

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	29/10/2019 13:03
Date Of Accident	28/10/2019 15:40
Exact Location Of Accident	BENCOOLEN LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2785Y
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96737711

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AT
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	REPORTING ONLY
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	5096971519-01
Cover Note Number	

Driver

Name of Driver	SIM KOON YONG (SHEN KUNRONG)
NRIC No	S6801918D
Date Of Birth	12/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96313346
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 127 BISHAN ST 12 #04-137
Postcode	570127
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191029/7000 & T/20191029/7010.

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	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	LEE SOON KENG
NRIC/Passport Number	S0292867A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE SOON KENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:


Driver's Signature
(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

†

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T/20191029/7000 & T/20191029/7010.

DECLARATION

I/We declare under penalty of perjury that the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

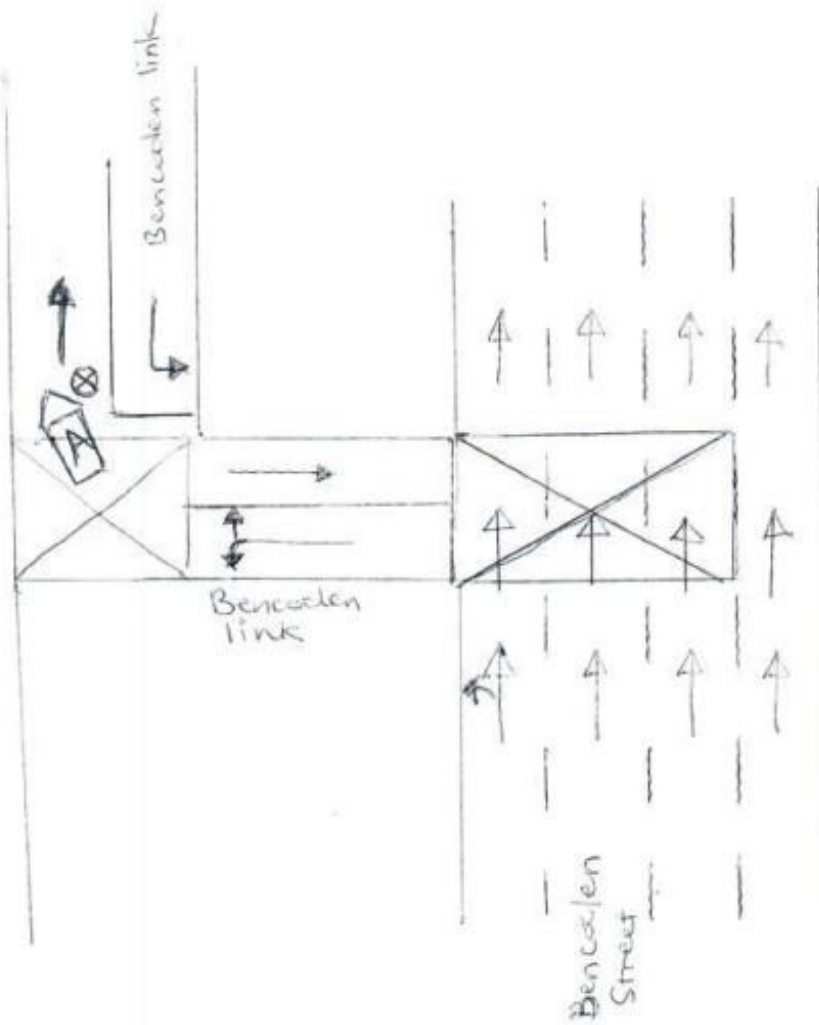
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

A - Vehicle No SLV 2785Y

⊗ - Pedestrian Lee Soon Keng



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191029/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191029/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 00:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SIM KOON YONG			Address: APT BLK 127 BISHAN STREET 12 #04-137 SINGAPORE 570127		
ID Type / ID No.: NRIC NO / S6801918D			Contact No.: Home/Office: Mobile: 96313346		
Nationality: SINGAPORE CITIZEN			Email: skymaster1201@gmail.com		
Sex: Male	Age: 51	Date of Birth: 12/01/1968	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales and related associate professional nec			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/10/2019 15:40	Type of Location: Bend
Location: Bencoolen Link				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2785Y	Car					0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191029/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191029/7000

