

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	21/06/2019 11:36
Date Of Accident	18/06/2019 00:00
Exact Location Of Accident	ALONG DRAYCOTT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9680G
Insured/Policyholder	
Name Of Registered Owner	STARS RENTAL & LEASING
Co Reg No	53312317L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91259200
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5093348634-02
Cover Note Number	
Driver	
Name of Driver	TAN WEILONG, LARRY
NRIC No	S8844064A
Date Of Birth	04/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96464672
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 36 EUNOS CRESCENT
#13-278
Postcode 400036
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 SIDE SWIPE
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? YES
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: : NA
GENDER: : MALE
Passenger 2 NAME: : NA
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT AND 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 SHB4465K
Vehicle Make/Model/Colour REFER POLICE REPORT AND ATTACHED
Details Of Properties REFER POLICE REPORT AND ATTACHED
Vehicle Category TAXI
Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REFER POLICE REPORT AND ATTACHED

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NA

Approximate Age

Injuries Sustain

REFER POLICE REPORT AND ATTACHED

Injured person in which vehicle?

SHB4465K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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.



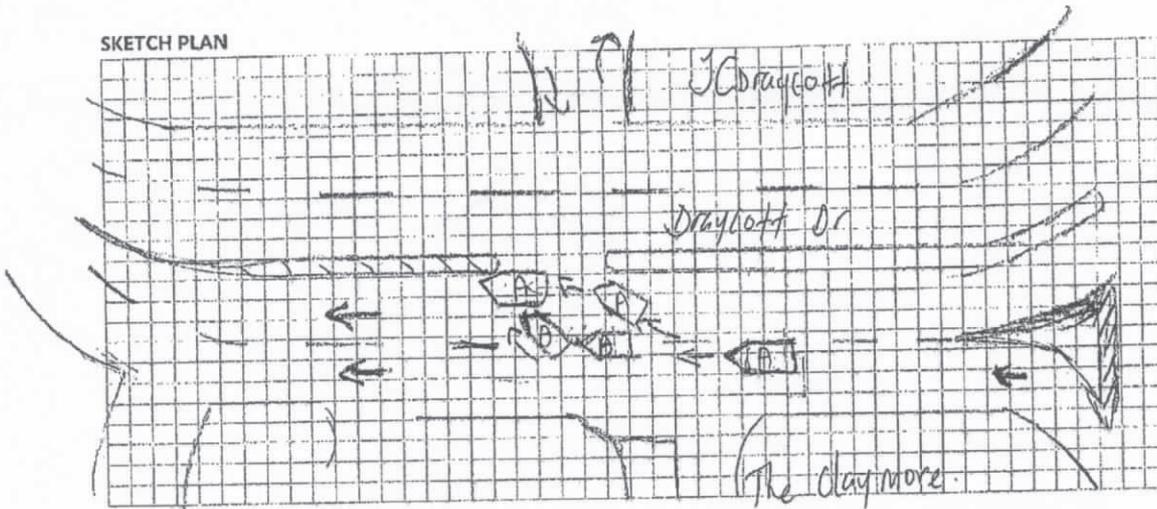
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/06/19/1330

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

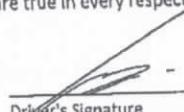
(A) SMH 9680 G
(B) SHB 4465 K.

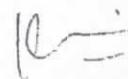
DECLARATION

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

Policyholder's Signature
Date & Time:




Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/06/19/1330


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190618/2009

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Report No. T/20190618/2009

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2019 05:12	Vide Report No.: E/20190617/0136	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: TAN WEILONG, LARRY		Address: APT BLK 36 EUNOS CRESCENT #13-278 SINGAPORE 400036	
ID Type / ID No.: NRIC NO / S8844064A		Contact No.: Home/Office: Mobile: 96464672	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 04/11/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2019 00:00	Type of Location: Straight Road
Location: Along Road 1 DRAYCOTT DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMH9680G	Car	TOYOTA	ALTIS	Gold	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMH9680G	NTUC Income Insurance Co-Operative Limited	5093348634-02	30/11/2018	29/11/2019

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190618/2009

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Report No. T/20190618/2009

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WEILONG, LARRY	ID No.	S8844064A
Related Vehicle	SMH9680G (Car)	Contact No.	96464672
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a grab driver.

On 18/06/2019 at about 0000hrs, I was driving my vehicle with 2 passengers along Draycott Drive behind one blue Taxi.

After turning out from the slip road in to Draycott Drive, I accelerated behind the blue taxi. Out of a sudden, the said taxi jammed his brake. As I was afraid that I cannot brake in time, I swerved my vehicle to the right onto the oncoming traffic lane after checking that the traffic was clear. But I don't know what happened, the taxi actually swerved to the right and hit the left side of my vehicle.

I then alighted and make a check on the taxi driver. The taxi driver informed that his left arm was dislocated. The passenger in the taxi inform that the taxi driver had wanted to make a U-turn. Subsequently, Ambulance and Traffic police attended to my scene. The taxi driver was then conveyed by the ambulance.

I wish to inform that my passenger and I did not sustain any injuries till this point in time.

I had 2 passengers in the car who are the witness to the accident:
91336665 ANDY TAY
86114115 SHAWN ANG



SINGAPORE
POLICE FORCE



T/20190618/2009

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Report No. T/20190618/2009

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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 LAM WEI LIANG WILLIAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2019 05:12
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358 Authentication Stamp NP168	Classification Of Case: