

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	26/12/2018 18:21
Date Of Accident	24/12/2018 19:00
Exact Location Of Accident	VIVO CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5649P
Insured/Policyholder	
Name Of Registered Owner	AMAZONRENTAL
Co Reg No	53385803L
Email Address	MAXTAN7663@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91187663
Alternative Phone No	OFFICE-91187663

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105863522
Cover Note Number	

Driver

Name of Driver	TAN YONG WAH (CHEN YONGHUA)
NRIC No	S7822165H
Date Of Birth	06/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91187663
Fax Number	
Contact Number	OTHERS-91187663
Email Address	MAXTAN7663@GMAIL.COM

Address	BLK 641 JURONG WEST STREET 61 #15-38
Postcode	640641
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181225/2059

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	SHA2613T
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	TAN YONG WAH (CHEN YONGHUA)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJL5649P
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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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.

AMAZONRENTAL

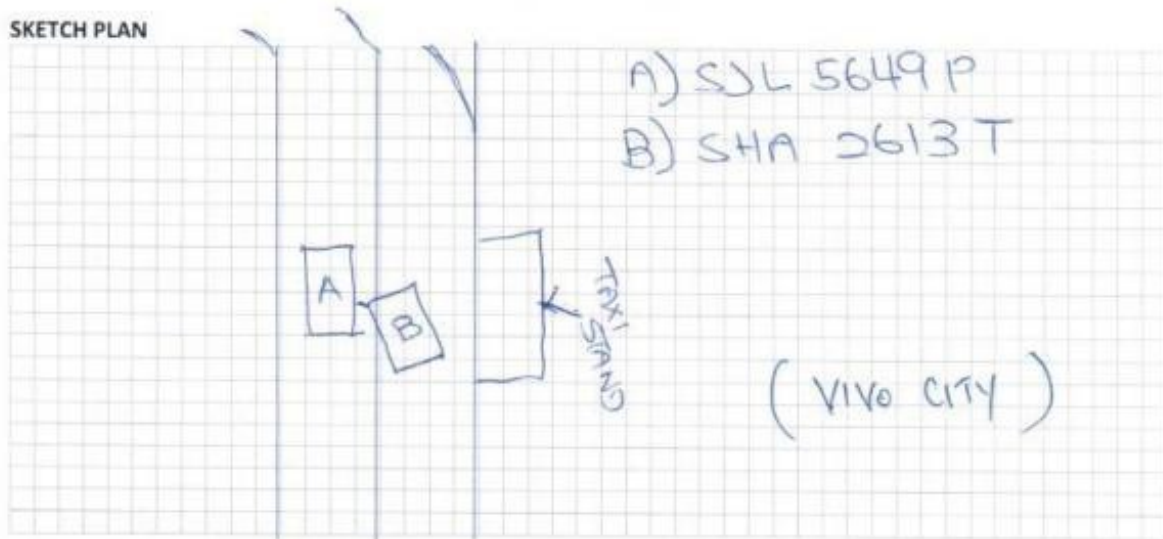
Policyholder's Signature:
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018/225/2059

DECLARATION

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

AMAZONRENTAL

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.:

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181225/2059

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20181225/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 15:30	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: TAN YONG WAH			Address: APT BLK 641 JURONG WEST STREET 61 #15-38 SINGAPORE 640641	
ID Type / ID No.: NRIC NO / S7822165H			Contact No.: Home/Office: Mobile: 91187663	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 06/08/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2018 19:00	Type of Location:
Location: Along Road 1 SENTOSA GATEWAY drop off point of Vivo City Mall				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume:	
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
SHA2613T	Car				Slightly Damaged	0
SJL5649P	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181225/2059

Police Station Of Origin:
Nanyang N.P.C
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Tel No: 1800-7929999

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Report No. T/20181225/2059

CONTINUATION OF REPORT

Brief Details.

On 24/12/2018 at about 1900hrs, I was driving my vehicle bearing the registration number of SJL5649P. I dropped off 01 passenger near to the MRT station. It was inside the building namely VIVO city. After dropping off the passenger, I was moving off and while I was about to exit the building, a taxi(Blue Comfort) bearing the registration number SHA2613T collided the rear right side of my vehicle. I notice that the vehicle came out from the Taxi stand. I stopped my vehicle as I wanted to get his particulars for the accident however before I could do so, the taxi tried to move off without stopping even after realizing that it was an accident. While the taxi was moving forward, his left side mirror collided with my right side mirror.

I shifted my vehicle forward slightly to create room for me to exit my vehicle, thereafter I alighted from my vehicle and I tried to go to the Taxi's driver side from the front of his vehicle. While I about to walk to the driver side of the taxi, he moved his car forward and was about to collide with me. As such I lost balance and I fell forward, I tried to used my hand to absorb the impact of the floor however I accidentally hit the taxi's left side mirror.

The driver, male, Chinese, about 50 years old refuse to alight from his vehicle to give me particulars. I notice that there were many vehicles starting to pile up behind our vehicle and as such I decide to move off so as to not create any inconvenience.

I drove out to the road namely Sentosa Gateway, the taxi also exited Vivo City Mall and subsequently drove off without stopping to exchange his particulars.

I wish to state that there is no In-cam camera installed in my vehicle. I went to My Family Clinic (Pioneer) for a medical checkup and I received 03 of MC, MC number 000020533, I Suffered some abrasion on the palm of my hand and some back muscle strains. The damage caused to my vehicle was some scratches on the rear right side of my vehicle. There was also some scratches at the right side mirror of my vehicle. No police attended, no government property damage, no wittiness.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181225/2059

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20181225/2059

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:

J /
Sgt 1 SOH XUAN YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/12/2018 15:30

Officer In Charge Of Case:

TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force



My Family Clinic (Pioneer)

Blk 638 Jurong West St.61 #02-09 Singapore 640638

Tel: 68611182 Fax: 68623880

Medical Certificate

Date : 25 Dec 2018

MC No. : 0000205333

This is to certify that :

Name : TAN YONG WAH

NRIC : S7822165H

is Unfit for Duty for 3 days

from 25/12/2018 to 27/12/2018 inclusive.

LOCUM DR.

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*



My Family Clinic (Pioneer)
 Blk 638 Jurong West St 61 #02-09 Singapore 640638
 Tel: 68611182 Fax: 68623880

GST Reg No : 20041020JK

Co Reg No : 20041020JK

TAX INVOICE

TAN YONG WAH
 641 JURONG WEST STREET 61
 #15-38
 S(640641)

Invoice No. : 469593
 Our Reference : 43398
 Date : 25 Dec 2018

Patient : TAN YONG WAH (S7822165H)

Doctor : LOCUM DR

DESCRIPTION	QTY	FEE (S\$)
FAMOTIDINE 20MG TABLET	10.00 tabs	3.00
KEFENTECH PLASTER	1.00 pkts	9.00
SODEN (NAPROXEN SODIUM) 275MG TABLET	20.00 tabs	8.00
PROMEDYL-B LINCTUS SYRUP	90.00 mls	7.20
CONSULTATION		30.00
	Sub-Total	57.20
	Add GST 7.0%	4.00
	Total Bill Before Subsidy	61.20
Receipt No. 469138 - CHAS Subsidy		- 18.50
	Total Amount Payable	42.70
Receipt No. 469138 - NETS Payment Received		42.70
	Outstanding Balance	0.00

All cheques should be crossed and made payable to :

MY FAMILY CLINIC (PN) PTE LTD

This is a computer generated invoice which does not require a signature

E. & O.E

Claims made from Medisave and CHAS are subjected for Approval from the Authority

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

