

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	18/12/2019 09:22
Date Of Accident	10/12/2019 10:30
Exact Location Of Accident	TUAS AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2366J
Insured/Policyholder	
Name Of Registered Owner	SH AUTO RENTAL AND LEASING PTE. LTD
Co Reg No	201438489C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85772571

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO HYBRID 1.5
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112041456 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	OH LI HOON
NRIC No	S1243552E
Date Of Birth	30/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85772571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 82A CIRCUIT ROAD #04-82
Postcode	371082
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 - 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)	4
Passenger 1	NAME: : GRAB PASSENGER 1 GENDER: : FEMALE
Passenger 2	NAME: : GRAB PASSENGER 2 GENDER: : FEMALE
Passenger 3	NAME: : GRAB PASSENGER 3 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191214/2113

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 Witness 1

Name	GOH CHEE YAW
Phone Number	97699891
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1498E
Vehicle Make/Model/Colour	UD TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DARESH A/L SEGARAN
NRIC/Passport Number	G7080268L
Contact Number	+6012-4895121
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OH LI HOON
Approximate Age	62
Injuries Sustain	3 DAYS MEDICAL LEAVE, PRUDENCE FAMILY CLINIC
Injured person in which vehicle?	SLT2366J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 17/12/19
12 10 PM



Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached. T/20191214/2113.

[Signature]

DECLARATION

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

Policyholder's Signature

Date & Time:

GEARMC SketchPlanForm_V3



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191214/2113

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20191214/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 15:40		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: OH LI HOON			Address: APT BLK 82A CIRCUIT ROAD #04-82 SINGAPORE 371082		
ID Type / ID No.: NRIC NO / S1243552E			Contact No.: Home/Office: Mobile: 85772571		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 62	Date of Birth: 30/08/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: Date of Expiry:		

General information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2019 10:25	Type of Location: Straight Road
Location: Along Road 1 TUAS AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SLT2366J	Car				Slightly Damaged	0
XE1498E	Lorry				Slightly Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20191214/2113

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20191214/2113

CONTINUATION OF REPORT

Brief Details.

On 10/12/19 at around 1025hrs, I was travelling in my vehicle SLT2366J and I was sending my passengers to their destination around Tuas vicinity.

I was at Tuas Avenue 2 and my vehicle was stationary as I signaled right to make a right turn. I was waiting for the opposite oncoming vehicles to drive past before I move off. After which, I felt an impact at the rear of my vehicle. I made a check and I realized that a lorry (XE1498E) had collided into the rear of my vehicle. During that point of time, nobody was injured. There was no ambulance and police at scene.

I then exchanged particulars with the driver and left the area. I am lodging this report for record and insurance purposes.

Police Report



SINGAPORE
POLICE FORCE



T/20191214/2113

Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20191214/2113

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:
G /
Sgt 3 CHANG JUN KAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentic Stamp
NP168

Signature Of Informant:

Date/Time:
14/12/2019 15:40

Classification Of Case:

SIGNATURE

Police Report



T/20191216/2097

1 of 3

Report No. T/20191216/2097

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20191216/2097

Vide Report Number T/20191214/2113

Date/Time of Report Made 16/12/2019 13:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant OH LI HOON

ID Type / ID No. NRIC NO / S1243552E

Home/Office

Mobile 85772571

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 10/12/2019 10:25

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT2366J	Car				Seriously Damaged	3
XE1498E	Truck					0

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

Police Report



T/20191216/2097

2 of 3

Report No. T/20191216/2097

Continuation of CSF For NP168

Driver				
Name	OH LI HOON		ID No.	S1243552E
Related Vehicle	NIL		Contact No.	85772571
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

Brief Facts.

To correct that the number of passengers should be 3 instead of 0.

Police Report



T/20191216/2097

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Report No. T/20191216/2097

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / ANG YI TING, STEPHANIE
Classification of Case	1) INJURY / OTHERS

DA L Hoon
S1243552E

7/17/13
T/20191216/2097

Police Report



T/20191216/2075

1 of 3

Report No. T/20191216/2075

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20191216/2075

Vide Report Number T/20191214/2113

Date/Time of Report Made 16/12/2019 12:54

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant OH LI HOON

ID Type / ID No. NRIC NO / S1243552E

Home/Office

Mobile 85772571

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by
ambulance No

Date/Time of Accident 10/12/2019 10:25

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT2366J	Car					0

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

Police Report



T/20191216/2075

2 of 3

Report No. T/20191216/2075

Continuation of CSF For NP168

Driver:			
Name	OH LI HOON	ID No.	S1243552E
Related Vehicle	SLT2366J (Car)	Contact No.	85772571
Hospital/Clinic	Prudence Family Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	10/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts.

To update the MC to the report