

## 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	07/11/2018 12:08
Date Of Accident	05/11/2018 23:25
Exact Location Of Accident	JUNCTION OF BAYFRONT AVE & BAYFRONT LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6434K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	201710914N
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-86667800

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT

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 PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994511
Cover Note Number	

### Driver

Name of Driver	PHUA TENG SONG
NRIC No	S1602948C
Date Of Birth	24/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96852153
Fax Number	
Contact Number	
Email Address	PHUATENGSONG@GMAIL.COM

Address	BLK 554 WOODLANDS DRIVE 53
Postcode	730554
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)	3
Passenger 1	NAME: : UNKNOWN (PASSENGER) GENDER: : MALE
Passenger 2	NAME: : UNKNOWN (PASSENGER) GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WHAMPOA NPP 29 JALAN BAHAGIA #01-368 SINGAPORE 320029
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN & POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6668S
Vehicle Make/Model/Colour	COMFORT BLUE TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN YEW KANG
NRIC/Passport Number	S1128406Z
Contact Number	

Address	BLK 20 CHAI CHEE ROAD #10-400
Postcode	461020
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PHUA TENG SONG
Approximate Age	55
Injuries Sustain	
Injured person in which vehicle?	SLQ6434K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 554 WOODLANDS DRIVE 53
Postcode	730554

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

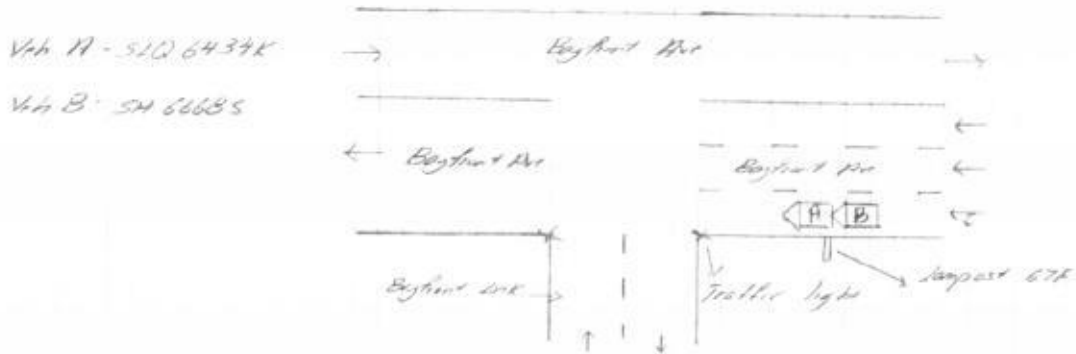
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: BP1  
NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached Police Report.

## 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:

*[Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20181106/2075

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

1 of 3

Report No. T/20181106/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2018 17:14	Vide Report No.:	Station Diary No. 14
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Informant's Particulars			
Name of Informant: PHUA TENG SONG		Address: APT BLK 554 WOODLANDS DRIVE 53 #07-05 SINGAPORE 730554	
ID Type / ID No.: NRIC NO / S1602948C		Contact No.: Home/Office: Mobile: 96852153	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 24/07/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2018 23:25	Type of Location: T-Junction
Location: Along Road 1 BAYFRONT AVENUE				
Junction of Bayfront Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against stationary vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6668S	Car				Slightly Damaged	0
SLQ6434K	Car	TOYOTA		Blue	Slightly Damaged	2

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



SINGAPORE  
POLICE FORCE



T/20181106/2075

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

2 of 3

Report No. T/20181106/2075

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Tan Yew Kang	ID No.	S1128406Z
Related Vehicle	SH6668S (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	PHUA TENG SONG	ID No.	S1602948C
Related Vehicle	SLQ6434K (Car)	Contact No.	96852153
Hospital/Clinic	CHEN & LOW FAMILY DOCTORS	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/11/2018	Date Discharge	06/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 05.11.2018 at about 2325hrs, I was travelling in my vehicle (SLQ6434K) with two passengers from Grab App along Bayfront Ave. While at the junction of Bayfront link, the traffic light is red. As such I slow down my vehicle and come to a stop. While waiting for the traffic light to turn green, I felt an impact from the rear and managed prevent my vehicle from moving forward.

I exit my vehicle and discovered that one vehicle (SH6668S) had collided into my vehicle. We then exchange particulars before going separate ways.

I wish to state that my passengers left my vehicle soon after. I do not have their details, however it can be retrieve from Grab.

My vehicle had both front and back camera installed.

After the accident, I felt discomfort and had seek medical treatment

Sketch Plan #5 Pg. 1



SINGAPORE  
POLICE FORCE



T/20181106/2075

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

3 of 3

Report No. T/20181106/2075

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 /  
Staff Sgt LEE CHONG SAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/11/2018 17:14

Officer In Charge Of Case:  
TP / AEIT /  
Insp NEO CHENG BEET, CECILIA  
Contact No.: 65476069

Classification Of Case:

SINGAPORE  
Authentication Stamp  
NP168

SN 167