

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	25/11/2019 09:46
Date Of Accident	26/10/2019 17:25
Exact Location Of Accident	CARPARK BLK 79A-79E TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8813C
Insured/Policyholder	
Name Of Registered Owner	EASE LOGISTICS
Co Reg No	53253885D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97316718

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104653157-01
Cover Note Number	

Driver

Name of Driver	TAN LAY HONG
NRIC No	S1359382E
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97316718
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 112 ALJUNIED CRESCENT #07-136
Postcode	380112
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	DRIZZLING
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?	YES
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191026/2145

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE MEMORY CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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. 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.


*
EASE LOGISTICS
Policyholder's Signature
142 Serangoon North Ave 1 #03-317
Singapore 550142
Contact: 85712343
Email: calvinwc@hotmail.com

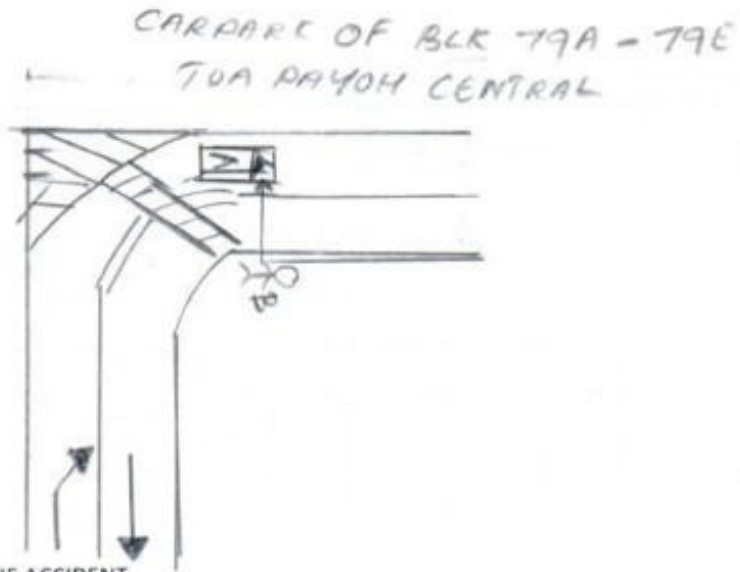
 22/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 25/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - GBH8F13C
B - PEDESTRIAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the police report. 7/20191026/2145

DECLARATION

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


* **EASE LOGISTICS**
142 Serangoon North Ave 1 #03-317
Singapore 550142
Contact: 85712343
Email: calvinwc@hotmail.com

 22/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 25/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



SINGAPORE
POLICE FORCE



T/20191026/2145

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191026/2145

CONTINUATION OF REPORT

Driver			
Name	TAN LAY HONG	ID No.	S1359382E
Related Vehicle	GBH8813C (Van)	Contact No.	97316718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/19@ 1725hrs I was driving my van GBH 8813C inside the carpark of Blk 79E Toa Payoh Central. I was negotiating a bend near to Blk 79E Toa Payoh Central next to Toa Payoh Central CC. All of a sudden I heard a loud sound at the right side of my van near to the right side mirror. I then noticed a Chinese lady at the right side of my van. I saw her spin a few times at the ride side of my van and lose her balance. I immediately stopped my van, alighted and attended to her. She then got back up on her feet. She informed me that she was in a rush.

I then offered to bring her to see the doctor. However she refused my help and said that she was in a rush to see her daughter at a event. I kept on offering to bring her to see the doctor but she refused. A passer by then approached her and told her that an ambulance was on the way. I asked her if she was in pain but she informed that she was not in any kind of pain.

Soon the ambulance arrived at scene and she was conveyed to the hospital. I did not see any visible injuries on her. I am not injured. The right side mirror of my van is broken. There is a in-car CCTV in my van and the memory card has been taken by the traffic police for investigation purposes.

