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 witholding 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

	ACCIDENT STATEMENT	
Pate Of Report	29/04/2019 14:21	West Confidence
Date Of Accident	26/04/2019 18:35	esapinde visco
	PUNGGOL DR TWDS PUNG	GOL PLACE
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	等。 对人类的现在分词 1.50mm
/ehicle Registration Number	SLR9705D	ings the second states
nsured/Policyholder		The state of the s
Name Of Registered Owner	H.L CAR RENTAL PTE LTD	yet firstigated by beginning to be compared to the
Co Reg No	201004543E	*+proteington
Email Address	NOEMAIL	Carsoscopic eminora do desolare antimado de 9
Mobile Phone No	(LOCAL) +65-96753639	have blood abunadored by unersaying ongranikal ofichingstelen up business chapter automore.
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	The real of the state of the st
Are you claiming under your own insurance policy for repair to your vehicle?	NO	Year Provider along the Windows Should
If No, Please state action to be taken	THIRD PARTY	ernali national ecilia
Vehicle Category	PRIVATE HIRE	ne strej s nasificacija
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE	E CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE	Thus or though T
Fleet Policy	YES	
Policy Number	5083403664-02	
Cover Note Number		
Driver		and the second of the second
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 MONTH	HS
Gender	MALE	
Mobile Number	(LOCAL) +65-96753639	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	

BLK 331B ANCHORVALE ST

#15-563

542331 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions WET Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NA

IVAN BURN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name Police Station Address YES

BISHAN NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

TEL NO: 1800-5529999 - FAX NO: 65561905 Police Station Contact

Was notice of intended Prosecution given?

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

SLX7271U Vehicle Registration Number

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

PRIVATE HIRE

Vehicle Category

TAN BOON KHENG

Name of Driver 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

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Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

- '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)
 - (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
- 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
- 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.
- 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

(iii) for complying with requirements under any regulations, laws or court orders.

H.L CAR KENIAL PTE LTD

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

NRIC/FIN No :

Sketch Plan #2 Pg. 1

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CAR	RENTAL PTE	LTD	X		70
		Driver's Signature		Reporting Cent	re Personnel's Signature
te & Tin	er's Signature ne:	(If driver is not th	e policyholderi	Name:	
		Date & Time:		NRIC/FIN No .:	

Specifical production of



1 of 3 Report No. T/20190429/2043

Case Summary Form (CSF For NP168)

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Use of Pedestrian Crossing NA

Any Pedestrian Involved: No

No. of Pedestrians Injured. NIL



T/20190429/2043

Report No. T/20190429/2043

2 of 3

Continuation of CSF For NP168

Name	Soo Hee Khai	A,411) = 1240	ID No.	668255021
Related Vehicle	SLR9705D (Car)	BU SHOW	Contact No.	96753639
Hospital/Clinic	HORIZON MEDICAL CENTRE	27 1.7 E [4]	Class of . Driving Licentes & Facility Date	Class: NIL Date of Expiry: NIL Jacks Honey tokes
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Date Treatment No. of Days gran	Hod Medical Leave 104		DECEMBER 1	
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liam GRAB driver since 2 years ago using a rental vehicle from LH Car sental.

thingshires by any

On 26/04/2019 at about 1833hrs, I was driving my vehicle bearing registration number SLR9705D together with a termile peasenger at the second lane of Punggol Drive towards Punggol Place, beside 8lk 636 Punggol Drive. Out of sudden, one vehicle bearing registration number SLX7271D from the 1st lane had abruptly change tare 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 tell 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 tamp 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 tane. 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. Ambulence came to scene to make a check 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.

POLICE REPORT PG 3



3 of 3 Report No. T/20190429/2043

Continuation of CSF For NP168

Informant is not able to provide aketch plan	Gott aut Mile	24-159
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	(significant)	ACCES TO SERVED
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	From Sport a print recognition with	ngara langka bada ngara langka ng

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 tax a copy to 65474885 stating the report number as reference.

Case Sensitivity

Officer-In-Charge of Case

BISHAN NPC
TP / AEIT / UD BISHAN STREET ZI
MOHAMAD ZULFAZÜNGAN PRODUZIAH

Classification of Case

1) INJURY / OTHERS