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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/02/2019 11:35
Date Of Accident	13/02/2019 20:15
Exact Location Of Accident	JUNC PATERSON RD & ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGE1658L
Insured/Policyholder	
Name Of Registered Owner	AMANDA AUTO LEASING
Co Reg No	53335639C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY
Fleet Policy	YES
Policy Number	5080647717-02
Cover Note Number	
Driver	

Name of Driver

QUEK KAI HUAT

NRIC No

\$1352345B

Date Of Birth

29/11/1959

Occupation

OUTDOOR

Date Of Driving Pass

08/04/1978

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88266727

Fax Number

Contact Number OFFICE-88266727

EMail Address NOEMAIL

Address BLK 650 HOUGANG AVENUE 8

#07-335

NO

3

Postcode 530650

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

number Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

GENDER:

YES

NO

NAME: : -

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPRORT - T/20190213/2207.

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 SHD6128K

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 OTHER VEHICLE PROPERTY 2

1

Vehicle Registration Number SLM2320C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 18

Accident Sketch Plan

SKETCH PLAN

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- The 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.
- 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:
 - 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:
 - 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.

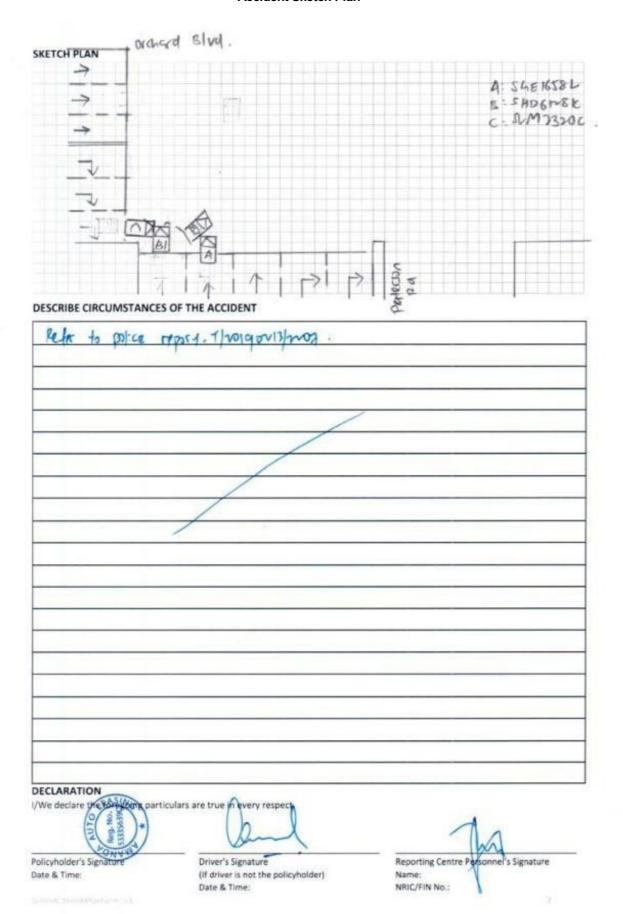
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne s Signature Name:

NRIC/FIN No.:

Accident Sketch Plan



Police Report





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20190213/2207

REPORT OF A TRAFFIC ACCIDENT

	oate/Time Report Made: 3/02/2019 22:58		Vide Report No.: E/20190213/0142	Station Diary No.: 125		
Informa	nt's Partic	ulars				
	f Informant: (AI HUAT		Address: APT BLK 650 HOUGANG AVENUE 8 #07-335 SINGAPO 530650			
ID Type / ID No.: NRIC NO / S1352345B			Contact No.: Home/Office:	Mobile: 88266727		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 59	Date of Birth: 29/11/1959	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2019 20:1)	ype of Location -Junction	
Location: Along Road 1 PATERSON ORCHARD B Junction of Pi Weather:	ROAD	erd Boulevard		Pond S	Speed Limit:	
Clear		Dry			speed Limit.	
Traffic Flow:		Traffic Control:			Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved		The state of the s		PORSER DE LA COMPANION DE LA C
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGE1658L	Car	TOYOTA		Silver	Slightly Damaged	1
SHD6128K	Car	TOYOTA		Maroon		0
SLM2320C	Car	SUBARU				0

Police Report





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

2 of 3 Report No. T/20190213/2207

Details of Perso						
Any Pedestrian I	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whi					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		100				
Name	QUEK KAI HUAT			ID No		S1352345B
Related Vehicle	SGE1658L (Car)			Contact No.		88266727
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D				NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 13/02/2019 at about 2015hrs, I was travelling along Paterson Road when I came to a traffic light junction near Orchard Boulevard. At that moment, the traffic light was red and all vehicles stopped.

When the traffic light turned green, vehicles started to move forward. I was on the 4th lane when suddenly, another vehicle SHD6128K collided into the front left portion of my vehicle. At that moment, I was not injured and alighted to check on the accident. I then realized that the accident was caused by a vehicle proceeding along Orchard Boulevard SLM2320C. SLM2320C collided into SHD6128K, resulting an impact towards my vehicle.

Subsequently, police attended to the accident reference E/20190213/0142. And I was advised to lodge a police report regarding the traffic accident. I wish to state that I do not have any in-car CCTV in my vehicle.

Police Report





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20190213/2207

Sketch Plan

Informant is not able to provide sketch plan

minimore Police Force

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 / Sgt 3 ASHLEY TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2019 22:58
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	