Accident Photo



Accident Photo



Accident Photo



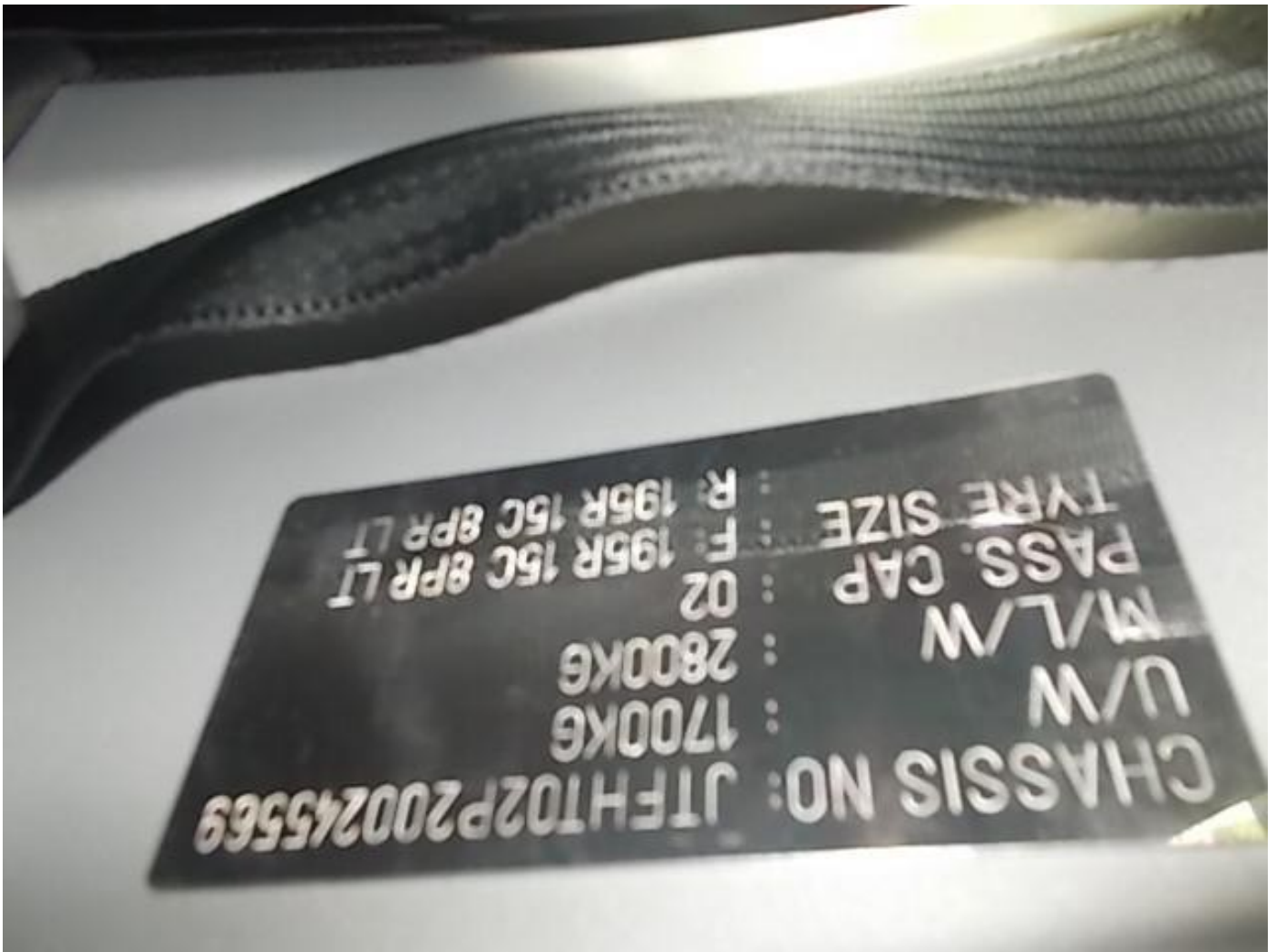
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191026/2145

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519899

1 of 2

Report No: T/20191026/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2019 19:10		Vide Report No.: E/20191026/0142		Station Diary No: 123	
Informant's Particulars					
Name of Informant: TAN LAY HONG			Address: APT BLK 112 ALJUNIED CRESCENT #07-136 SINGAPORE 380112		
ID Type / ID No: NRIC NO / S1359382E			Contact No: Home/Office: Mobile: 97316718		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 80	Date of Birth: 02/04/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 26/10/2019 17:25	Type of Location: Car Park
Location: Along Road 1 TOA PAYOH CENTRAL				
INSIDE THE CARPARK OF BLK 79A TO BLK 79E TOA PAYOH CENTRAL NEXT TO TOA PAYOH CENTRAL CC.				
Weather: Drizzling		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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GRH8813C	Van	TOYOTA	HIACE		Slightly Damaged	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/2019/1026/2145

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/2019/1026/2145

CONTINUATION OF REPORT

Driver			
Name	TAN LAY HONG	ID No.	S1359382E
Related Vehicle	GBH8813C (Van)	Contact No.	97315718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/19gg, 1725hrs I was driving my van GBH 8813C inside the carpark of Blk 79E Toa Payoh Central. I was negotiating a bend near to Blk 79E Toa Payoh Central next to Toa Payoh Central CC. All of a sudden I heard a loud sound at the right side of my van near to the right side mirror. I then noticed a Chinese lady at the right side of my van. I saw her spin a few times at the side side of my van and lose her balance. I immediately stopped my van, alighted and attended to her. She then got back up on her feet. She informed me that she was in a rush.

I then offered to bring her to see the doctor. However she refused my help and said that she was in a rush to see her daughter at a event. I kept on offering to bring her to see the doctor but she refused. A passer by then approached her and told her that an ambulance was on the way. I asked her if she was in pain but she informed that she was not in any kind of pain.

Soon the ambulance arrived at scene and she was conveyed to the hospital. I did not see any visible injuries on her. I am not injured. The right side mirror of my van is broken. There is a in-car CCTV in my van and the memory card has been taken by the traffic police for investigation purposes.

Police Report



POLICE FORCE



T/20191026/2145

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 5

Report No: T/20191026/2145

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt FAIROZ S/O ABDUL KAREEM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2019 19:10

Officer In Charge Of Case:

TP / G/T /

Sr Staff Sgt MOHAMMED FERQZ BIN HUSSEIN

Contact No.: 85476208

Classification Of Case:

SN 166

Authentication Stamp

NP159



SIGNATURE