

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	19/12/2018 10:33
Date Of Accident	18/12/2018 09:40
Exact Location Of Accident	JUNCTION OF ORCHARD ROAD & KILLINEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3866E
Insured/Policyholder	
Name Of Registered Owner	GUAN SENG & SONS TRANSPORT
Co Reg No	53365896M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81898163
Alternative Phone No	OFFICE-81898163

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5092467318-01
Cover Note Number	

Driver

Name of Driver	LOW GUAN SENG (LIU YUANCHENG)
NRIC No	S7828684I
Date Of Birth	28/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81898163
Fax Number	
Contact Number	OFFICE-81898163
EMail Address	NOEMAIL

Address	APT BLK 315 BUKIT BATOK STREET 32 #03-89 SINGAPORE
Postcode	650315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (including own vehicle) 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)	2
Passenger 1	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3008Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOW GUAN SENG (LIU YUANCHENG)
Approximate Age	40
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SGU3866E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 315 BUKIT BATOK STREET 32 #03-89 SINGAPORE
Postcode	650315

SKETCH PLAN

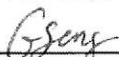
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

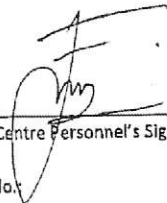
I understand, acknowledge, agree and consent that:

- (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.

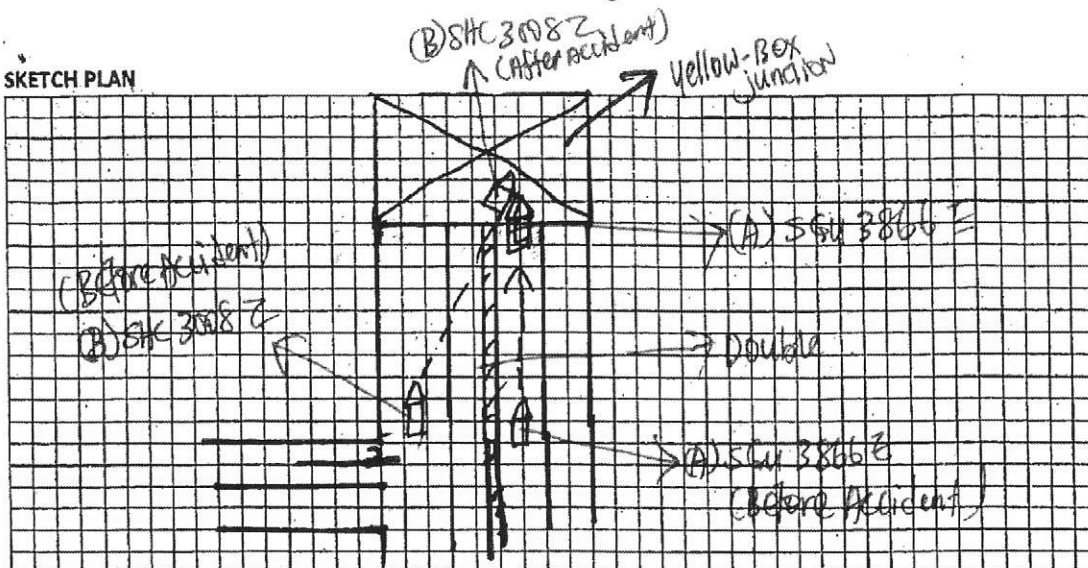
GUAN SENG & SONS
TRANSPORT


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer To Police Report ATTACHED

R/M: T/2018/218/2038

My Vehicle camera captured the whole incident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

GUAN SENG & SONS
TRANSPORT

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.:



**SINGAPORE
POLICE FORCE**



T/20181218/2038

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181218/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 11:35	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: LOW GUAN SENG			Address: APT BLK 315 BUKIT BATOK STREET 32 #03-89 SINGAPORE 650315		
ID Type / ID No.: NRIC NO / S7828684I			Contact No.: Home/Office: 81898163 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 28/09/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/12/2018 09:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ORCHARD ROAD KILLINEY ROAD Junction of Orchard Road and Killiney Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU3866E	Car				Slightly Damaged	1
SHC3008Z	Car				Totally Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181218/2038

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20181218/2038

CONTINUATION OF REPORT

Brief Details.

On 18/12/2018 at about at about 0928hrs, I pick up a passenger from 19 Cairnhill Circle towards One George Street with my vehicle SGU3866E. On the same day at about 0938hrs, I was travelling along Orchard Road towards Plaza Sing. At the cross-junction of Orchard Road and Killiney Rd a comfort taxi (SHC3008Z) suddenly made a right turn from Orchard Road into Killiney Road. I wish to state that the lane the said taxi turned out from is a go straight only lane and he should not have been allowed to make the right turn. The lane was also a double white line lane. I was travelling straight when the taxi made the illegal turn and I was unable to react in time to stop my car. I wish to say that due to the sudden turn from the taxi into Killiney Road, I hit onto the back of the taxi and my front passenger side bumper suffered dents and scratches. I also wish to state that I have a passenger on board, and he after which complain to me that he feels pain from the neck areas. I also wish to state that I am feeling some pain from my neck area too however I have yet to see a doctor when I am lodging this report. This report is for insurance claim purposes and also for record purpose.



SINGAPORE
POLICE FORCE



T/20181218/2038

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20181218/2038

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 2 WILSON TANG ZHI YU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI


Contact No.: 65476151

Signature Of Informant:

Date/Time:

18/12/2018 11:35

Classification Of Case:

	Authentication Stamp POLICE FORCE NF-168	SN 45
SIGNATURE		