

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	17/07/2019 17:03
Date Of Accident	04/07/2019 04:15
Exact Location Of Accident	ALONG SYED ALWI ROAD TOWARDS JALAN SULTAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3632M
Insured/Policyholder	
Name Of Registered Owner	CLOUD CAR RENTAL PTE. LTD.
Co Reg No	201818019M
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-91831314
Alternative Phone No	OFFICE-91831314

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110232360
Cover Note Number	

Driver

Name of Driver	TEO BOON HUA, JIMMY (ZHANG WENHUA, JIMMY)
NRIC No	S7913449Z
Date Of Birth	06/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91831314
Fax Number	
Contact Number	OTHERS-91831314
EEmail Address	SALES@MIA.COM.SG

Address	24 RIVER VALLEY CLOSE #08-28
Postcode	238435
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	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?	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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190706/2018

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6982R
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)

DETAILS OF INJURED PERSON 1

Name	TEO BOON HUA, JIMMY (ZHANG WENHUA, JIMMY)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJS3632M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

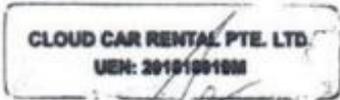
SKETCH PLAN

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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.



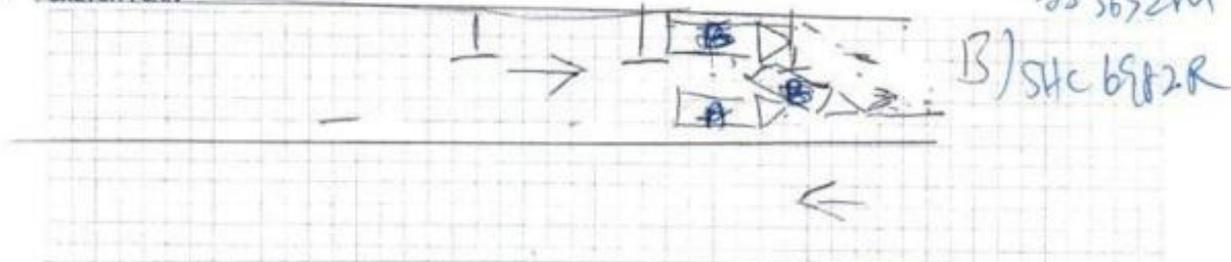
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



Along SYAD ALWI Rd TOWARD JAM SURON

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20190706/2018

DECLARATION

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

CLOUD CAR RENTAL PTE. LTD.

UEN: 20101891588

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190706/2018

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20190706/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2019 05:22	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: TEO BOON HUA, JIMMY		Address: 24 RIVER VALLEY CLOSE #08-28 SINGAPORE 238435	
ID Type / ID No.: NRIC NO / S7913449Z		Contact No.: Home/Office: Mobile: 91831314	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 06/05/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OTHERS		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: 04/07/2019 04:15	Type of Location: Straight Road
Location: Along Road 1 SYED ALWI ROAD Along Syed Alwi road towards Jalan Sultan Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Two Way		Traffic Control:	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
SHC6982R	Car				Slightly Damaged	0
SJS3632M	Car				Seriously Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190706/2018

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Report No. T/20190706/2018

CONTINUATION OF REPORT

Brief Details.

On 04/07/2019 at about 0415 hs I was driving SJS36326M along Syed Alwi Road, as I was driving straight towards to Jalan Sultan road, one taxi abruptly came out from the parking lot without signaling. There was a loud bang and my vehicle airbag had popped out. I had black out for a few seconds. When I came out from the vehicle I sat at a corner. A while later a police car attended to me vide to A/20190704/0024. I am lodging this report for insurance claim. I am working as a Grab driver and the said vehicle is rented from Ignite car rentals. I had also consulted the doctor at SGH and was given 7 days of MC. I am unsure if there is any CCTV along the road. I do not have any in built camera in my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190706/2018

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190706/2018

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: E / Sgt 2 KAUSHALYA DEVI D/O ARUNANEETHI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2019 05:22
Officer In Charge Of Case: TP / GIT / 	Classification Of Case: CN 172
Contact No.:	
Authentication Stamp NP168 	

