

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	09/02/2019 15:27
Date Of Accident	08/02/2019 19:50
Exact Location Of Accident	HOUGANG AVE 2 FILTER LANE INTO HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1176A
Insured/Policyholder	
Name Of Registered Owner	LOW HAN SONG CLARENCE
NRIC No	S8621410E
Email Address	CLARENCE_LOWHS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98586063
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.5 VTIR CVT (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5100594022
Cover Note Number	
Driver	
Name of Driver	LOW HAN SONG CLARENCE
NRIC No	S8621410E
Date Of Birth	31/07/1986
Occupation	INDOOR
Date Of Driving Pass	17/07/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98586063
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	CLARENCE_LOWHS@HOTMAIL.COM

Address BLK 458 #20-1590
ANG MO KIO AVENUE 10

Postcode 560458

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 - HEAD TO REAR

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) 2

Passenger 1
NAME: : SURESH S/O LETCHMANAN
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] ANG MO KIO SOUTH N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: EMAIL TO MOTORVIDEO@INCOME.COM.SG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4370E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver JOSEPH TOH TIO BACK

NRIC/Passport Number S0500810G

Contact Number 96839386

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SURESH S/O LETCHMANAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLJ1176A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 be 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 will 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 purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claim 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 in the external cover of envelope/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 also be 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 also 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 claim history for the purpose of fraud detection, investigation and management (present and all future claims);
- (e) the information so collected under (a) above may be shared & disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling, managing claims and regulators, law enforcement and government agencies as reasonably required for the administration of;
 - (ii) for complying with requirements under any regulations, laws or court orders;


Policyholder Signature
Date & Time: 20/07/2017 10:20 AM


Driver Signature
Date & Time: 20/07/2017 10:20 AM


Registrar Signature
Name: SIAWATY SIAWATY
Date & Time: 20/07/2017 10:20 AM



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ1176A	NTUC Income Insurance Co-Operative Limited	5100594022	10/05/2018	28/05/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA

Driver

Name JOSEPH TOH TIO BACK ID No. S0500810G

Related Vehicle SHA4370E (Car) Contact No. 96839386

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

Driver

Name LOW HAN SONG, CLARENCE ID No. S8621410E

Related Vehicle SLJ1176A (Car) Contact No. 98586063

Hospital/Clinic NIL Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL

Date Treatment NIL Date Discharge NIL

No. of Days granted Medical Leave NIL Degree of Injury NIL

Passenger

Name SURESH S/O LETCHMANAN ID No. S9244802I

Related Vehicle SLJ1176A (Car) Contact No. 96173787

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



**SINGAPORE
POLICE FORCE**



T/20190208/2149

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190208/2149

CONTINUATION OF REPORT

Brief Details.

On 08/02/2019 at about 1950hrs, I was driving one passenger along Hougang Avenue 2 was approaching the junction of Hougang Avenue 8. At the T-junction, I filtered left into the filter lane. As there was a cyclist about to cross the zebra crossing, I slowed down and stopped. Out of a sudden, I felt an impact from the back. Luckily the cyclist had managed to cross the zebra crossing and I did not hit the cyclist.

After the accident, I discovered that one taxi (SHA4370E) had hit on the rear of my vehicle. He moved forward and stopped his taxi at the side. My passenger complained of pain and he called for ambulance. Whilst waiting for the ambulance, all of us exchanged our contact and particulars and I had also called up my NTUC insurance. At the material time, I did not know how bad the injury of my passenger is and the said taxi driver left first. When ambulance and traffic police came and took over, it was discovered that the passenger has to be conveyed. Traffic Police then called the taxi driver to come and he returned about 8 plus.

I have in-built vehicle camera for both front and back view. The footage is captured and I will forward the video to the traffic officer.



**SINGAPORE
POLICE FORCE**



T/20190208/2149

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Report No. T/20190208/2149

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Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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: F / Staff Sgt MUHAMMAD HERMI BIN HAMIDON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 22:20
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:

Authentication Stamp
NP168

