

## 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	03/12/2018 11:27
Date Of Accident	01/12/2018 16:55
Exact Location Of Accident	PIE (CHANGI) AFTER TAMPINES AVE 2 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7119S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RITZ LEASING
Co Reg No	53365663W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97113211
Alternative Phone No	OFFICE-97113211

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	5104133043
Cover Note Number	

### Driver

Name of Driver	SAMUEL OH KOK YEW
NRIC No	S9227167F
Date Of Birth	29/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88099601
Fax Number	
Contact Number	OFFICE-88099601
EEmail Address	NOEMAIL

Address	BLK 12 KAMPONG ARANG ROAD #06-21
Postcode	431012
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181201/2153.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4293S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALSWIJ YOUSEF
NRIC/Passport Number	G1297485Q
Contact Number	91596411
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1  
NAME: :  
GENDER: :

DETAILS OF INJURED PERSON 1

Name SAMUEL OH KOK YEW  
Approximate Age  
Injuries Sustain WAIST & HEAD  
Injured person in which vehicle? SGD7119S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

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#### **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.

**RITZ LEASING**  
Reg No. 53365663W  
7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162  
Tel : 6255 6118 Fax : 62550118

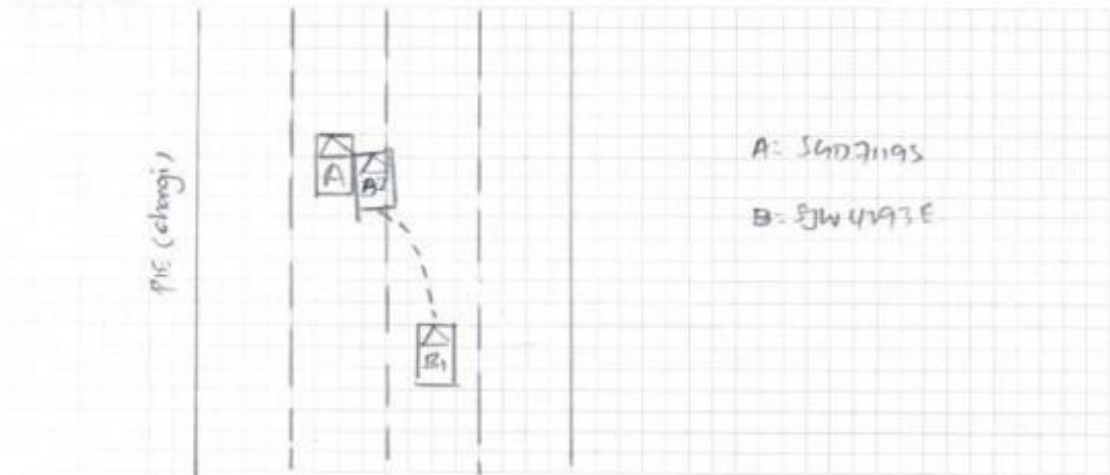
Policyholder's Signature  
Date & Time:

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

Refer to police report - 1/2018/201/2153.

## DECLARATION

**RITZ LEASING**

I hereby declare that the particulars are true in every respect.

Reg No. 53365663W

7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162

Tel: 6255 6118 Fax: 6255 0118

Date & Time:

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181201/2153

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20181201/2153

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 21:41		Vide Report No.:		Station Diary No.: 157	
<b>Informant's Particulars</b>					
Name of Informant: SAMUEL OH KOK YEW			Address: APT BLK 12 KAMPONG ARANG ROAD #06-21 SINGAPORE 431012		
ID Type / ID No.: NRIC NO / S9227167F			Contact No.: Home/Office: Mobile: 88099601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/07/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MONEYLENDER			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: 01/12/2018 16:55	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport after Tampines Avenue 2 exit				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD7119S	Car	TOYOTA	wish 1.8	White	Seriously Damaged	0
SJW4293E	Car	PROTON	PERSONA 1.6L	White	Seriously 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/20181201/2153

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20181201/2153

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SAMUEL OH KOK YEW		ID No. S9227167F
Related Vehicle	SGD7119S (Car)		Contact No. 88099601
Hospital/Clinic	ACCESS MEDICAL (WHAMPOA)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2018	Date Discharge	01/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	Alswij Yousef		ID No. G1297485Q
Related Vehicle	NIL		Contact No. 91596411
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 date time and place I was travelling in my car SGD7119S on the third lane at Pan Island Expressway towards Changi Airport. Just before the exit at Tampines Avenue 2, one car SJW4293E which was travelling on the second lane, swerved and banged on my right side of my car. As a result my car SGD7119S right front and rear door dented and damaged. The other car SJW4293E only suffered scratches on the front left bumper. The other party was not injured. The other driver admitted that he banged on my car. I felt aching pain on my waist and head. Later on the same day, at about 1930hrs I went to see doctor at Access Medical and was given three days medical leave.

Police Report



SINGAPORE  
POLICE FORCE



T/20181201/2153

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20181201/2153

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:  
A /  
Sr Staff Sgt MUNAWIR BIN MOHAMMAD  
TAHIR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/12/2018 21:41

Classification Of Case:

Singapore Police Force



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



A close-up photograph of a silver alloy wheel with a black tire. The tire has "215/45R17" and "P ZERO" markings. The wheel features a central hubcap with a logo and five lug nuts.

**Accident Photo**



**Accident Photo**





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



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