LETTER

7/16/2019

Vehicle Hub

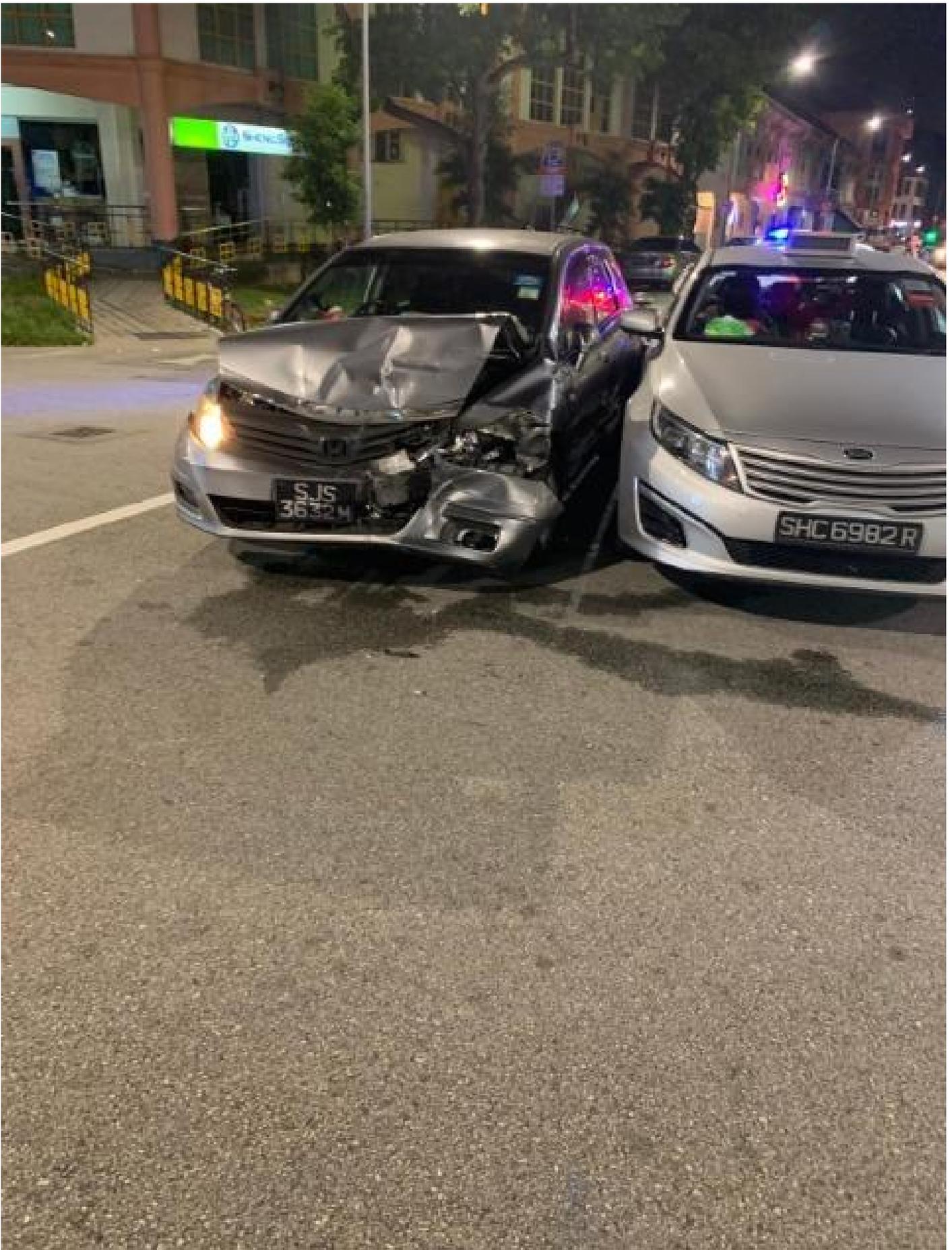
Enquire Transaction History

Transaction History Details	
Log Date/Time:	09 Jul 2019 / 17:41:18
Receipt No.:	-
Asset Type:	Vehicle
Transaction Amount:	-
Asset ID:	SJS3632M
Channel:	Internet
Transaction Type:	06.12 Deregister Temp Transfer (AA) or PARF-Eligible Vehicle (Internet)
Business Transaction Reference No.:	20190709174116907191
CorpPass UID (Last 5 Characters):	0606A
Previous Vehicle No.:	SJS3632M
Current Vehicle No.:	SJS3632M
IJ Label No.:	1129398467
Chassis No.:	GJ11307482
Engine No.:	L15A5209139
Motor No.:	-
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	Normal
First Registration Date:	12 Aug 2009
Original Registration Date:	12 Aug 2009
Deregistration Reason:	Apply PARF
Deregistration Date:	09 Jul 2019
Storage Expiry Date:	-
Update Disposal Details Expiry Date:	09 Aug 2019
Chassis Disposal Date:	-
Chassis Disposal Type:	-
Engine Disposal Date:	-
Engine Disposal Type:	-
Motor Disposal Date:	-
Motor Disposal Type:	-
Total Refund Amount:	\$60.00
Licence Start Date:	12 Aug 2018
Licence End Date:	09 Jul 2019
PARF Rebate No./Amount:	2006122RP0000 / \$8,767.00
COE Rebate No./Amount:	2006122RC0000 / \$121.00
OPC-Plus Cash Rebate Refund Start Date:	-
OPC-Plus Cash Rebate Refund End Date:	-
OPC-Plus Cash Rebate Refund Amount:	-
Un-granted Period(s)/Amount(s):	-
Submitter ID Type:	-
Submitter Country/Region:	-
Submitter ID:	-
Submitter Name:	-
Submitter Contact:	-

Information displayed is correct as at the log date and time.

[Back to List](#)

Accident Photo



Accident Photo



Accident Photo

