

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	09/04/2019 16:21
Date Of Accident	09/04/2019 09:30
Exact Location Of Accident	SLIP RD OF WOODLANDS AVE 3 & WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4681P
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MI000894-R01
Cover Note Number	

Driver

Name of Driver	SOH JIA YUAN
NRIC No	S8805428H
Date Of Birth	12/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83538329
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 816 WOODLANDS ST 82 #11-441
Postcode	730816
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	SIDE SWIPE
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
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: : DOUGLAS WHITE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190409/2036

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD FAULTY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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. 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 used 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 (c) 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.

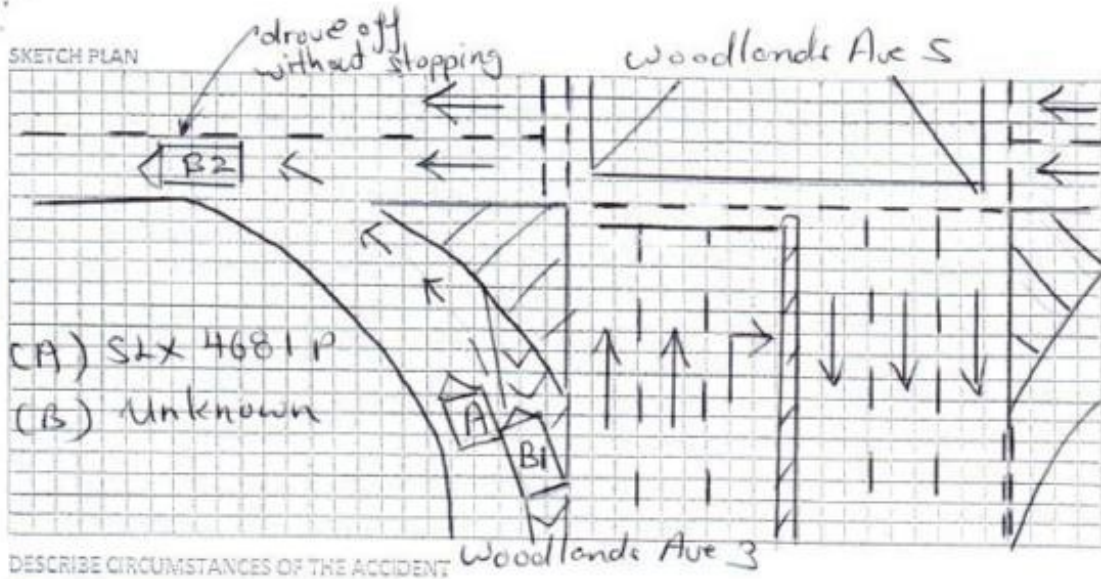


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



Refer to Police Report

Report No: -

T/20190409/2036

[Signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

[Signature] 09/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

EMERGENCY CONTACT NO.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190409/2036

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No: T/20190409/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH JIA YUAN	ID No.	S8805428H
Related Vehicle	SLX4681P (Car)	Contact No.	83538329
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 09/04/2019 at around 0925hrs- 0930hrs, I was driving my private hirer car (SLX4681P) Grab vehicle along Woodlands Avenue 3 heading towards Woodlands Avenue 5. I was driving on the leftmost lane of the 4 lane road. As I was making the slight left turn into Woodlands Avenue 5, I made a check on my right side mirror and noticed a Unknown registration plate, Orange red mixed coloured Malaysian Lorry cutting across the chevron marking between the 3rd and 4th lanes and nearing my vehicle rear right hand side. It then hit on the rear right hand side of my vehicle and subsequently scrapped onto the rear right passenger side portion of my vehicle. In order to avoid further damage, I had to accelerate as I turned into Woodlands Avenue 5. The said lorry the took the same turn and overtook me on my right side and drove off without stopping despite honking at him. I had a passenger namely Douglas White hp:91153694 onboard my vehicle during the time of the incident. He was seated on the rear left hand side of my vehicle. Both of us did not sustain any injury during this incident. I do have a CCTV inside my vehicle however the memory card is not working at the moment. Traffic police was at scene. Case card(IO Jeya Tel:65476232, Hp:966686568) was issued.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



