

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	18/12/2018 14:59
Date Of Accident	18/12/2018 13:10
Exact Location Of Accident	JUNC OF HOY FATT RD & KUNG CHONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3822Y
Insured/Policyholder	
Name Of Registered Owner	AUTOVALE EMPIRE
Co Reg No	53360959C
Email Address	AUTOVALEEMPIRE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93887960

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104355147
Cover Note Number	

Driver

Name of Driver	JOEL CHIA PENG BOON
NRIC No	S7031047C
Date Of Birth	04/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91181173
Fax Number	
Contact Number	
Email Address	JOELCHIA8088@GMAIL.COM

Address	BLK 653C JURONG WEST ST 61 #09-462
Postcode	643653
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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/20181218/2134

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	FW8891A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SYAIRAZI
NRIC/Passport Number	
Contact Number	87501775
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SYAIRAZI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FW8891A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

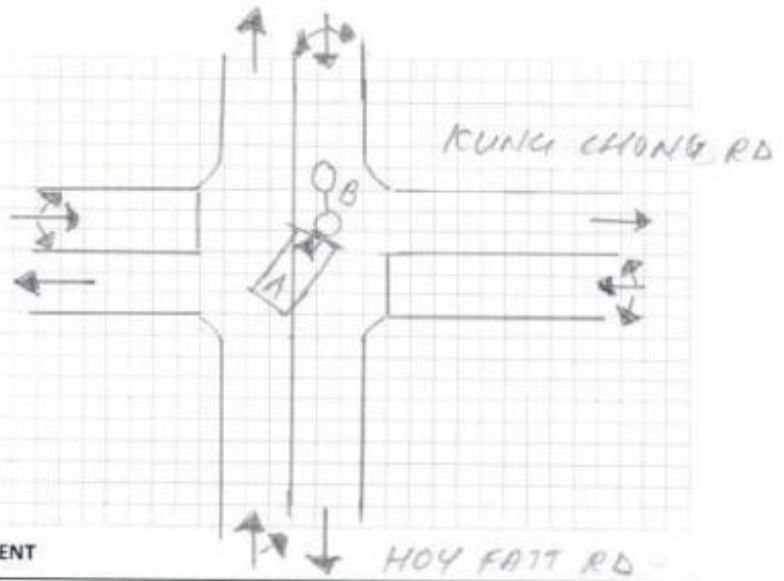

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/12/18

 18/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - 5JP38224
B - FW8891A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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: 18/12/18

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

[Signature] 18/12/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181218/2134

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20181218/2134

CONTINUATION OF REPORT

Brief Details.

On 18/12/2018 at about 1310hrs, I was driving along Hoy Fatt road towards Kung Chong road.

Before I turned to my right towards Kung Chong road, I checked my blind spot and everything was cleared. While I was making a right turn, suddenly a motorbike bearing registration number FW8891A came out from the bend. I saw his vehicle and I immediately on e-brake. However, I could not stop on time and hence, he collided to my vehicle (SJP3822Y). He got hit onto the front bumper of my vehicle.

I immediately alighted from my vehicle and assisted him to get up. I brought him to the safe side and assisted him to bring over the bike to one corner. He was conscious and had some injuries.

Subsequently, we exchange our particulars.
His particulars are as follows: Syairazi (HP: 87501775)

He then was conveyed to the hospital and police was at scene.

I wish to state I am working as a grab driver and the vehicle that I rent is from Auto-Valve Empire. The vehicle has no in-car camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T/2018/218/2134

1 of 1

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8728889

Report No: T/2018/218/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 18:04		Vide Report No.: D/2018/218/0081		Station Diary No: 125	
Informant's Particulars					
Name of Informant: JOEL CHIA PENG BOON			Address: APT BLK 853C JURONG WEST STREET 61 #09-462 SINGAPORE 643653		
ID Type / ID No.: NRIC NO / S7031047C			Contact No.: Home/Office: Mobile: 91181173		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 04/08/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 13:10	Type of Location: X-Junction
Location: Along Road 1 HOY FATT ROAD				
while making a turn to Kung Chong road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW8891A	Motorcycle				Slightly Damaged	0
SJP3832Y	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181218/2134

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No: T/20181218/2134

CONTINUATION OF REPORT

Brief Details.

On 18/12/2018 at about 1310hrs, I was driving along Hoy Fatt road towards Kung Chong road.

Before I turned to my right towards Kung Chong road, I checked my blind spot and everything was cleared. While I was making a right turn, suddenly a motorbike bearing registration number FW8681A came out from the bend. I saw his vehicle and I immediately on e-brake. However, I could not stop on time and hence, he collided to my vehicle (SJP3822Y). He got hit onto the front bumper of my vehicle.

I immediately alighted from my vehicle and assisted him to get up. I brought him to the safe side and assisted him to bring over the bike to one corner. He was conscious and had some injuries.

Subsequently, we exchange our particulars.
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Police Report



**SINGAPORE
POLICE FORCE**



T20181218/2134

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8728999

3 of 3

Report No: T20181218/2134

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:

D /
Sgt 1 NUR WIRDAH BINTE MUHAMMAD
WAZIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
18/12/2018 18:04

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No : 65476390

Classification Of Case:

SN 37

Authentication Stamp
N7108



SINGAPORE
POLICE FORCE

SIGNATURE