

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	08/03/2019 15:03
Date Of Accident	07/03/2019 18:15
Exact Location Of Accident	LENG KEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU5096Y
Insured/Policyholder	
Name Of Registered Owner	COMFY LIMOUSINE SERVICES PTE LTD
Co Reg No	201703381N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 G (A)

Exact Purpose for which vehicle was being used at time of accident

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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	18-MI000264-R02
Cover Note Number	

Driver

Name of Driver	CHOON JOOT CHYE
NRIC No	S1638775D
Date Of Birth	03/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91891828
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 411 PANDAN GARDENS #12-87 SINGAPORE
Postcode	600411
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	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO. T/20190307/2152

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	SLT4841R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PNG MARIA THERESE
NRIC/Passport Number	S0426350B
Contact Number	97265766
Address	

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHOON JOOT CHYE

Approximate Age

Injuries Sustain

RIGHT SHOULDER PAIN

Injured person in which vehicle?

SGU5096Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 411 PANDAN GARDENS #12-87 SINGAPORE

Postcode

600411

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/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.



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 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190307/2152

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190307/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 21:37		Vide Report No.: D/20190307/0104		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: CHOON JOOT CHYE			Address: APT BLK 411 PANDAN GARDENS #12-87 SINGAPORE 600411		
ID Type / ID No.: NRIC NO / S1638775D			Contact No.: Home/Office: Mobile: 91891828		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 03/01/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJERK DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 00:00	Type of Location: T-Junction
Location: Along Road 1 LENG KEE ROAD Leng Kee Rd towards Commonwealth (Jurong), near 20 Leng Kee Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SGU5096Y	Car	TOYOTA	Vios	Silver	Slightly Damaged	1
SLT4841R	Car	MAZDA	Mazda 2	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20190307/2152

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Tel No: 1800-8999999

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Report No. T/20190307/2152

CONTINUATION OF REPORT

Driver			
Name	CHOON JOOT CHYE		ID No. S1638775D
Related Vehicle	SGU5096Y (Car)		Contact No. 91891828
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	Slight
Driver			
Name	Png Maria Therese		ID No. S0426350B
Related Vehicle	SLT4841R (Car)		Contact No. 97265766
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving a rental car from company namely Comfort Limosine Services Pte Ltd. The car bears the following details.

V1) SGU 5096 Y

Toyota

Vios

Silver

I was sending a passenger to Bt Batok and I drove along Leng Kee Rd towards Commonwealth (Jurong). It was a 1 lane road. While I was driving along the said path, a vehicle suddenly collided the right side of my vehicle. I was shock by the situation as I did not noticed a vehicle came in from the right.

Subsequently, the said vehicle collided the fence on the right side of the said path. After which, I alighted from my vehicle to make a check on the situation. The said vehicle bears the following details,

V2) SLT 4841 R

Mazda

Mazda 3

Red

The driver of V2 also alighted from the her vehicle and then I made a call to police. Later, traffic police and ambulance came down to scene however, none of the parties were conveyed to hospital. I wish to state that none of us has any visible injuries.

Due to the collusion, I have aching on my right shoulder. I do not have any in vehicle recording system installed in my vehicle however V2 have one installed.



**SINGAPORE
POLICE FORCE**



T/20190307/2152

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190307/2152

CONTINUATION OF REPORT

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-037289
Date of Request: 08/03/2019

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 08/03/2019
Enquiry By Liu Pei Yee
TP Vehicle No. SLT4841R
Accident Date 07/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLT4841R	China Taiping Insurance (Singapore) Pte. Ltd.	30/10/2018-29/10/2019	6389 6111

Thank You.

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