

## 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             | 11/04/2019 16:18      |
| Date Of Accident           | 11/04/2019 09:50      |
| Exact Location Of Accident | PAN ISLAND EXPRESSWAY |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJS9151U              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | SP LOGISTICS SERVICES |
| Co Reg No                   | 53356925K             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             |                       |
| Alternative Phone No        | OFFICE-90603983       |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | TOYOTA                 |
| Model  | COROLLA ALTIS 1.6 AUTO |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5098870122-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | PHUA SIN HOCK         |
| NRIC No              | S1413671A             |
| Date Of Birth        | 17/10/1960            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 15/06/1979            |
| Driving Experience   | 39 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90603983  |
| Fax Number           |                       |
| Contact Number       |                       |
| E-Mail Address       | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 43 #11-773 BEDOK SOUTH ROAD BEDOK SOUTH PARKVIEW |
| Postcode  | 460043   |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | OTHER - SOLE-PROPIETOR                               |
| 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)   | 3   |
| Passenger 1   | NAME: : GRAB PASSENGER<br>GENDER: : MALE      |
| Passenger 2   | NAME: : MS RASIDAH HASSAN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | ROCHOR NEIGHBOURHOOD POLICE CENTRE                                  |
| Police Station Address                    | ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-2949999 - FAX NO: 63918583                             |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20190411/2087;

#### 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 | GBF5469T                           |
| Vehicle Make/Model/Colour   | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| 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)

#### DETAILS OF INJURED PERSON 1

Name PHUA SIN HOCK

Approximate Age 58

Injuries Sustain BACK AND NECK

Injured person in which vehicle? SJS9151U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address BLK 43 #11-773 BEDOK SOUTH ROAD BEDOK SOUTH PARKVIEW

Postcode 460043

#### DETAILS OF INJURED PERSON 2

Name RASIDAH HASSAN

Approximate Age

Injuries Sustain BACK AND NECK

Injured person in which vehicle? SJS9151U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

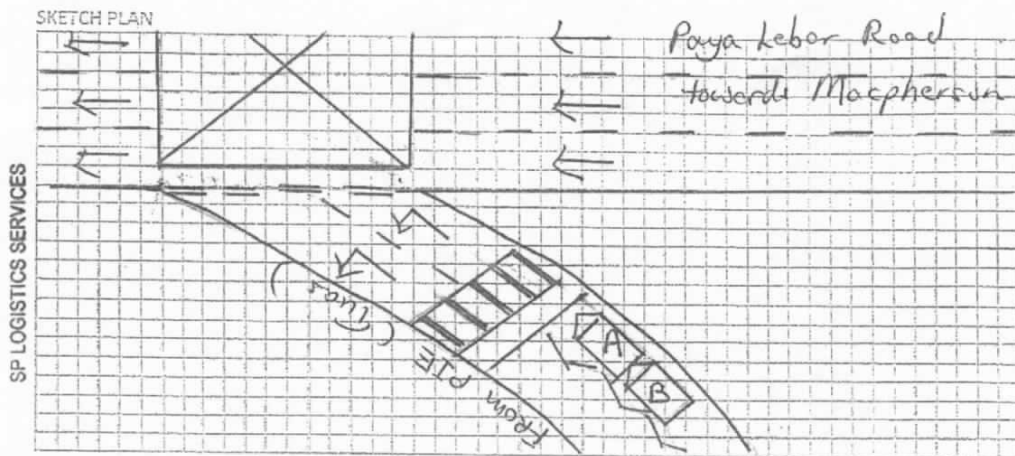
**SP LOGISTICS SERVICES**

Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT (VAC)**

Reporting Centre / Insurer's Signature  
Name: Singapore 415933  
NRIC/FIN No.: Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SP LOGISTICS SERVICES

Refer to Police Report

Report No:-

T/20190411/2087

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.

**SP LOGISTICS SERVICES**

Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT(VAC)**

Reporting IDAC KAKI BUKIT(VAC)  
Name: Singapore 415933  
NRIC/FIN No: Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

CHARTERED ACCOUNTANTS

Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190411/2087

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190411/2087

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Date/Time Report Made:<br>11/04/2019 14:20 |            |                              | Vide Report No.:  |  | Station Diary No.:<br>82   |
| <b>Informant's Particulars</b>             |            |                              |   |  |                            |
| Name of Informant:<br>PHUA SIN HOCK        |            |                              | Address:<br>APT BLK 43 BEDOK SOUTH ROAD #11-773 SINGAPORE<br>460043 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1413671A   |            |                              | Contact No.:<br>Home/Office: Mobile: 90603983                       |  |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |  |                            |
| Sex:<br>Male                               | Age:<br>58 | Date of Birth:<br>17/10/1960 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                           |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>GRAB DRIVER                 |            |                              | Driving Licence Information:<br>Class: 3                            |  | Date of Expiry:            |

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| <b>General Information of the Accident</b>   |                  |                                    |   |  |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>11/04/2019 09:50 | Type of Location:<br>Bend              |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>PAN ISLAND EXPRESSWAY<br>PAYA LEBAR ROAD<br>Along PIE towards Jurong at Paya Lebar Road exit. |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way   |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy               |
| Type of Collision:   |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |        |       |        |                     |                 |
|------------------------------------|------|--------|-------|--------|---------------------|-----------------|
| Vehicle No.                        | Type | Make   | Model | Color  | Condition           | No of Passenger |
| GBF5469T                           | Van  | TOYOTA | Hiace | White  | Slightly<br>Damaged | 0               |
| SJS9151U                           | Car  | TOYOTA | Altis | Silver | Slightly<br>Damaged | 2               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |

Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190411/2087

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190411/2087

**CONTINUATION OF REPORT**

|                                   |                         |  |                                    |
|-----------------------------------|-------------------------|--|------------------------------------|
| <b>Driver</b>                     |                         |  |                                    |
| Name                              | Mani Thiruvendakam      | ID No.                                 | G2551375X                          |
| Related Vehicle                   | GBF5469T (Van)          | Contact No.                            | NIL                                |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 2B,3<br>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                              | PHUA SIN HOCK           | ID No.                                 | S1413671A                          |
| Related Vehicle                   | SJS9151U (Car)          | Contact No.                            | 90603983                           |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL    |
| Date Treatment                    | 11/04/2019              | Date Discharge                         | 11/04/2019                         |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | NIL                                |

**Brief Details.**

On 11/04/2019 at about 0950hrs, I was driving my car (SJS9151U) along PIE towards Jurong. I took the Paya Lebar exit. In my car there are 2 other passengers with me. I was driving on the rightmost lane. Traffic came to a stop. As such I followed suit and stopped my vehicle. Suddenly, I felt that my car jerked forward. I looked at the rearview mirror and that is when I found out that a vehicle behind me had collided with my vehicle.

I alight from my car to make a check. A van (GBF5469T) had collided with my rear bumper. My car suffered a few scratches and dents on the rear bumper. The driver of the said van and I exchanged particulars and took photos of the said incident. None of my passengers were visibly injured.

After the incident I went to seek medical attention at Mount Alvernia Hospital. I was given 5 days of MC. I am lodging this report for my own record purpose and for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20190411/2087

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
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Tel No: 1800-2949999

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Report No. T/20190411/2087

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:

A /

Sgt 2 MOHAMAD SHAIKUDIN BIN KADER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/04/2019 14:20

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp



Singapore Police Force