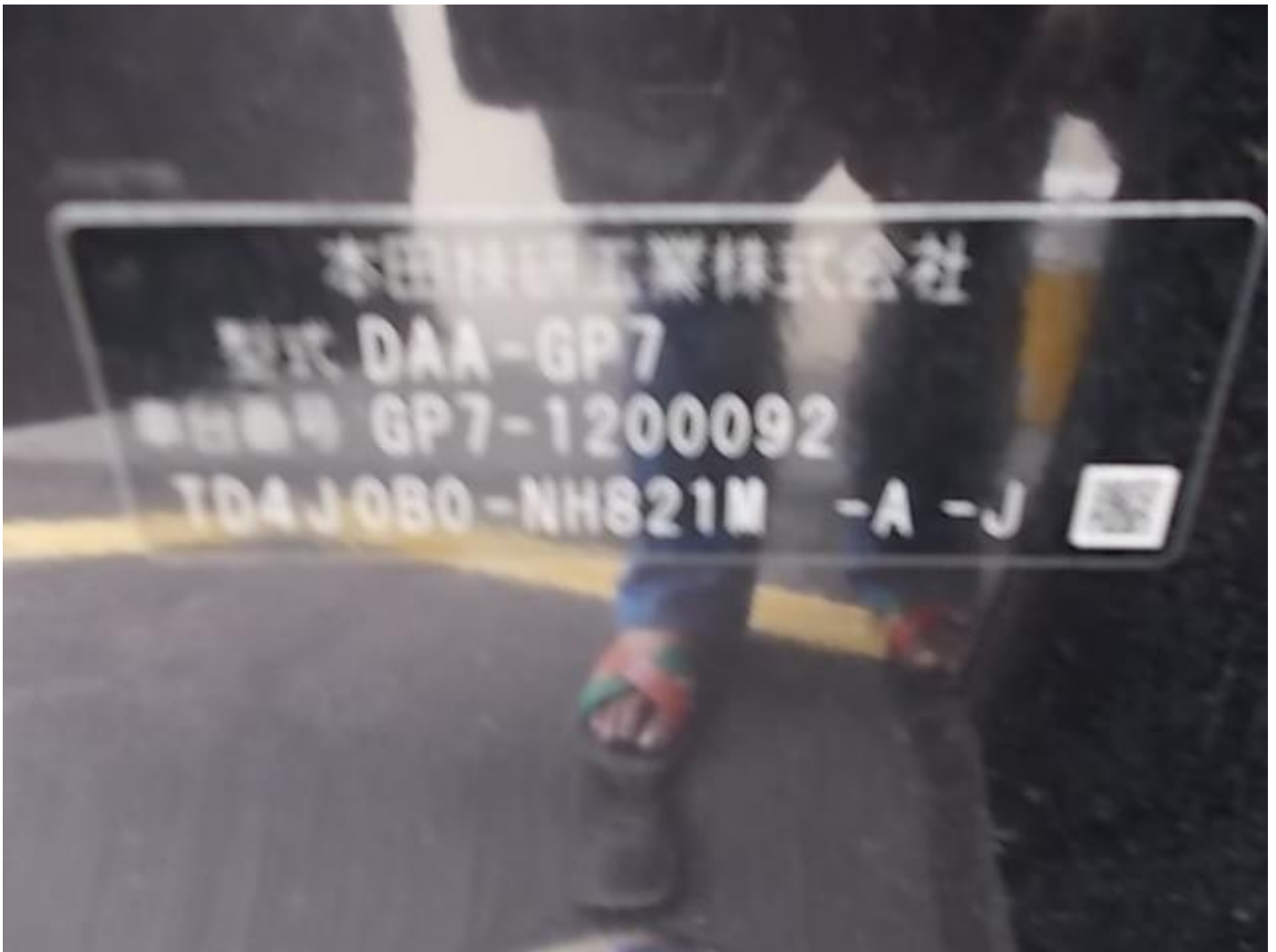
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190409/2036

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738522
Tel No: 1800-363 9989

