

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	22/04/2019 17:03
Date Of Accident	18/04/2019 18:50
Exact Location Of Accident	NICOLL HIGHWAY TWDS STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9605T
Insured/Policyholder	
Name Of Registered Owner	COMPASS CAR RENTAL
Co Reg No	53360896A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97284948
Alternative Phone No	OFFICE-97284948

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	HIRER USE
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	5097383102-01
Cover Note Number	

Driver

Name of Driver	HONG YANZHONG
NRIC No	S8903788C
Date Of Birth	30/01/1989
Occupation	INDOOR
Date Of Driving Pass	18/12/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97284948
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 121A EDGEDALE PLAINS #07-217
Postcode	821121
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
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	SHA5630Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

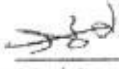
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)


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.



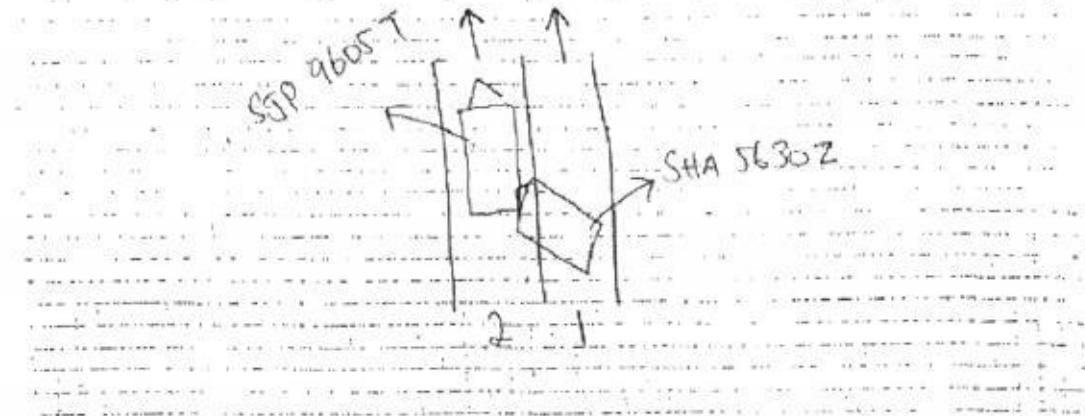
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
(Name:
NIC/FIN No:)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along Nkell Highway before turning to Stamford road, SIP9605T was travelling at the second lane, suddenly I felt an impact hit at the right rear of my car, a comfort delgro taxi car plate number SHA 5630Z ~~changed~~ lane coming out of his first lane as he wants to change lane.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
ID No./PIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190419/2040

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190419/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2019 13:32	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: HONG YANZHONG	Address: APT BLK 121A EDGEDALE PLAINS #07-217 SINGAPORE 821121		
ID Type / ID No.: NRIC NO / S8903788C	Contact No.:	Mobile: 97284948	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 30	Date of Birth: 30/01/1989	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: PRIVATE HIRER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2019 18:50	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY NICOLL HIGHWAY TOWARDS STAMFORD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5630Z	Car					0
SJP8605T	Car					1

Details of Person Involved

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

Accident Sketch Plan



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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20190419/2040

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHA5630Z (Car)		Contact No. NIL
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
Driver			
Name	HONG YANZHONG		ID No. S8903786C
Related Vehicle	SJP9605T (Car)		Contact No. 97284948
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/04/2019		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 18/04/2019 at about 1850hrs, I was driving along the second lane of Nicoll highway towards Stamford road with one passenger in my vehicle, and the traffic flow on my lane was quite smooth compared to the first lane which was having a traffic hold up. Suddenly I felt an impact from the rear right of my vehicle, I came down and notice it was an accident involving 2 vehicles including my vehicle and a taxi. The said taxi was initially from the first lane which then decided to move into the lane I was driving on which then collided onto the rear right of my vehicle, I then took pictures of the damages and the scene after which continue my journey and send my passenger to his destination. I do not have the particulars of the taxi driver as he refuse to furnish it to me.

During that point of time there was no injuries as such no police or ambulance came to scene to attend to us. On 19/04/2019 I was feeling unwell as such I went to seek medical attention at Mount Alvernia Hospital and was given a total of 5 days MC in regards to the pains I sustain from the accident. I do not have any in car camera installed in my vehicle.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190419/2040

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20190419/2040

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 2 NG JUNJIE, EDWIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/04/2019 13:32

Classification Of Case:

SINGAPORE
POLICE FORCE

SIGNATURE