

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	02/11/2019 09:17
Date Of Accident	01/11/2019 23:10
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8116U
Insured/Policyholder	
Name Of Registered Owner	HO SOO REN
NRIC No	S7633977E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93838261
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A

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	5099044804-01
Cover Note Number	

Driver

Name of Driver	HO SOO REN
NRIC No	S7633977E
Date Of Birth	31/10/1976
Occupation	INDOOR
Date Of Driving Pass	28/12/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838261
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	NOEMAIL

Address	APT BLK 27 GHIM MOH LINK #40-252
Postcode	270027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : GRAB PASSENGER GENDER: : FEMALE
Passenger 2	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

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	SHA7399D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OH BOON CHYE

NRIC/Passport Number

S1276111B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

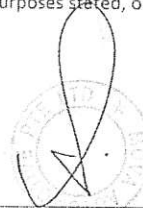
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

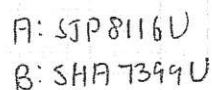

Policyholder's Signature
Date & Time: 2/11/2019 9:16am

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

9: 16am

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

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



**SINGAPORE
POLICE FORCE**



T/20191102/2016

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20191102/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2019 04:37		Vide Report No.:		Station Diary No.: 11
Informant's Particulars				
Name of Informant: HO SOO REN		Address: APT BLK 27 GHIM MOH LINK #40-252 SINGAPORE 270027		
ID Type / ID No.: NRIC NO / S7633977E		Contact No.: Home/Office: Mobile: 93838261		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 31/10/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2019 23:10	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD After Changi Airport Terminal 3 pick up point.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SHA7399D	Car	HYUNDAI		Blue		0
SJP8116U	Car	HYUNDAI	HD AVANTE 1.6 A	White	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8116U	NTUC Income Insurance Co-Operative Limited	5099044804-01	13/04/2019	12/04/2020

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20191102/2016

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Report No. T/20191102/2

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Oh Boon Chye	ID No.	S1276111B
Related Vehicle	SHA7399D (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	HO SOO REN	ID No.	S7633977E
Related Vehicle	SJP8116U (Car)	Contact No.	93838261
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/11/2019 at around 2310hrs, I was at Changi Airport Terminal 3 picking up some Grab passengers. After picking up 2 passengers, I drove for a short while and had to slow down as the car ahead of me came to a stop. Suddenly, I felt something hit my vehicle from the rear. I asked my 2 passengers if they were fine and they replied yes. I then came out of my car to check and realize that a blue Comfort taxi (SHA7399D) had hit me from the rear. I approached the taxi driver who was all the way in his taxi and tried to speak to him but his window was not wind down. It seemed to me that he didn't want to talk to me. The taxi driver had a few passengers and one of them came out to check the accident. I asked the passenger if he was okay, he complaint of pain. I asked if he needed ambulance. Just then, another passenger came out of the taxi and said that the taxi driver had already called for ambulance. I called the Grab company to inform them of the accident and they told me that I did not need to remain at scene. As such, I left after exchanging particulars with the taxi driver as I still need to send my 2 passengers to their destinations.

After sending my passengers to their destinations, I went to Serangoon Neighbourhood Police Centre with the intention of making a police report. I complaint of giddiness to the officers on duty and they advised me to seek medical treatment first. As such, I went to National University Hospital and received a 3 days medical leave from the doctor.

I do not have a rear camera installed in my car. Also, I can't really recall which lane I was in but I am sure it was either lane 2 or 3 out of the 4 lanes.



**SINGAPORE
POLICE FORCE**



T/20191102/2016

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20191102/2016

CONTINUATION OF REPORT

There is a huge dent on my rear bumper now. I am not sure if there is any damage on the taxi.



**SINGAPORE
POLICE FORCE**



T/20191102/2016

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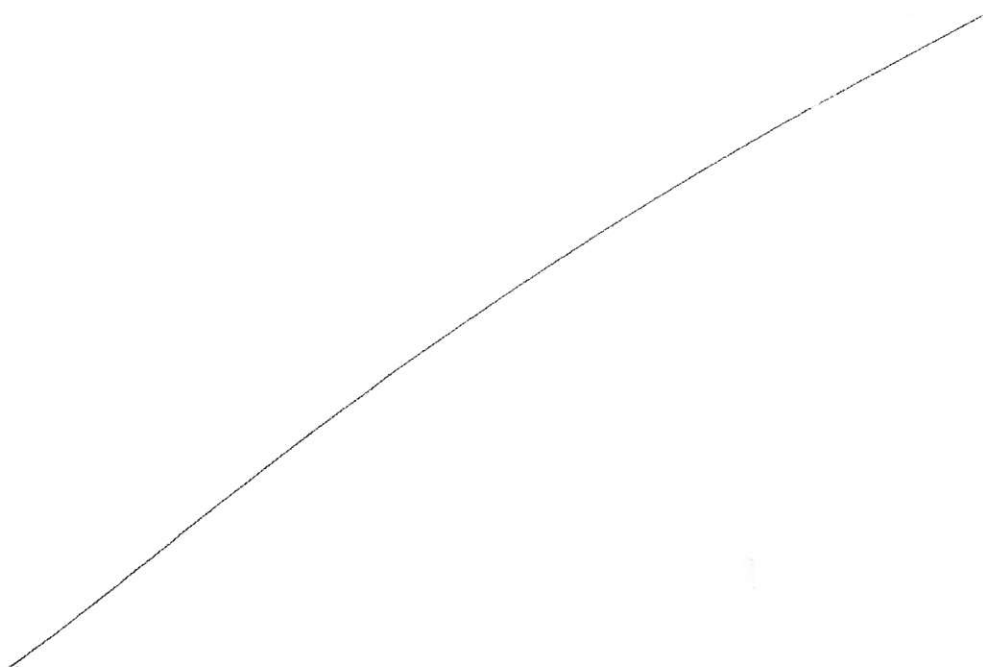
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Report No. T/20191102/2016

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 /

Staff Sgt WENDY YEO WEN DI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/11/2019 04:37

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



SN 49