SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	•
	ACCIDENT STATEMENT
Date Of Report	23/09/2019 15:31
Date Of Accident	22/09/2019 20:30
Exact Location Of Accident	AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5824D
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108502848
Cover Note Number	-
Driver	
Name of Driver	CHOO MONG LAI
NRIC No	S1743501I
Date Of Birth	27/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92708099

NOEMAIL

Address BLK 308B PUNGGOL WALK #05-366

Postcode 822308

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 CHAIN COLLISION

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

3

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) 5

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 4 NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4428999 - **FAX NO**: 62447678

Was notice of intended Prosecution given? NO

If Yes, against whom?

es,against whom:

Circumstances of Accident

REFER TO POLICE REPORT T/20190923/2057, I WISH TO STATE, AFTER THE INCIDENT, THE TAXI DRIVER MENTIONED HE WILL NOT PROCEED CLAIMS ON MY VEH DUE TO NO DAMAGE ON HIS VEH, HE ALSO WILLING TO BECOME MY WITNESS.

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

GBC8507M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ZOU DEMING NRIC/Passport Number G3376951U

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC4293J

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 CHOO MONG LAI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLU5824D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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.

A Principal of Pri

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

KETCH PLAN		1		
			A=	SLU 5824 D
	0			6BC 8507 M
	A			
			0 =	SHC 4293 J.
	[8]			
		Airport Bl	od	
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			
	- 40 See	- 1981 - Mari		
Please	Refer to	Police Re	port	T/ 2019 0923 1205
			/	
	/			
	/			
CLARATION				
	rticulars are true in every respo	ect.		1.7
Sental Se	()	1	9	4
Y B H *	- May	U	/	nd
cyholder's Signature e & Time:	Oriver's \$ignature	Re		re Personnel's Signature
e & Time:	(If driver is not the po Date & Time:		ric/FIN No.:	

GIARANC SketchPlanForm, VS





Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296

1 of 3 Report No. T/20190923/2057

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 12:57		Made:	Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars		HEROCOCCUTA CHIEF OF		
Name of CHOO M	Informant: ONG LAI		Address: APT BLK 308B PUNGGOL W 822308	VALK #05-366 SINGAPORE		
ID Type / NRIC NO	ID No.: / S17435	011	Contact No.: Home/Office:	ntact No.:		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age: 52	Date of Birth: 27/09/1966	Type of Informant:			
Race: Chinese			Language: Institution / School Nat			
Occupation: GÖJEK DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accident	COLUMN TO STATE OF	TO SHE WAS TO SHE WAY		
Type of Accident:	Injury Attended by Police	Injury Drink Date/Time of			
Location: Along Road 1 AIRPORT BO Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	THE SHOP OF	7-12-17-1	RO LEWIS	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC8507M	Lorry	NISSAN		Blue		0
SLU5824D	Car	TOYOTA	SIENTA	Brown		4

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

POLICE REPORT



T/20190923/2057

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20190923/2057

Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver		L. III.C.	CONTRACTOR OF THE			
Name	ZOU DEMING		ID No.		G3376951U	
Related Vehicle	GBC8507M (Lorry)			Contact No.		88636889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	A STATE OF THE PARTY OF THE PAR	-074	INCOME TO	No. of the last	10-71-15	THE RESERVE OF THE PARTY OF THE
Name	CHOO MONG LAI		ID No.		S1743501I	
Related Vehicle	SLU5824D (Car)		Contact No.		92708099	
Hospital/Clinic	C&K FAMILY CLINIC		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	23/09/2019 Date Disc		Date Discl	narge	NIL	
No. of Days gran	ted Medical Leave	07	Degree of		NIL	

Brief Details.

On 22/09/2019 at about 2030hrs, I was driving along Airport Boulevard from Jewel Airport. There were about 4 passenger inside my vehicle. The traffic was very heavy at the point of time. Therefore, my vehicle came to a stop as the front taxi stop. Out of a sudden, I felt an impact at the back of my vehicle. I then realized that there were a lorry hit onto the rear of my vehicle. My vehicle gently touched onto a taxi in front of me. The taxi driver came out and made a check. The driver realized that there were no damaged to his vehicle. Therefore, he does not wish to make a police report. My passenger did not sustained any visible injuries as well.

I would like to state that there were traffic police came down to scene. There were no ambulance. I felt a strain on my neck and therefore went to see a doctor at C&K Family Clinic. The doctor have given me 7 days of MC.

. M.

POLICE REPORT





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20190923/2057

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 Rep G / Sgt 2 MICHAEL LEE CHOON WEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2019 12:57
Officer in Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

