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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/02/2019 16:44
Date Of Accident	25/01/2019 19:25
Exact Location Of Accident	ALONG HAVELOCK SQUARE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF8075X
Insured/Policyholder	
Name Of Registered Owner	ATLAS LUXCAR PTE. LTD.
Co Reg No	201436581R
Email Address	FIRNANDOCHAU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88665513
Alternative Phone No	OFFICE-88665513
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105801684
Cover Note Number	
Driver	
Name of Driver	FIRNANDO HARTOYO CHAUFIK

 NRIC No
 \$7679639D

 Date Of Birth
 18/02/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 17/04/2001

Driving Experience 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88665513

Fax Number

Contact Number OTHERS-88665513

EMail Address FIRNANDOCHAU@GMAIL.COM

BLK 183 STIRLING ROAD Address

#06-228

Postcode 140182

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

SIDE SWIPE Type Of Accident 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? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

NAME:

: PASSENGER

GENDER: : FEMALE

Details of Police Action

Passenger 1

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Police Station Address

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190126/2111

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 SHC4481H

Vehicle Make/Model/Colour TOYOTA PRIUS (SMRT)

Details Of Properties

Vehicle Category TAXI

UNKNOWN Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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)
 - (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
- 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.
- 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

Fremeno MARINANO

(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

Date & Time

(If driver a not the policyholder)

Reporting Centre P MANTE

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		CORD		
HAURIOCK "	Square	Sy	co ar	1
A) SMF8075X B) SHC 4421H	medien ister	Solx B		
SCRIBE CIRCUMSTANCES OF		25/21/200		4
926 HRS I DIOVE, S	ce police rep	ort . T/	19:25 - 19	2111
			7	
LARATION declare the foregoing particular	are true in every respect.		/,	,
() () () () () () () () () ()	Zu J		aux 19/0.	2/2019
a Tre	Orivet's Signature (If driver is not the policyho	older) N	eporting Centre Personnel	'a Signature
MC StartchPlanForm_V3	Qate Time:	N	RIC/FIN No.: KOP	U WHOLD

STARMC Statch/Hardonn_V3

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20190126/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 16:19		Made:	Vide Report No.:	Station Diary No.: 54	
Informa	nt's Partic	ulars	The second secon	Property and the second	
Name of Informant: FIRNANDO HARTOYO CHAUFIK			Address: APT BLK 182 STIRLING RO	0AD #06-228 SINGAPORE 140182	
	/ ID No.: O / S76796	39D	Contact No.: Home/Office:	Mobile: 88665513	
Nationality: AUSTRALIAN			Email:		
Sex: Male	Age:	Date of Birth: 18/02/1976	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TAX CONSULTANT		r	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2019 19:25	Type of Location Bend
Location: Along Road 1 HAVELOCK S Near Pick Up	SQUARE			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Oldai		Traffic Control: Not Controlled		
Traffic Flow: One Way Type of Collis		Traffic Control:		Traffic Volume: Heavy

Details of V	ehicle Invo	lved		of the later was		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC4481H	Car	ТОУОТА	PRIUS TAXI (SMRT)	E CONTRACTOR OF THE PERSON OF	Condition	0
SMF8075X	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black		1

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT





T/20190126/2111

Report No. T/20190126/2111

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Name	FIRNANDO HARTOYO CHA	LIEIU	1000	THE PARTY	
000000000	- MANUAL DO FIAR TO TO CHA	UFIK	ID No.		S7679639D
Related Vehicle	SMF8075X (Car)		-		
CAST SECTION TO MISSING	om sorox (car)		Contac	ct No.	88665513
Hospital/Clinic	NIL		-	_	
			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Data Dia		-	
	111	Date Disc	narge	NIL	
- ayo giaii	ed Medical Leave NIL	Degree of	f Injury	NIL	

Brief Details.

