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 <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.	A COUDENT OF A TEMENT
	ACCIDENT STATEMENT
Date Of Report	16/11/2019 10:05
Date Of Accident	15/11/2019 19:35
Exact Location Of Accident	MBS DROP OFF POINT (BAYFRONT AVE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN3772H
Insured/Policyholder	
Name Of Registered Owner	CARHUB LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92729299
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	5108657811
Cover Note Number	
Driver	

Driver

Name of Driver THIAN CHONG YIN NRIC No S1586480Z Date Of Birth 01/03/1963 Occupation **OUTDOOR** Date Of Driving Pass 26/04/1985 **Driving Experience** 34 YEARS AND 6 MONTHS Gender MALE Mobile Number (LOCAL) +65-81066878

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 827A TAMPINES ST 81 #11-362 Address

Postcode

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 - CHANGE/CROSS LANE**

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C, POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191115/2202

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ9581Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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
- 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
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of freud 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.

Policyholde Date & Time:

ASIA

20144.793

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

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

STARRIC Skitch Plan Form 1/3

Accident Sketch Plan

/	
/	
CETCH PLAN	. /
	V
	A = SMN 37324
	B = SMJ 95817
LAT	
10	
1	
A	Child I des
	Mohana O C La C
	- I Flating Buy Sends Drop off Point
1	Mating Buy Sands Drop off Point Bay front Ave
ESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT
Refer	to Police Report 7/20191115/2202.
	17 2017 1115 / 1202.
	7
	/
-	
CLARATION	
CLARATION The foregoing par	rticulars are true in every lespect.
EXSTRIBE foregoing par	rticulars are true in every espect.
EKSTRIGE foregoing par	rticulars are true in every espect. — When the second is a second in the second is a second in the
ELSTAGE foregoing par	Ohisher the
TO WALK TO GO OF THE PORT OF T	Driver's Signature (If driver is not the policyhoider) Apporting Centre Personnel's Signature Name.

POLICE REPORT





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20191115/2202

REPORT	OF A TRAFF	IC ACCIDENT				
Date/Time Report Made: 15/11/2019 20:50			Vide Report No.:	Station Diary No.:		
	nt's Partic			130		
THIAN (f Informant CHONG YII / ID No.: O / S15864	N .	Contact No.:	STREET 81 #11-362 SINGAPORE		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 81066878 Email:			
Sex: Male	Age: 56	Date of Birth: 01/03/1963	Type of Informant:			
Race: Chinese Occupation: PRIVATE HIRE DRIVER			Language: English	Institution / School Name:		
		IVER	Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2019 19:35	Type of Location Straight Road	
Location: Along Road 1 BAYFRONT A Marina Bay Si Weather:	VENUE ands Drop Off Point	Road Surface:		'	
Close		Dry		Road Speed Limit:	
Traffic Flow: One Way	ne Way Traffic Control: Not Controlled			Traffic Volume: Heavy	
	Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	
SMJ9581Z Car	TOVOTA	Transaction of the Control of the Co		Condition	No of Passenger	
	, V750700	TOYOTA	NOAH	Black	Seriously	
SMN3772H	Car	HYUNDAI	AVANTE	-	Damaged	
Julian Cal	Out	HTUNDAI		Grey	Slightly	0

Use of Pedestrian Crossing: NA
-

POLICE REPORT





T/20191115/2202

2 of 3

Report No. T/20191115/2202

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver						
Name	THIAN CHONG YIN		ID No	(S1586480Z	
Related Vehicle	SMN3772H (Car)		N3772H (Car) Contact N		ct No.	81066878
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL Date			charge	NIL	
No. of Days gran	nted Medical Leave NIL		Degree o	f Injury	NIL	

Brief Details.

On 15/11/2019 at about 1935hrs, I was driving my car Reg No: SSMN3772H Hyundai Dark Grey in colour at the drop off lane of Marina Bay Sands. The drop off lane area was heavily congested with cars. I was on the right lane waiting for the car in front of me to move off. When the car in front of me move forward leavening a space to move forward, suddenly a black in colour car Reg No: SMJ9581Z Toyota black in colour who was on the left lane enter the space in front of me and hit the front left side of my car. After the collision I horned at the car, the lady driver refuse to stop and continue to forcefully drive her car forward to enter my lane . I continue to feel the contact as her right side of my car brush along my car. I can see her car had a long scratch on the right side from the front till the right rear portion of her car. I continue to horn at her trying to signaled her to stop as we were moving forward. The security officers then came to me and I told them that the other car had hit my car. I also went down from my car and together with the security signaled her to stop however upon seeing us she refused to stop as vehicles in front of her continue to move. The securities had even stand in front of her car but she continue moving causing the security officers to step aside to avoid getting hit by her car. At the exit of the drop off lane, she make a dash dangerously across the four lanes of Bayfront Avenue and entered the road that leads to ECP. Fortunately no one was injured in the incident.

I wish to state that I have an in-car camera installed at the front of my car. I also believe that the drop off area of Marina Bay Sands had CCTV cameras. I did not take down the name of the security officers that tried to help me. As the lane was getting more congested due to my car was blocking the right lane, I had to moved off

My car front bumper left side was dented and had scratches. I had reported the accident to my rental company and was told to handover the SD card to them to retrieve the video of the incident.

POLICE REPORT





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20191115/2202

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:	Signature Of Informant:
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH	Ofwhe
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 20:50
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	























