

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	26/08/2019 14:47
Date Of Accident	23/08/2019 12:30
Exact Location Of Accident	OUTRAM ROAD OUTSIDE WANGZ HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC574C
Insured/Policyholder	
Name Of Registered Owner	PENNEFATHER JOAN DEBBIE
NRIC No	S1283192G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93663474
Alternative Phone No	OTHERS-93663474

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	5108747918
Cover Note Number	

Driver

Name of Driver	TUPAZ DAVID JOE
NRIC No	S8115285C
Date Of Birth	15/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87494766
Fax Number	
Contact Number	
Email Address	DAVIDTUPAZ213@GMAIL.COM

Address	BLK 188A BEDOK NORTH STREET4 #08-66
Postcode	461188
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	2
Passenger 1	NAME: : GRAB PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190824/2157;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX32E
Vehicle Make/Model/Colour	SUBARU / IMPREZA 5MT
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	SIM NGIN KIT
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TUPAZ DAVID JUDE

Approximate Age 38

Injuries Sustain

Injured person in which vehicle? SLC574C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address BLK 118A BEDOK NORTH STREET4 #08-66

Postcode 46118

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.

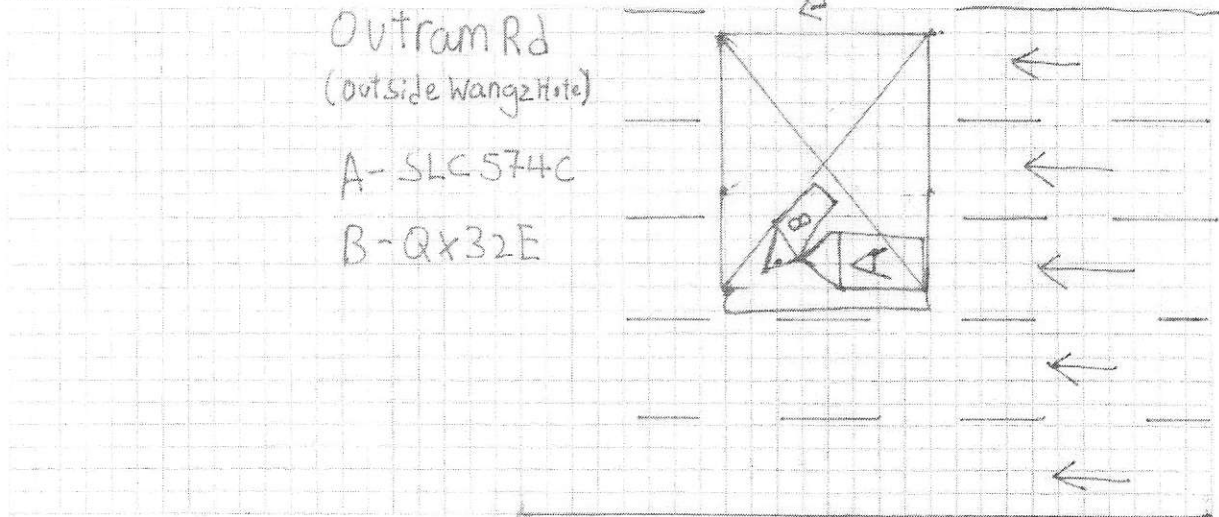
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
Reporting Centre: 23 Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/TEL: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 23/8/19 at 1230hrs, I was driving along Outram Rd towards G11

When I was in the yellow box vehicle B come ^{from} the right & Hit on to my front right portion of my vehicle

DECLARATION

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


 Policyholder's Signature
 Date & Time:

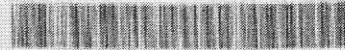

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

IDAC KAKI BUKIT (VAC)
 Reporting Centre Peak View Ave 4
 Name: Singapore 415933
 NRIC/ID No: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190824/2157

Police Station Of Origin:
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 480676
Tel No: 1800-2449999

1 of 3
Report No: T/20190824/2157

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 24/08/2019 19:31	Video Report No.	Station Diary No. 117
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Informant's Particulars

Name of Informant: TUPAZ DAVID JUDE		Address: APT BLK 188A BEDOK NORTH STREET 4 #05-66 SINGAPORE 461188	
ID Type / ID No. NRIC NO / S8115285C		Contact No.: Home/Office: Mobile: 87494766	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 15/05/1981	Type of Informant: Driver
Race: Filipino		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3A Date of Expiry:	

General Information of the Accident

Type of Accident: Injury	Government Vehicle	Drink Drive: No	Date/Time of Accident: 23/08/2019 12:20	Type of Location: Straight Road
Location: Along Road 1 OUTRAM ROAD				
ALONG OUTRAM ROAD		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Traffic Flow: One Way		Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

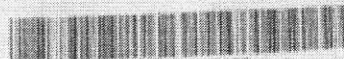
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
GX32E	Car	SUBARU	IMPREZA 5MT	White		0
SLC574C	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	1

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20120824/2157

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 460676
Tel No. 1800-2449999

2 of 3
Report No. T/20120824/2157

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM NGIN KIT	ID No.	NIL
Related Vehicle	QX32E (Car)	Contact No.	NIL
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
Driver			
Name	TUPAZ DAVID JUDE	ID No.	S8115285C
Related Vehicle	SLC574C (Car)	Contact No.	87494766
Hospital/Clinic	UNIHEALTH CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

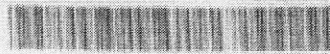
On 23 August 2019 at about 1220hrs, I was driving my vehicle along Outram Road on Lane 3 towards Singapore General Hospital, sending my passenger to her drop off location. As I was driving along Lane 3, all of a sudden, a Police vehicle registration number QX32E emerged from my right side and abruptly entered Lane 3 without signaling. I could not brake in time and as such, the right side of my front bumper collided with the left side of the front bumper of the police vehicle. I then stopped my vehicle and approached the Police Officer whom identified himself as Sim Ngian Kit. The Police Officer refused to provide his telephone number and told me to take down the police vehicle registration number will do. I then took photos of the accident scene and went to a nearby carpark to exchange particulars as both our vehicles were blocking traffic. I then left after which.

On 24 August 2019, I went to Unihealth Clinic located at Block 214 Bedok North Street 1 #01-171 as I was feeling pain in my neck, hip and my right feet. I was then issued with 3 days of medical leave reference MC No. 0000002718.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T201806242157

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3
Report No: T201806242157

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 This Report
G
Staff Sgt TRAVINDER JIT SINGH

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
24/08/2019 19:31

Officer In Charge Of Case
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP100

Signature