

## 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	22/11/2019 15:33
Date Of Accident	22/11/2019 09:10
Exact Location Of Accident	ROUNABOUT AT JUNC OF TELOK KURAU RD OF LRG G
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3178P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HIPPO LEASING PTE LTD
Co Reg No	201909075G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64650030

### Vehicle Particulars

Manufacturer	BYD
Model	E6H
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5108490683
Cover Note Number	DRIVO PREMIUM

### Driver

Name of Driver	TAY HONG YONG
NRIC No	S1284024A
Date Of Birth	03/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90260226
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 806 YISHUN RING ROAD #12-4265
Postcode	760806
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	SIDE SWIPE
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: : GOJEK PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : GOJEK 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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20191122/2064;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3691K
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI

Name of Driver GUEK TING HUAK  
NRIC/Passport Number S2549431H  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TAY YONG HONG  
Approximate Age 61  
Injuries Sustain  
Injured person in which vehicle? SMK3178P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address BLK 806 YISHUN RING ROAD #12-4265  
Postcode 760806

# Accident Sketch Plan

## SKETCH PLAN

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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 processed 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.:

22 NOV 2019

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: yockh@idac.com.sg

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20191122/2064

1 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/20191122/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/11/2019 13:35	Video Report No	Station Diary No. 67
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**Informant's Particulars**

Name of Informant TAY HONG YONG			Address APT BLK 806 YISHUN RING ROAD #12-4265 SINGAPORE 760806		
ID Type / ID No NRIC NO / S1284024A			Contact No Home/Office: Mobile: 90260226		
Nationality SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 03/03/1958	Type of Informant Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2019 09:00	Type of Location Roundabout
Location: Junction of Road 1 and Road 2 TELOK KURAU ROAD LORONG G TELOK KURAU at the roundabout				
Weather: Sunny		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3691K	Car	HYUNDAI		Blue	Slightly Damaged	0
SMK3178P	Car	BYD	E6	White	Slightly Damaged	2

**Details of Person Involved**

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

Common Statement



**SINGAPORE  
POLICE FORCE**



T/20191122/2084

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Report No. T/20191122/2084

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

<b>Driver</b>			
Name	GUEK TING HUAK	ID No	S2549431H
Related Vehicle	SHA3691K (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
<b>Driver</b>			
Name	TAY HONG YONG	ID No.	S1284024A
Related Vehicle	SMK3178P (Car)	Contact No.	90260226
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/11/2019	Date Discharge	22/11/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

I am a Gojek driver and my vehicle registration plate number is SMK 3178 P.  
On 22/11/2019 around 9am, I was driving my car along Lorong G Telok Kurau ferrying 2 of my passengers to their destination. I was at the roundabout turning into Telok Kurau when I felt a impact. A comfort delgro Taxi SHA 3691 K hit onto my left front side of my vehicle.

Subsequently, we both alighted from our vehicles, exchanged particulars and took photos of the damages. My Passengers were not injured and they alighted and walked to their destination as it was nearby.

My vehicles front bumper and left side of the bonnet was damaged.

There was no TP at scene, no government property damaged and no one was conveyed to ambulance.

I felt pain on my neck and shoulder and left side of my body was painful hence I went to the doctor and was given 3 days of MC.

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20191122/2064

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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 3  
Report No: T/20191122/2064

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 E / Staff Sgt NOORNAZREEN BINTE ABULHASAN	Signature Of Informant 
Signature Of interpreter Not applicable	Date/Time 22/11/2019 13:35
Officer In Charge Of Case TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case
Authentication Stamp NP168	