

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	25/09/2019 15:13
Date Of Accident	23/09/2019 04:30
Exact Location Of Accident	RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4338A
Insured/Policyholder	
Name Of Registered Owner	ST CARZ LEASING PTE LTD
Co Reg No	201535819E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90977161
Alternative Phone No	OFFICE-90977161

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 Z (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARDS
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000073
Cover Note Number	19/01/2019 - 18/01/2020

Driver

Name of Driver	CHIA GIM BOO
NRIC No	S6834895A
Date Of Birth	15/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1990
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90977161
Fax Number	
Contact Number	OTHERS-90977161
Email Address	NOEMAIL

Address	3 TELOK BLANGAH CRESCENT #10-530
Postcode	090003
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 - HEAD TO REAR
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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 THE SKETCH PLAN BY DRIVER

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	SHC8006X
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	CHIA GIM BOO
Approximate Age	
Injuries Sustain	BACK PAIN & GIDDY
Injured person in which vehicle?	SMD4338A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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
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:

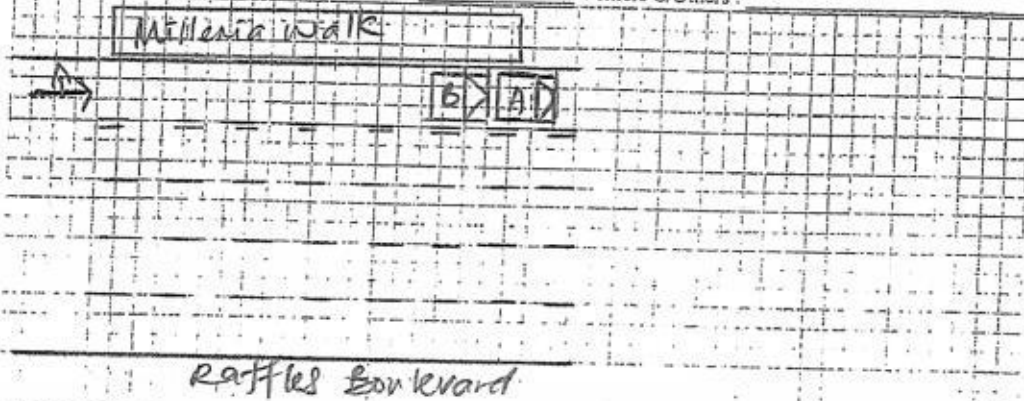

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 23/09/2019 Time: 0430hrs Location: Raffles Boulevard
My Vehicle A: SMD4338A Vehicle B: SHC8006X Vehicle C/Others:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/09/2019 @ about 0430hrs, I was travelling along Raffles Boulevard towards Amber Lounge to pick up passenger. Vehicle ahead of me slowed down and come to stop. I follow suit. After split second later, I felt an impact from behind and realized that a vehicle (B: SHC8006X) had hit onto the rear portion of my vehicle (A: SMD4338A). After the accident, I felt pain on my back and giddy.

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Optima Netz Ate Ltd

email address: sharon e on pg

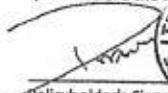

& myself:


email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.:

Sketch Plan Pg. 3



POLICE FORCE



T/20190924/2157

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Report No: T/20190924/2157

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 19:48		Vide Report No:		Station Diary No: 52
Informant's Particulars				
Name of Informant: CHIA GIM BOO		Address: APT BLK 3 TELOK BLANGAH CRESCENT #10-530 SINGAPORE 090003		
ID Type / ID No.: NRIC NO / S6834895A		Contact No: Home/Office: Mobile: 90977161		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 15/09/1968	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: CHAUFFEUR		Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive No	Date/Time of Accident: 23/09/2019 04:30	Type of Location: Straight Road
Location: Along Road 1 RAFFLES BOULEVARD ALONG RAFFLES BOULEVARD NEAR MILLENIA WALK CARPARK ENTRANCE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8006X	Car	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	0
SMD4338A	Car	TOYOTA	VELLFIRE 2.5Z CVT	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bukit Merah West N P C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20190924/2157

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Report No. T/20190924/2157

CONTINUATION OF REPORT

Driver			
Name	TING POH KON		ID No. S1537050E
Related Vehicle	SHC8006X (Car)		Contact No. 90730280
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	CHIA GIM BOO		ID No. S6834895A
Related Vehicle	SMD4338A (Car)		Contact No. 90977161
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	24/09/2019		Date Discharge 24/09/2019
No. of Days granted Medical Leave	04		Degree of Injury Slight

Brief Details.

My name is CHIA GIM BOO and I am driving a rental vehicle SMD4338A which I rented from OPTIMA CARZ PTE LTD. On 23/9/2019 at about 0430 hrs, I was driving along Raffles Boulevard near to Millenia Walk Shopping Mall. There was a vehicle in front of me going to make a turn into the shopping centre carpark and hence I applied my brakes. However the vehicle SHC8006X which is a white Mercedes Benz taxi which was behind me at that time could not stop in time and hence collided head on onto the rear of my vehicle. No traffic police at scene or ambulance at scene. We stopped and exchanged particulars. The rear boot of my vehicle is spoilt and there are dent marks. I subsequently went to SGH for treatment and got 4 days MC.

Police Station Of Origin:
 Bukit Merah West N.P.C
 500 Bukit Merah View #01-01 SINGAPORE
 150062
 Tel No: 1800-3779999

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 Report No. T/20190924/2157

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:

D /

Sgt 3 CHUA JUN QIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/09/2019 19:48

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No. 65476151

Classification Of Case:

Authentication Stamp

NP166

SN 45