On the 25/01/2019 at around 1926hrs, I was driving my car SMF8075X along Havelock Square. I was supposed to drop off my passenger at Furama City Centre. As I was approaching the U-turn side to drive back to Havelock Road, I noticed that there was a blue comfort delgro taxi trying to enter into my lane from the pickup/drop off point on my right. I gave him space for him to enter my lane and slowly started to move forward. While i was moving, i suddenly noticed that a maroon smrt taxi was trying to tailgate the comfort taxi to enter my lane. As i was too close infront already and not able to reverse behind, i tried to signal to the driver to give me space first as i was about to make my U-turn. The driver still proceeded on and side swiped my front right bumper of my car.

The driver then came out of the vehicle and started behaving very aggressive towards me. The driver accused me of entering into his lane. I tried to talk to him nicely and get his particulars but to no avail. At one point, I tried to take a photo of the damage on the taxi and the driver swiped my hand away. I then started to take video of the damages and the driver subsequently calmed down. The driver also did mention to me that his taxi lawyer is very powerful and they will talk to me.

I wish to state that i have in-car camera recordings of the accident. I have already reported this matter to

POLICE REPORT





T/20190126/2111

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20190126/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

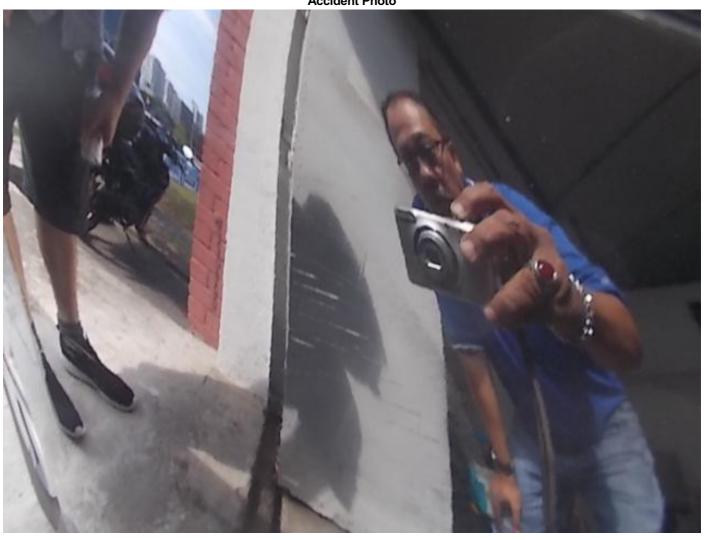
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 1 SURENDDHARAN 8/O PURANA CHANDRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Fime: 26/01/2019 16:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIED LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp / NP168	















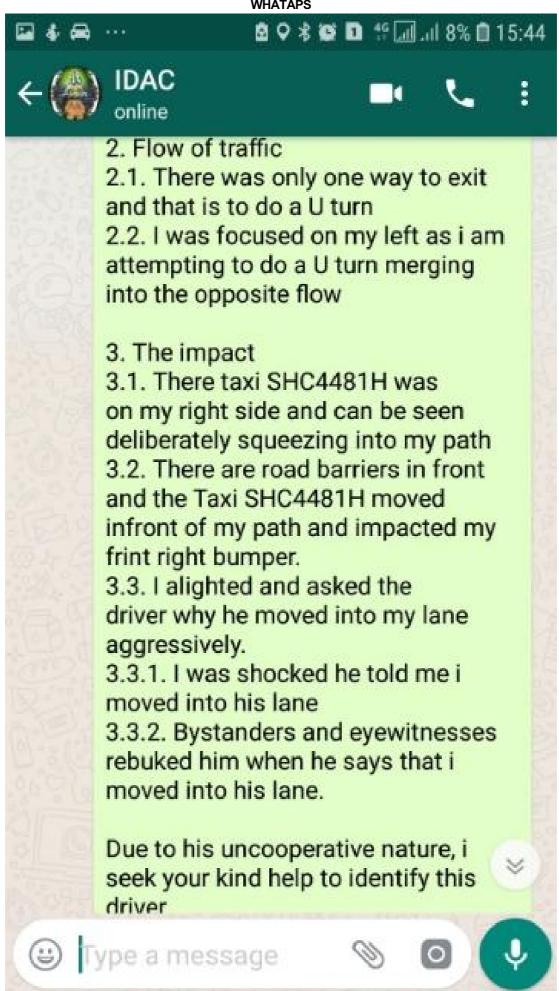


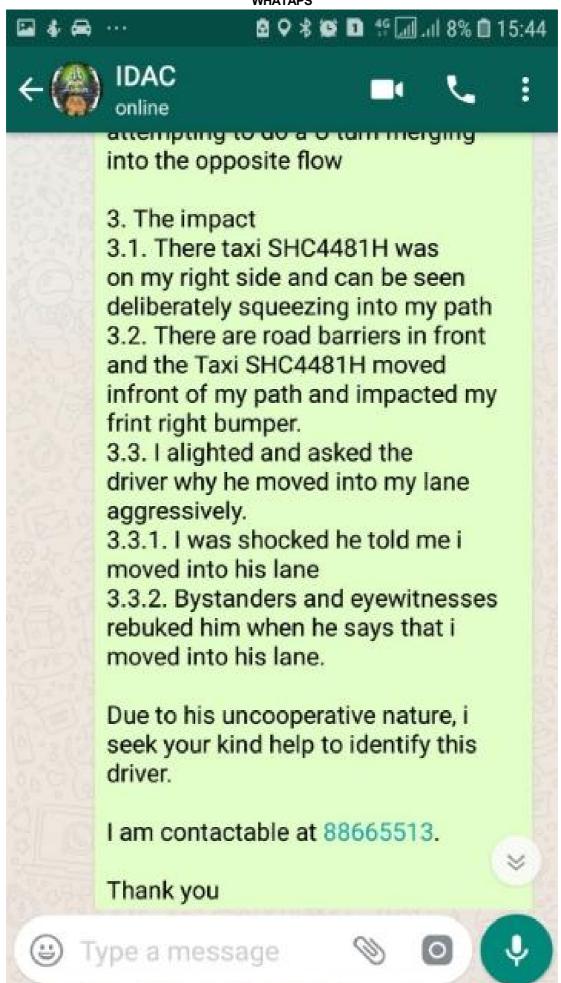














The incident happened during the peak hours around 1900-1945 hours. The incident was at the road beside the taxi pick up at Family Justice Courts Taxi Pick Up in Havelock Square.

Chronicle of event

- 1. My vehicle position
- 1.1. My vehicle was at the normal road beside the Taxi Pick Up Point.
- In front of my vehicle is a blue comfortdelgro taxi.
- 1.2.1. I give way to a taxi (blue comfortdelgro taxi) merging into the right front of my vehicle
- 1.3. My vehicle is located on the left of the SMRT Taxi SHC4481H (the taxi is on my right side)
- 2. Flow of traffic
- 2.1. There was only one way to exit and that is to do a U turn
- 2.2. I was focused on my left as i ar sattempting to do a U turn merging

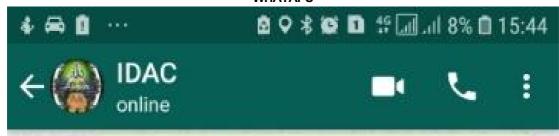


Type a message









My report

My name is Xxxx IC numbet and a driver of SMF8075X. Yesterday 25th January 2019 at around 7-740pm the vehicle i am driving was deliberately hit a SMRT SHC4481H.

The driver was uncooperative and as a result. He did not extend any courtesy to even exchange details to me. As such i have make a police report and also planning to submit my videos evidence to my legal representative.

Timeline below as visually seen by my passenger, myself. I also garnered a few eyewitnesses should you need for investigation on this case.

The incident happened during the peak hours around 1900-1945 hours.

The incident was at the road beside
the taxi pick up at Family Justice