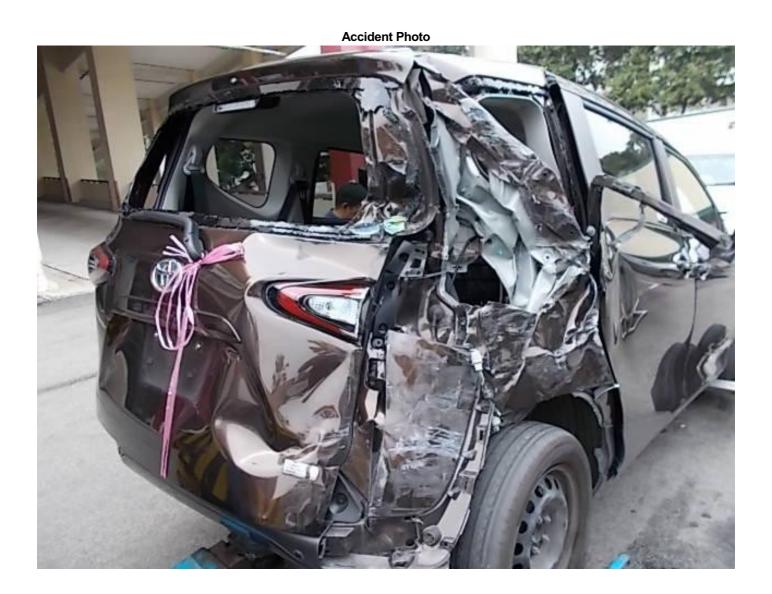


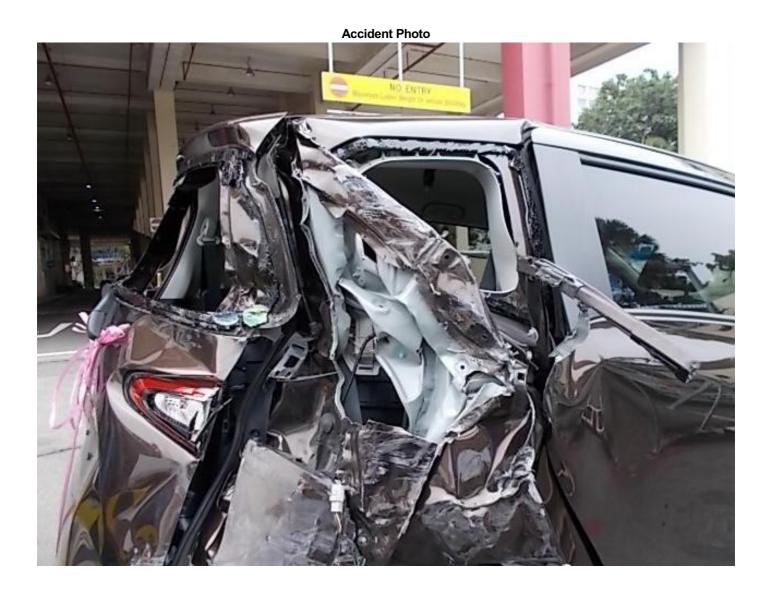






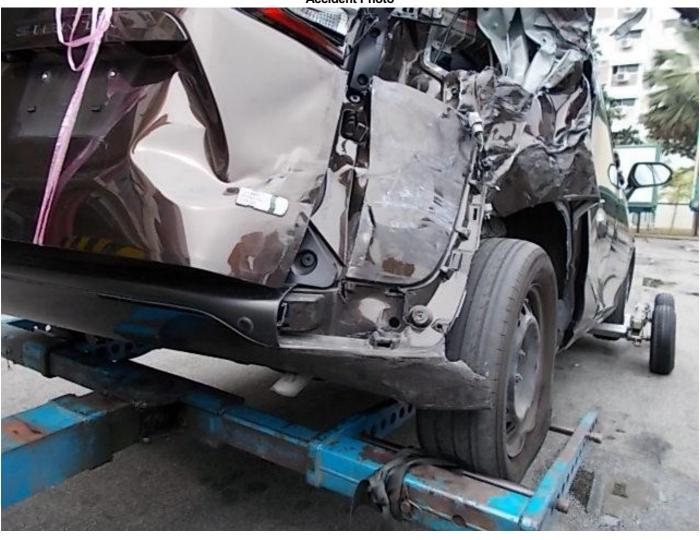










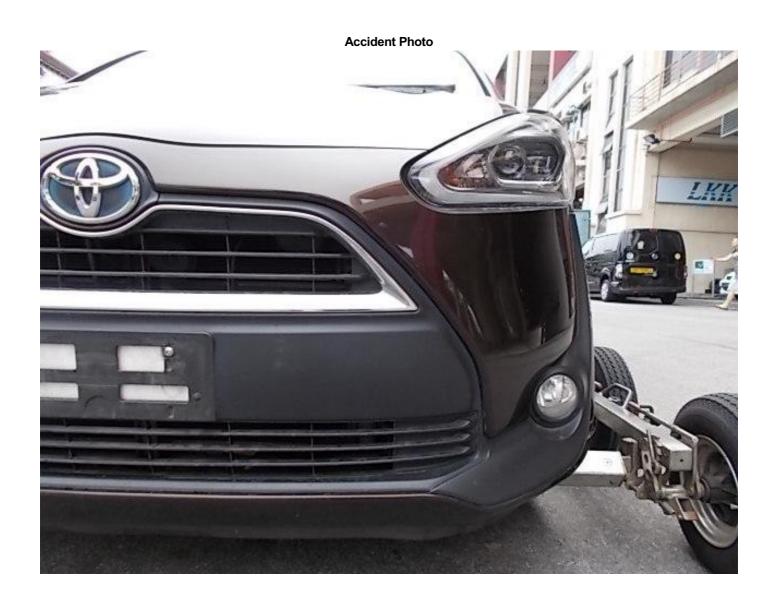
















Accident Photo

