

## 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	05/04/2019 14:39
Date Of Accident	02/04/2019 08:50
Exact Location Of Accident	PIE SLIP ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9267U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	201320430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84886078

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 X (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NO
Policy Number	5098452268
Cover Note Number	

### Driver

Name of Driver	TOH HOCK SENG
NRIC No	S1390114G
Date Of Birth	23/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886078
Fax Number	
Contact Number	OFFICE-84886078
Email Address	NOEMAIL

Address	APT BLK 864 YISHUN AVE 4 #08-29 SINGAPORE
Postcode	760864
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 - 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?	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: : CHONG QIN YU CHERYL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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	SHC8827T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIAN HUAT
NRIC/Passport Number	
Contact Number	87557789
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	TOH HOCK SENG
Approximate Age	60
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SJS9267U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 864 YISHUN AVE 4 #08-29 SINGAPORE
Postcode	760864

#### DETAILS OF INJURED PERSON 2

Name	CHONG QIN YU, CHERYL
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SJS9267U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	NA NA
Postcode	NA

## 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) 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.



*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER POLICE REPORT -

## 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.:

# Common Statement



**SINGAPORE  
POLICE FORCE**



T/20190402/2101

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768458  
Tel No: 1800-8522999

1 of  
Report No. T/20190402/2

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2019 14:08	Vide Report No.:	Station Diary No.: 58
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### Informant's Particulars

Name of Informant: TOH HOCK SENG			Address: APT BLK 864 YISHUN AVENUE 4 #08-29 SINGAPORE 760864	
ID Type / ID No.: NRIC NO / S1390114G			Contact No.: Home/Office:	Mobile: 84886078
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 23/02/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2019 00:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY		Yishun South NPC 32 Yishun Street 81 Singapore 768458 Tel: 1800-2622999		
along CTE towards Upper Serangoon Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SHC8827T	Taxi	HYUNDAI	I40		Slightly Damaged	0
SJS9267U	Car	TOYOTA	ALTIS	Grey	Slightly Damaged	1

### Details of Person Involved

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

## Common Statement



**SINGAPORE  
POLICE FORCE**



T/20190402/2101

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street #1 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190402/2101

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN LIAN HUAT		ID No. NIL
Related Vehicle	SHC8827T (Taxi)		Contact No. 87557789
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
<b>Driver</b>			
Name	TOH HOCK SENG		ID No. S1390114G
Related Vehicle	SJS9267U (Car)		Contact No. 84886078
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date Class: 2B,2A 2,3,4,5 Date of Expiry: NIL
Date Treatment	02/04/2019		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight
<b>Passenger</b>			
Name	CHONG QIN YU, CHERYL		ID No. S9507065E
Related Vehicle	SJS9267U (Car)		Contact No. 81814533
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	02/04/2019		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury Slight

**Brief Details.**

On 02/04/2019 at about 0853hrs, I was driving my Grabcar bearing plate number: SJS9267U at the centre lane of a 3 lane road along CTE towards Upper Serangoon Road. There was a traffic light junction ahead of me and I had stopped a distance away as there were some cars ahead of me. I had stopped about 3-4 minutes and when the car in front of me had moved off, I can finally move off.

As I was driving off, all of a sudden, a Comfort taxi bearing plate number: SHC8827T had collided with the rear of my vehicle. We then stopped by the side to exchange our details and take photos of the damages. There was a passenger inside my Grabcar and for the taxi, I was unsure if there was any passenger inside. All of us was not injured at that point of time. However, today, my passenger and I had back pain due to the impact and we were both given 3 days MC respectively, from 02/04/2019 to 04/04/2019.

Common Statement



**SINGAPORE  
POLICE FORCE**



T/20190402/2101

Police Station Of Origin:  
Yishun South N.P.C.  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190402/2101

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:  
L /  
Sgt 3 MUHAMMAD RIDWAN BIN SA'MION

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/04/2019 14:08

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:



Signature

SN-805

Authentication Stamp  
NP168

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

