

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	20/07/2019 14:47
Date Of Accident	19/07/2019 21:15
Exact Location Of Accident	WOODLANDS MRT TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1651D
Insured/Policyholder	
Name Of Registered Owner	SKY AU 8668 VEGETABLES SUPPLIER
Co Reg No	53254707A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81228686
Alternative Phone No	OFFICE-81228686

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
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	NO
Policy Number	508828377-01
Cover Note Number	

Driver

Name of Driver	AU CHEE KEONG
NRIC No	S7465429J
Date Of Birth	26/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82422227
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	877 WOODLANDS AVE 4 #06-270
Postcode	7308777
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN AND POLICE REPORT.

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	SHB7523G
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	AU CHEE KEONG
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKA1651D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

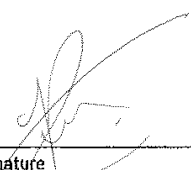
IMPORTANT NOTICE

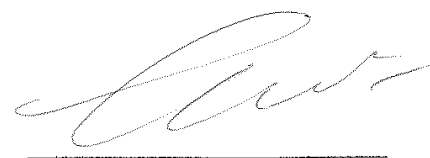
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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 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.:

SKETCH PLAN

Woodlands SW

Tahiti Island

WHIRL A SNA 16510
WHIRL B SNE 75236

A A B A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.: T/20190720/2077.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input type="checkbox"/>	Reporting Only
	<input type="checkbox"/>	Claim OD
	<input checked="" type="checkbox"/>	Claim TP
	<input type="checkbox"/>	Claim OD / TP at other workshop

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: _____

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



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20190720/2077

1 of 3

Report No. T/20190720/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 13:36		Vide Report No.:		Station Diary No.: 136	
Informant's Particulars					
Name of Informant: AU CHEE KEONG			Address: APT BLK 877 WOODLANDS AVENUE 9 #06-270 SINGAPORE 730877		
ID Type / ID No.: NRIC NO. / S7465429J			Contact No.: Home/Office: 81228686 Mobile:		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 26/06/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/07/2019 21:10	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2				
Near the Woodlands MRT station heading towards Woodlands Avenue 9.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB7523G	Car				Slightly Damaged	0
SKA1651D	Car				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20190720/2077

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20190720/2077

CONTINUATION OF REPORT

Driver			
Name	AU CHEE KEONG		ID No. S7465429J
Related Vehicle	SKA1651D (Car)		Contact No. 81228686
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 Details.

On the 19/07/2019 at about 2110hrs, I was travelling along Woodlands Avenue 2 heading towards Woodlands Avenue 9 and was on the third lane travelling when suddenly a vehicle from the fourth lane had cut into my lane and had banged into my right side front in which I had then braked and told him that he had banged into my vehicle. We then agreed to move our vehicle in front to exchange particulars so as not to block traffic. I had moved in front to wait for him and then I saw that he had went past my vehicle and left the scene. I had then informed my insurance about the matter and they told me to make a police report regarding it. I would like to state that there was no ambulance nor traffic police at scene, I do have in-car camera recording and the footages.



SINGAPORE
POLICE FORCE



112015072072011

1 of 3

Report No. 112015072072011

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738022
Tel No. 1800-383 8000

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:

L /
Sgt 2 CHOONG JIA LE, DION

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/07/2019 13:36

Officer In Charge Of Case:
TP / HRT /
Insp GOH GEOK LYE
Contact No.: 65476148

Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

