

## 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	28/08/2019 15:40
Date Of Accident	28/08/2019 02:55
Exact Location Of Accident	JUNCTION OF YIO CHU KANG AND ANG MO KIO AVE 5
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU863H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOODLANDS AUTO CAR RENTAL PTE LTD
Co Reg No	201608832M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85883088
Alternative Phone No	OFFICE-85883088

### Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	YES
Policy Number	5111092691 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	JOTHI KRISHNAN
NRIC No	S8732665I
Date Of Birth	19/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97678197
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 564 HOUGANG STREET 51 #03-432
Postcode	530564
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 - CROSS JUNCTION
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: : CHEW KIAN TECK (COLLEAGUE) 91770890 GENDER: : MALE
Passenger 2	NAME: : TAN JOO HENG (COLLEAGUE) 91210533 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SHD7306G
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YOU CHAI

NRIC/Passport Number S1850362Z  
Contact Number 93834013  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JOTHI KRISHNAN  
Approximate Age 31  
Injuries Sustain SPINE  
Injured person in which vehicle? SGU863H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address BLK 564 HOUGANG STREET 51 #03-432  
Postcode 530564

#### DETAILS OF INJURED PERSON 2

Name CHEW KIAN TECK  
Approximate Age 24  
Injuries Sustain HEAD BLEEDING  
Injured person in which vehicle? SGU863H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name TAN JOO HENG  
Approximate Age 37  
Injuries Sustain HEAD BLEEDING  
Injured person in which vehicle? SGU863H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**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 companies.
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:

- (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:

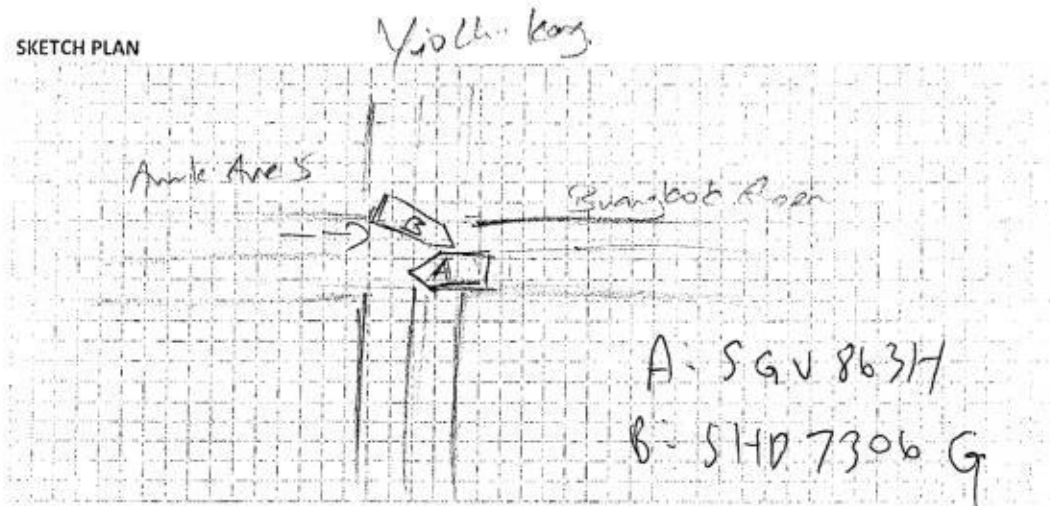
28 AUG 2019

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



Reporting Centre Personnel's Signature  
Name: **NG WING KIN JAMES**  
NRIC/FIN No.:  
admin.vac@vicom.com.sg

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A Buangkok to Ank, <sup>the</sup> S  
B Ank the S turn light to Yio Chuan bang  
Green light in  
favour of A Refer  
B hits A ~~at~~ at  
Right <sup>side</sup> of A car police  
A Spin, land at curb Report

## DECLARATION

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



Policyholder's Signature \_\_\_\_\_

Date & Time:

28 AUG 2019

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:



Reporting Centre Personnel's Signature

Name \_\_\_\_\_

NR/CEN/14

NG WING KIN JAMES

admin.vac@vicom.com.sg



**SINGAPORE  
POLICE FORCE**



T/20190828/2071

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 4

Report No. T/20190828/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/08/2019 13:39	Vide Report No.: F/20190828/0032	Station Diary No.: 47
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: JOTHI KRISHNAN			Address: APT BLK 564 HOUGANG STREET 51 #03-432 SINGAPORE 530564		
ID Type / ID No.: NRIC NO / S8732665I			Contact No.: Home/Office: Mobile: 97678197		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 19/10/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2019 02:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

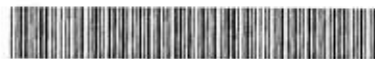
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU863H	Car	MAZDA		White	Seriously Damaged	2
SHD7306G	Car	HYUNDAI		Blue		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190828/2071

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 4

Report No. T/20190828/2071

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	CHEW KIAN TECK	ID No.	S9512613H
Related Vehicle	SGU863H (Car)	Contact No.	91770890
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
<b>Driver</b>			
Name	JOTHI KRISHNAN	ID No.	S8732665I
Related Vehicle	SGU863H (Car)	Contact No.	97678197
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN JOO HENG	ID No.	S8225268A
Related Vehicle	SGU863H (Car)	Contact No.	91210533
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
<b>Driver</b>			
Name	YOU CHAI	ID No.	S1850362Z
Related Vehicle	NIL	Contact No.	93834013
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





**SINGAPORE  
POLICE FORCE**



T/20190828/2071

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 4

Report No. T/20190828/2071

**CONTINUATION OF REPORT**

**Brief Details.**

On 28/08/2019 at about 0255hrs, I was driving on the middle lane along Buangkok Green and was headed towards Ang Mo Kio Avenue 5. While I was passing the junction of Yio Chu Kang Road, where the traffic light was green in my favour, I suddenly saw a blue coloured car appearing on the right side of my car. Before I could react, I suddenly felt a hard impact on the right side of my car, which eventually caused my car to spin and my car stopped on the curb near the traffic light nearest to Yio Chu Kang Road/Ang Mo Kio Avenue 5. I made a check on my 2 passengers and noticed that one of them was bleeding from the head. Both of them alighted to check on the accident while a passerby helped to call for the ambulance. Traffic police and the ambulance arrived shortly after. My 2 passengers were subsequently conveyed to Sengkang General Hospital, while I was conveyed to Tan Tock Seng Hospital, where I was issued with 3 days of MC from 28/08/2019 to 30/08/2019. I do not have the MC details for my 2 passengers.

The collision caused severe damages on both sides of my car, and I did not have a dash camera installed in my car at the time of the accident. The traffic police officer who was at scene advised me to lodge a traffic accident report with reference to F/20190828/0032.





**SINGAPORE  
POLICE FORCE**



T/20190828/2071

4 of 4

Report No. T/20190828/2071

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

## 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:

F /

Sgt 3 ANNA ANTHONY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/08/2019 13:39

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEH  
Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168