1 of 3

Report No: T/20190409/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 10:13	Vide Report No.: L/20190409/0032	Station Diary No.: 130
--------------------------------------------	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: SOH JIA YUAN			Address: APT BLK 816 WOODLANDS STREET 82 #11-441 SINGAPORE 730816		
ID Type / ID No.: NRIC NO / S88054281			Contact No: Home/Office: Mobile: 83538328		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 12/02/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2019 08:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 3 WOODLANDS AVENUE 6 Lamp Post Number: 36			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLX4681P	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Seriously Damaged	1
UNKNOWN (Not Accurate)	Lorry			Orange	No Damage	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190408/2036

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-383 8996

2 of 3
Report No: T/20190408/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH JIA YUAN	ID No.	S6805428H
Related Vehicle	SLX4881P (Car)	Contact No.	83538329
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 09/04/2019 at around 0825hrs- 0830hrs, I was driving my private hire car (SLX4881P) Grab vehicle along Woodlands Avenue 3 heading towards Woodlands Avenue 5. I was driving on the leftmost lane of the 4 lane road. As I was making the slight left turn into Woodlands Avenue 5, I made a check on my right side mirror and noticed a Unknown registration plate, Orange red mixed coloured Malaysian Lorry cutting across the chevron marking between the 3rd and 4th lanes and nearing my vehicle rear right hand side. It then hit on the rear right hand side of my vehicle and subsequently scrapped onto the rear right passenger side portion of my vehicle. In order to avoid further damage, I had to accelerate as I turned into Woodlands Avenue 5. The said lorry then took the same turn and overtook me on my right side and drove off without stopping despite honking at him. I had a passenger namely Douglas White hp:91153894 onboard my vehicle during the time of the incident. He was seated on the rear left hand side of my vehicle. Both of us did not sustain any injury during this incident. I do have a CCTV inside my vehicle however the memory card is not working at the moment. Traffic police was at scene. Case card (IO: Jeya Tel:65476232, Hp:966686568) was issued.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190409/2038

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-383 9899

3 of 3

Report No.: T/20190409/2038

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 KARTHIGAICHSELVAM S/O
PARAMASILVAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/04/2019 10:13

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No : 65476145

Classification Of Case:

Authentication Stamp
NP184



Identification Card



DRIVER

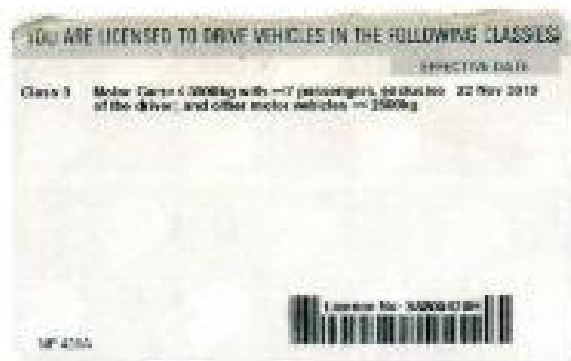
SLX4681P



Driving License



DRIVER
SLX4681P



Driving License



Driver
DL46815



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #15-00 Singapore 048582
 Tel (65) 6724 3618 Fax (65) 6724 3039
 Operating Hours: Monday to Friday, 9:00 - 5:00
 VISA 650302206 / GST Reg. No. S600022200

IMPORTANT NOTE: Please submit the completed Addendum form to the GIA Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA 119046327 Vehicle Registration No: SLX 4681P
 Name (as on NRIC): SUN JIA YUAN NRIC/FIN/Passport No: _____
 () I am the Policy Owner () Please delete as appropriate
 Address: 616 Woodlands Street 82 #11-441 Singapore: 730816
 Contact (Tel): 83538329 Mobile No: _____
 Email Address: _____
 Date of Accident: 09/04/2019 Time of Accident: 0930
 Place of Accident: SLIP ROAD AT WOODLANDS AVE 3 & 5
 Insurance Company: TOKIO MARIAGE

(B) ADDITIONAL INFORMATION/AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend "own damage" to "third party"

Policyholder/Driver's Signature
 Date: _____

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