

## 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             | 02/12/2019 16:36 |
| Date Of Accident           | 29/11/2019 15:30 |
| Exact Location Of Accident | ORCHARD RD       |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SJW9541G        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | CHAN'S          |
| Co Reg No                   | 53341185L       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-89999999 |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | TOYOTA                    |
| Model  | CAMRY 2.0 AUTO ABS AIRBAG |
| 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                                       | THIRD PARTY               |
| Vehicle Category   | PRIVATE HIRE              |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | YES                                    |
| Policy Number             | 5111177564                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | OW AIK ANN             |
| NRIC No              | S1739695A              |
| Date Of Birth        | 04/12/1966             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 19/12/1994             |
| Driving Experience   | 24 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-90668788   |
| Fax Number           |                        |
| Contact Number       | OFFICE-90668788        |
| E-Mail Address       | NOEMAIL                |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 205 TOA PAYOH NORTH<br>#07-1189 |
| Postcode  | 310205                              |
| 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 | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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                         | 2                             |
| Was any body injured in the Accident?   | NO                            |
| 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: : -<br>GENDER: : MALE   |
| Passenger 2   | NAME: : -<br>GENDER: : FEMALE |

### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BOON TECK NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 207 TOA PAYOH NORTH , <b>POSTCODE:</b> 310207 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2549999 - <b>FAX NO:</b> 63554310                                      |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

### Circumstances of Accident

REFER TO POLICE REPORT - T/20191129/2162.

### 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 | SHA4970Z |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 5) **Any false reporting may be referred to the police for investigation.**
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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



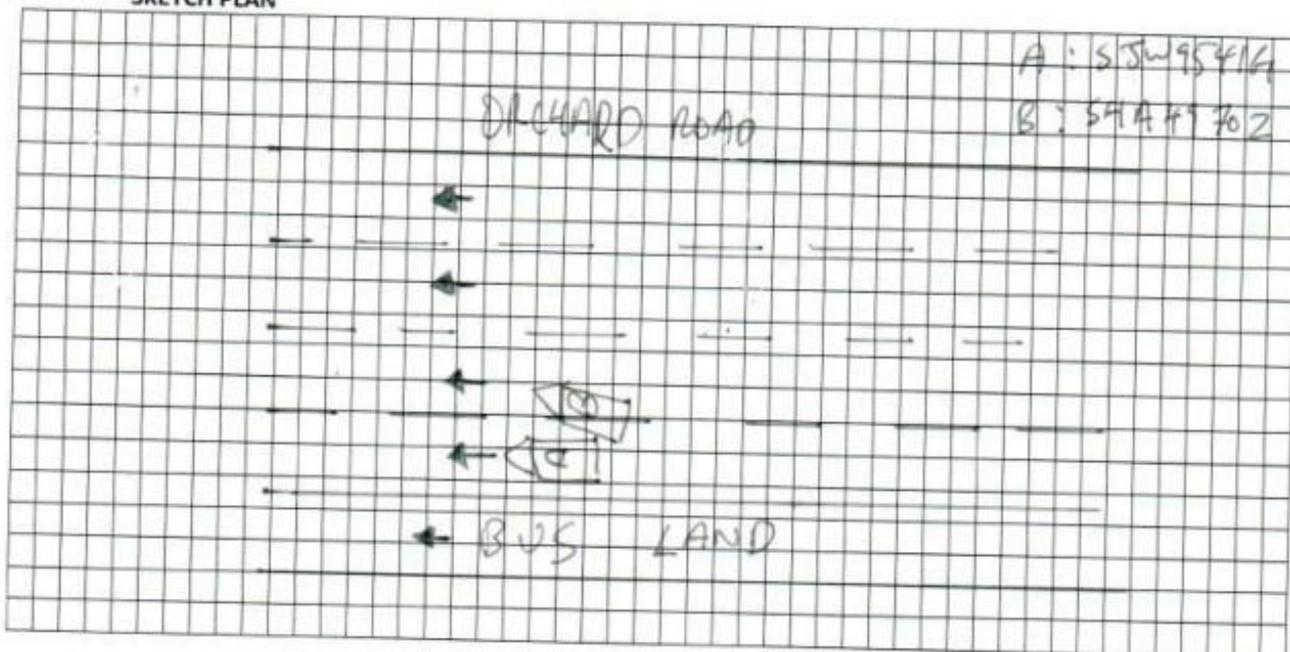
Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— REFER TO POLICE REPORT - T/2019/1129/2162 —

The remaining space in this section is crossed out with a large diagonal line from the bottom-left to the top-right.

DECLARATION

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



Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
Name:  
NRIC/FIN No.:

A handwritten signature in blue ink, appearing to be 'J. M.' or similar.



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191129/2162

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20191129/2162

**CONTINUATION OF REPORT**

|                                   |                |  |  |                                   |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Name                              | Unknown        |  | ID No.                                 | NIL                               |
| Related Vehicle                   | SHA4970Z (Car) |  | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date | Class: NIL<br>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                              | OW AIK ANN     |  | ID No.                                 | S1739695A                         |
| Related Vehicle                   | SJW9541G (Car) |  | Contact No.                            | 90668788                          |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury                       | NIL                               |

**Brief Details.**

On 29/11/2019 at about 1530hrs, I was travelling along Orchard Road on my rental vehicle bearing SJW9541G. It was raining heavily and I was on the 4th lane of 5 lanes with 2 passengers inside my vehicle.

The traffic was congested however I noticed that a vehicle bearing SHA4970 (Last alphabet could not capture) from my rear tried to changed to 3rd lane at a slow speed but unfortunately his left side of the vehicle had side swiped my right side of my vehicle causing some damages. The said driver did not stop and looked at me instead as I showed gesture to stop due to the impact. The driver ignored and drove away.

I then contacted the taxi company from Comfort Delgro to raise this issue and I was given the last alphabet by them - SHA4970Z. I was given reference number CP19110653550 by Comfort Delgro company.

I do not have any camera installed in my vehicle. I am lodging this report to facilitate the matter for claiming purposes.

Police Report



SINGAPORE  
POLICE FORCE



T/20191129/2162

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

3 of 3

Report No. T/20191129/2162

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:

E /

Sgt 2 AHMAD MUHAIMIN AMZAR BIN MOHD  
YUSOF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/11/2019 19.42

Officer In Charge Of Case:  
TP / HRT /  
Insp GOH GEOK LYE  
Contact No.: 65476148

Classification Of Case:

SN 62

Authentication Stamp  
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

