared crossing the road from the direction of Ng teng Fong Centre towards Tan Tock Seng Hospital. I did not manage to stop in time hence, knocked into her. The bumper of the car hit her legs however she did not fall back as I was traveling at a slow speed and the impact was not that strong. There was no visible injury on her however she complaint of pain on her legs: My passenger (hp no: 97899430) called for the ambulance and she was conveyed to Tan Tock Seng Hospital. My passenger and I are not injured.

CONTINUATION OF REPORT

The traffic police were also there and I was told to lodge an accident report vide E/20181103/0121 under TP IO Shahrul Nizam (tel no: 65476904).

I do not have any in-car camera installed.



# **Accident Photo**

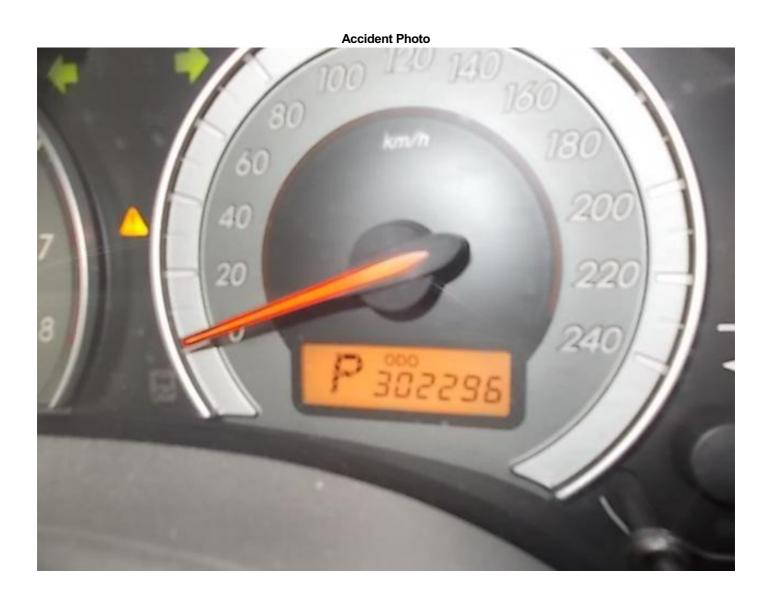


# **Accident Photo**









## Police Report





Police Station Of Origin.
Tampines N.P.C
5 Tampines Avenue 4 SINGAPORE 529882
Tel No. 1800-5871999

1 of 3 Report No. T/20181103/2113

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2018 18:05		lade.	Vide Report No.:	Station Diary No. 85	
Informá	nt's Partic	ulars	TOTAL STATE OF		
Name of Informant LOKE YUE KIN ID Type / ID No.: NRIC NO / S2716675Z			Address: APT BLK 886 TAMPINES STREET 83 #09-37 SINGAPORE 520886		
		75Z	Contact No.: Home/Office:	Mobile 90067335	
National SINGAR	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 82	Date of Birth: 23/01/1956	Type of Informant Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 03/11/2018 12:30	Type of Location X-Junction
Location: Along Road 1 TAN TOCK S JALAN TAN 1		2	4	
7. F. W.		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Centrol: Traffic Light - Working		Traffic Volume: Moderate
Type of Collis Moving Venic	ion: le Against - Podestrian			Anyone conveyed by amoulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SME4310Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	No Damage	1

### **Police Report**





Police Station Of Origin:
Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999 CONTINUATION OF REPORT

2 of 3 Report No. 1/201811033/113

## Brief Details.

On the 3rd of November 2018 at about 1230hrs. I was driving (SME4310Z) along Tan Tock Seng Link, after picking up a passenger. I wanted to make a turn into Jalan Tan Tock Seng. Out of a sudden, a lady appeared crossing the road from the direction of Ng teng Fong Centre towards Tan Tock Seng Hospital. I did not manage to stop in time hence, knocked into her. The bumper of the car hit her legs however she did not fall back as I was traveling at a slow speed and the impact was not that strong. There was no visible injury on her however she complaint of pain on her legs: My passenger (ho no: 97899430) called for the ambulance and she was conveyed to Tan Tock Seng Hospital. My passenger and I are not injured.

The traffic police were also there and I was told to lodge an accident report vide E/20181103/0121 under TP IO Shahrul Nizam (tel no: 65476904).

I do not have any in-car camera installed.

## **Police Report**





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529882 Tel No: 1800-5871999

Report No. T/20181103/2115

CONTINUATION OF REPORT

Sketch Pla	

NP168

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: G / Sgt 2 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant.
Signature Of Interpretor: Not applicable	Date/Time: 03/11/2018 18:05
Officer in Charge Of Case TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp	