

## 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	02/03/2019 12:28
Date Of Accident	28/02/2019 21:05
Exact Location Of Accident	ALONG TAMPINES STREET 81 NEAR BLK 823
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2633U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOBER TRANSPORT
Co Reg No	53348884B
Email Address	JOJO2737007@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90678007
Alternative Phone No	OFFICE-90678007

### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5085424732-02
Cover Note Number	

### Driver

Name of Driver	TEO PECK CHOO
NRIC No	S1832337J
Date Of Birth	20/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90678007
Fax Number	
Contact Number	OTHERS-90678007
Email Address	JOJO2737007@GMAIL.COM

Address	BLK 898A TAMPINES STREET 81 #11-770
Postcode	521898
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190301/2164

#### Attachment(s)

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

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.

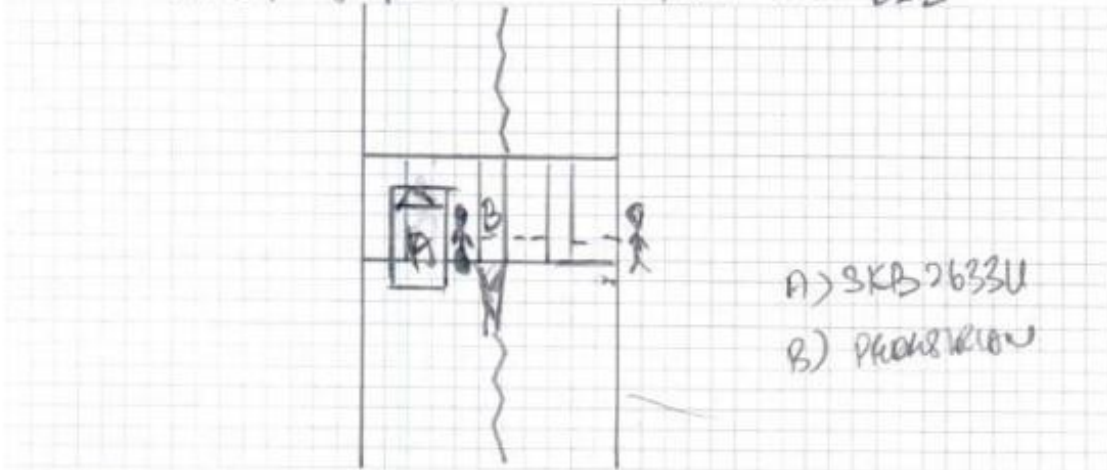
I understand, acknowledge, agree and consent that:

- (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.

Reporting Centre Personnel's Signature  
Name: Rebecca L. Linton  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN ALONG TOMBAL ST 81 NEAR BUS 823



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT  
T/20190301/2164

## DECLARATION

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

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.:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190301/2164

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20190301/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2019 19:32	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars				
Name of Informant: TEO PECK CHOO		Address: APT BLK 898A TAMPINES STREET 81 #11-770 SINGAPORE 521898		
ID Type / ID No.: NRIC NO / S1832337J		Contact No.: Home/Office: Mobile: 90678007		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 51	Date of Birth: 20/03/1967	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/02/2019 21:05	Type of Location: ZEBRA CROSSING
Location: Along Road 1 TAMPINES STREET 81  IN FRONT OF BLK 823				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB2633U	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190301/2164

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20190301/2164

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO PECK CHOO		ID No. S1832337J
Related Vehicle	SKB2633U (Car)		Contact No. 90678007
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	FARAH BTE HARON		ID No. NIL
Related Vehicle	NIL		Contact No. 81897204
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

### Brief Details.

On 28/02/2019 at about 2105hr, I was driving my vehicle SKB2633U along Tampines St 81. As I was driving over a zebra crossing near BLK 823 Tampines St 81, I felt an impact on my right. That was when I discovered that someone had collided into the right side of my vehicle. I immediately alight and assist the pedestrian to the side of the road. I asked if she was ok and she mention she did not require medical attention as she has only scratches on her left feet and abit of headache. I also managed to exchange particulars with her.

On 01/03/2019t about 1200hr, I called her and she mention that she went to the hospital and received 2 days of mc. I told her to send my the bills as I will pay for her. The pedestrian also mention that she has make a police report. That is all.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190301/2164

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20190301/2164

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:

G /

Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2019 19:32

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of JOBER TRANSPORT (53348884B)

Date: 31/10/2016

## The Following Are The Brief Particulars of :

Name of Business	JOBER TRANSPORT
Former Name(s) if any	
Date of Change of Name	
Registration No.	53348884B
Registration Date	24/10/2016
Commencement Date	24/10/2016
Status of Business	Live
Status Date	24/10/2016
Renewal Date	
Expiry Date	24/10/2019
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	898A TAMPINES STREET 81 #11-770 TAMPINES POLYVIEW SINGAPORE (521898)
Date of Change of Address	

## Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	
Activities (II)	
Description	

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
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## Business Profile (Business) of JOBER TRANSPORT (53348884B)

Date: 31/10/2016

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
JOSERENE TEO PECK CHOO	S1832337J	SINGAPORE CITIZEN	898A TAMPINES STREET 81 #11-770 TAMPINES POLYVIEW SINGAPORE (521898)	OSCARS	24/10/2016 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA161031181476

DATE : 31/10/2016

This is computer generated. Hence no signature required.

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

