#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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.

	DENT	СТАТ	
ACCI	DENI	SIAI	

Date Of Report 07/05/2019 10:33

Date Of Accident 07/05/2019 00:15

Exact Location Of Accident ALONG BUKIT PANJANG RING ROAD

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF4977U

Insured/Policyholder

Name Of Registered Owner HUA HONG PTE LTD

Co Reg No 200900309M

Email Address CLAIMS@HUAHONG.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-66619688

**Vehicle Particulars** 

Manufacturer MAZDA

Model MAZDA3 SEDAN 1.5 AT EU6

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

YES

Policy Number

5087272209-03

Cover Note Number

#### Driver

Name of Driver TAN CHIN HOCK (CHEN JINFU)

 NRIC No
 S8106024Z

 Date Of Birth
 21/02/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/10/2003

Driving Experience 15 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97294547

Fax Number

Contact Number

EMail Address NOEMAIL

Page 1 of 14

Address APT BLK 550A SEGAR ROAD #15-620

Postcode 671550

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

YES Was any other material or property damaged?

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

NO

3

Number of Passengers (Including Driver)

NAME:

: PRISCILLA

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

**BUKIT PANJANG** 

Police Station Address

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC7151R

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category

Name of Driver

CHOW TUCK HENG

NRIC/Passport Number

S1454981A

Contact Number

94562129

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

TAN CHIN HOCK (CHEN JINFU)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMF4977U

Were seat belts worn?

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

## Accident Sketch Plan Pg. 1

#### 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
- 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:

- 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 "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
- 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not th

cyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Accident Sketch Plan Pg. 1

SKETCH PLAN	NOTE OF A STREET		
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B- SHC	7151 R		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
Accident Date & Time :	7/5/19 1215	0	1
the state of the s		The second	
Accident Location : 8	Bukit Panjang	King Road	
l was	driving straigh	talony the h	nentioned location.
			vn only lane subbenly
			my venicle & RH
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☐ Repo	rting Only Own D	Damage (2) Third	Party Claim at other workshop (OD/TP)
DECLARATION		*IMPORTANT NOTE:	
I/We declare the foregoing partic	culars are true in every res	Pect. Sees is a FOURTEEN (14)	contributing that in the event that you wish to observagation your own policy (Own Carriage Clern), days clause whereby the claim must be made within the aliquisted simplestee from the day of
(2) A	// x	2000 A	· ·~· ·
	//\_		0 Jerleen
Policyholder's Sighature Date & Time:	Driver's Signature	nollowholder\	Reporting Centre Personnel's Signature Name:

GIARMIC SketchPlanForm\_v3

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# POLICE REPORT





1 of 3

Report No. T/20190507/2062



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 07/05/2019 12:18		ade:	Vide Report No.:	46		
Informar	t's Particu	lars	<b>英国的国际国际国际工程的</b>	(C)和1945年1月21日(N)日本1941年1月1日		
_	Informant		Address: APT BLK 550A SEGAR ROAD #15-620 SINGAPORE 67			
ID Type	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	24Z	Contact No.: Mobile: 97294547			
National		<b>长</b> 初后,他也是让	Email:			
Sex: Male	Age: Date of Birth:		Type of Informant: Driver	The second second		
Race: Chinese			Language:	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 07/05/2019 00:15	Type of Location T-Junction
	ANG ROAD	junction at Ba	ngkit Roa	d	Road Speed Limit:
Weather.		Dry	unace.		AND RESTRICTION CHESTON
Clear		Traffic Control: Traffic Light - Working		THE SHARE SERVICE AND ADDRESS.	Traffic Volume:
Clear Traffic Flow: One Way	Car begins of the	NUMBER OF STREET	na Standout Self-Indiabili (II)	orking	Light Anyone conveyed by

Details of Vo	ehicle Invo	lved		TANDET AND		
Vehicle No.		Make	Model	Color	Condition	No of Passenger
SHC7151R						1 - Harris and Assessment
SMF4977U	Car		EN SALE	a name	Seriously Damaged	

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

#### POLICE REPORT



T/20190507/2062

2 of 3

Report No. T/20190507/2062

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver	The state of the s		ID No.	S1454981A	
Name	Chow Tuck Heng			是世界	
Related Vehicle	SHC7151R (Car)	A STATE OF THE STA	Contact No.	94562129	
Related Verlicie		ASSESSED OF THE PARTY OF THE PA	<b>建筑工程等的</b>	The state of the s	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL MARKET		narge NIL	· · · · · · · · · · · · · · · · · · ·	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	ASSESSMENT OF THE SECOND	
Driver	THE STATE STATE OF THE STATE OF	<b>第二次对外和研究</b>	TEL TELMOPRESSA	004000047	
Name	TAN CHIN HOCK		ID No.	S8106024Z	
Related Vehicle	SMF4977U (Car)		Contact No.	97294547	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	07/05/2019	Date Disch	narge NIL	CHARLEST STATE OF THE PARTY OF	
	nted Medical Leave 05	Degree of	Injury Sligh	talking and the second	

## **Brief Details.**

ON 07/05/2019 at 0015hrs, I was driving my vehicle, Mazda 3 (SMF4977U) with 2 passengers along the third lane at Bukit Panjang Road. When I was at the T-Junction nearby Bangkit Road, I noticed that there was a yellow Comfort Delgro Taxi (SHC7151R) on the fourth lane, signaling his intention to turn right onto Bangkit Road. The traffic light was showing green so I continued driving straight and as I passed by the stop line, I was hit on my vehicle's right side by said taxi. The taxi actually swerved to the left although it signaled to go right, this caused its front left side of the taxi to collide with the right side of my vehicle.

There was a passenger in the taxi as well. The driver of said taxi was Chow Tuck Heng, (S1454981A) HP: 94562129. There was a big dent on the right side of my vehicle, on the right passenger and driver side door. There was also scratches on both the right passenger and driver side doors.

My passengers told me that they were ok and uninjured. Soon after, I felt pain in my neck and back and decided to vhisit Mount Alvernia Hospital. The doctor there gave me 05 days MC and gave me medication for my swollen neck and back.

## POLICE REPORT





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

3 of 3 Report No. T/20190507/2062

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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:				
FUAD ISKANDAR BIN	JUMAT FZ.			
Signature Of Interprete Not applicable	6.			
Officer In Charge Of Ca				
	FARIZAN BINTE SYED			

Signature Of Informant:	
Date/Time: 07/05/2019 12:18	
Classification Of Case:	