CONTINUATION OF REPORT

Driver			
Name	SIM KOON YONG		ID No. S6801918D
Related Vehicle	SLV2785Y (Car)		Contact No. 96313346
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
Pedestrian			
Name	LEE SOON KENG		ID No. S0292867A
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2019		Date Discharge 28/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 28th Oct 2019, 3.40 pm I was driving Vehicle A (Vehicle No : SLV2785Y) along Bencoolen Link turning right into Bencoolen Link (Beside Skyline building) at an extremely slow speed of less than 10 km/hr. Suddenly, Pedestrian X (Lee Soon Keng) came in front of my Vehicle A, while crossing the road. I stopped my Vehicle A immediately. Next moment, I noticed Pedestrian X was sitting on the road in front of my Vehicle A. I came out of my Vehicle A immediately and checked on Pedestrian X. She said her left foot ankle was hurt and swollen. I helped Pedestrian X to the road side and examined her foot. I suggested to bring Pedestrian X to Singapore General Hospital for check up. Pedestrian X requested to contact her brother which happened to be at the nearby temple to come over. Thus after her brother's arrival, we discussed and they agreed to go to Singapore General Hospital for check up. Upon arrival at Singapore General Hospital A&E Dept, we proceed for registration and finally seen the doctor. X ray was done and doctor advised to cast her ankle as there was sign of minor fracture. No other injury was reported by doctor except for her ankle. After all these, I paid for the medical bills (not admitting who is at fault) and sent her back home. I examined my Vehicle A very carefully and there was absolutely No dent, No scratches, No physical damage to my Vehicle A. She may very likely fell on the road due to wet weather by herself when my Vehicle A approached near her.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191029/7000

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Report No. T/20191029/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/10/2019 00:39

Classification Of Case;

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191029/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191029/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2019 12:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM KOON YONG			Address: APT BLK 127 BISHAN STREET 12 #04-137 SINGAPORE 570127		
ID Type / ID No.: NRIC NO / S6801918D			Contact No.: Home/Office:		Mobile: 96313346
Nationality: SINGAPORE CITIZEN			Email: skymaster1201@gmail.com		
Sex: Male	Age: 51	Date of Birth: 12/01/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/10/2019 15:40	Type of Location: Bend
Location: BENCOOLEN LINK				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2785Y	Car	HONDA	SHUTTLE	Silver	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV2785Y	NTUC Income Insurance Co-Operative Limited	5096971519-01	27/12/2018	26/12/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191029/7010

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191029/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Driver			
Name	SIM KOON YONG	ID No.	S6801918D
Related Vehicle	SLV2785Y (Car)	Contact No.	96313346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	LEE SOON KENG	ID No.	S0292867A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2019	Date Discharge	28/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

Reference to earlier Police Report No : T/20191029/7000 submitted on 28th Oct 2019, I need to make amendment to the Police Report filed. Upon viewing the video footage this morning, I noticed that there was a slight impact on Pedestrian X causing her to fell on the road. I came out of my Vehicle A immediately and checked on Pedestrian X. She said her left foot ankle was hurt and swollen. I helped Pedestrian X to the road side and examined her foot. I suggested to bring Pedestrian X to Singapore General Hospital for check up. Pedestrian X requested to contact her brother which happened to be at the nearby temple to come over. Thus, after her brother's arrival, we discussed and agreed to go to Singapore General Hospital for check up.

Upon arrival at Singapore General Hospital A&E Dept, we proceed for registration and finally seen the doctor. X ray was done and doctor advised to cast her ankle as there was sign of minor fracture. No other injury was reported by doctor except for her ankle. After all these, I paid for the medical bills and sent her back home.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191029/7010

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Report No. T/20191029/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/10/2019 12:28

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

