

## 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	29/04/2019 14:21
Date Of Accident	26/04/2019 18:35
Exact Location Of Accident	PUNGGOL DR TWDS PUNGGOL PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9705D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H.L CAR RENTAL PTE LTD
Co Reg No	201004543E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96753639
Alternative Phone No	OFFICE-96753639

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5083403664-02
Cover Note Number	

### Driver

Name of Driver	SOO HEE KHAI
NRIC No	S6825592I
Date Of Birth	09/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96753639
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 331B ANCHORVALE ST  
#15-563  
Postcode 542331  
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 -  
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 WET

#### 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: : NA  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905  
Was notice of Intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: KIV, SUBMIT BY CLAIMANT W/S  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX7271U  
Vehicle Make/Model/Colour HONDA SHUTTLE  
Details Of Properties  
Vehicle Category PRIVATE HIRE  
Name of Driver TAN BOON KHENG  
NRIC/Passport Number S1348205E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name

SOO HEE KHAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLR9705D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLANIMPORTANT 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 insurers) 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.

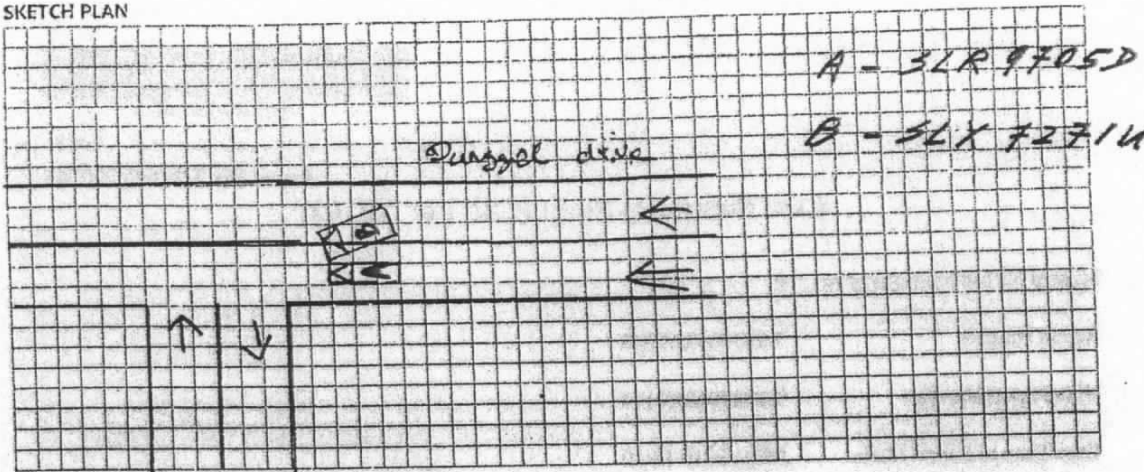
H.L CAR RENTAL PTE LTD

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 :

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to police report*

DECLARATION

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

H.L. CAR RENTAL PTE LTD

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.:





T/20190429/2043

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Report No. T/20190429/2043

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No. 0

Report Number T/20190429/2043

Vide Report Number T/20190426/2174

Date/Time of Report Made 29/04/2019 12:19

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Soo Hoo Khai

ID Type / ID No. NRIC NO / S68255921

Home/Office

Mobile 96753639

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 26/04/2019 18:35

Vehicle No.	Vehicle Type	Vehicle Colour	Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Count
SLR9705D	Car					1
SLX7271U	Car					0

## Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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Report No. T/20190429/2043

## Continuation of CSF For NP168

Name	Soo Hee Khai	ID No.	S68255921
Related Vehicle	SLR9705D (Car)	Contact No.	96753639
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Name	Tan Boon Kheng	ID No.	S1948206E
Related Vehicle	SLX7271U (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

**Brief Facts.**

I am GRAB driver since 2 years ago using a rental vehicle from LH Car rental.

On 26/04/2019 at about 1833hrs, I was driving my vehicle bearing registration number SLR9705D together with a female passenger at the second lane of Punggol Drive towards Punggol Place, beside Bk 639 Punggol Drive. Out of sudden, one vehicle bearing registration number SLX7271U from the 1st lane had abruptly change lane towards my lane in front of me. Due to that, I was unable to break in time to avoid collision. As a result, the front portion of my vehicle had collided onto the left front portion of the said vehicle. Upon the collision and impact, I was unable to control my vehicle. As a result, the front portion of my vehicle had collided onto the nearest lamp post number 27. When my vehicle has stopped, my passenger and I managed to come out of the vehicle. I then approached the driver of the other vehicle who claim that he had signaled before entering my lane. I had stop conversing with him to prevent any escalation. At that point in time, my passenger and myself did not sustain any injury. I observed that the front portion of my vehicle and both front doors were badly damaged. I also noticed that there was damage marks on the left front portion of the other vehicle. Ambulance came to scene to make a check on us however we were not conveyed. I might be visiting the clinic if there is any latent injuries. TP officer who was at scene had advised me to lodge a police report with regards to this accident. That is all.

In addition to my previous report, I'd like to add that I was given 4 days of medical leave. I also wish to state that the other driver apologized to me after the accident while at scene. I also wish to add that the traffic on the 1st lane was heavy while the 2nd lane had clear moving traffic.



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Report No. T/20190429/2043

## Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP / AEIT /

MOHAMAD ZULFAZLIN MOHAMAD SUPLAH

BISHAN NPC  
20 BISHAN STREET 23  
SINGAPORE 570475  
CL: 1800-3529999

Classification of Case

1) INJURY / OTHERS