

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	16/12/2019 18:13
Date Of Accident	15/12/2019 17:30
Exact Location Of Accident	ALONG ORCHARD TURN TWDS ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC836Y
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Insured/Policyholder

Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	5106976984
Cover Note Number	

Driver

Name of Driver	JAGUAR TAN
NRIC No	S7934264E
Date Of Birth	27/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88788988
Fax Number	
Contact Number	
Email Address	JAGUAR.TAN.GRAB@GMAIL.COM

Address	BLK 836 WOODLANDS ST 83 #02-135
Postcode	730836
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191216/2114

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4988M
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)

DETAILS OF INJURED PERSON 1	
Name	JAGUAR TAN
Approximate Age	
Injuries Sustain	HEAD,NECK & BACK
Injured person in which vehicle?	SLC836Y
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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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.

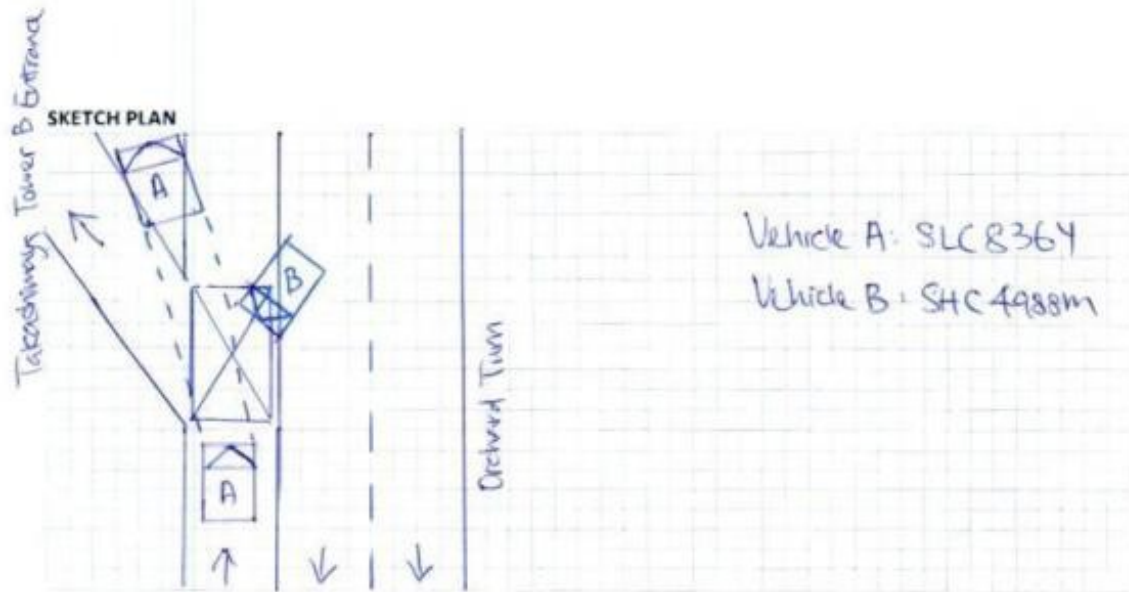


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (SLC 836Y) traveling along Orchard Turn towards Orchard Link on a single lane, two way road. Somewhere at the entrance of Takashimaya Tower B, vehicle B (SHC 4988m) came from opposite direction made his turn to the said entrance too sudden. I was shocked and tried to avoid the accident so I turn my vehicle to the left. As a result, my vehicle collided and mounted on the curve.

DECLARATION

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



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

Reporting Centre Personnel's Signature
Name:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191216/2114

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No: T/20191216/2114

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	SHC4988M (M/Taxi)	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
Driver			
Name	JAGUAR TAN	ID No.	S7934264E
Related Vehicle	SLC836Y (Car)	Contact No.	88788988
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 15/12/2019 @ 1730hrs, I was driving straight along Orchard Turn with one female passenger on board when a SMRT Taxi SHC4988M from the opposite direction wanted to turn right into Takashimaya Tower B Driveway. I swerved to avoid collision but ended up mounting the kerb and my car landed on the grass. Subsequently, the Taxi did not even stop when my Car mounted the kerb and landed on the grass.

Traffic Police came to scene vide G/201912150202.

My car was towed to the workshop and the undercarriage and gear was damage.

I was given 7 days MC as I sustained head, neck, back, shoulders pain and bruises to my leg as my leg hit the dash board during the accident.

My passenger subsequently seek her own medical attention as she complained of headache.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191218/2114

1 of 3

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
520481
Tel No: 1800-7818889

Report No: T/20191218/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2019 14:57	Video Report No: G/20191215/0202	Station Diary No: 20
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Informant's Particulars

Name of Informant: JAGUAR TAN			Address: APT BLK 836 WOODLANDS STREET 83 #02-135 SINGAPORE 730836	
ID Type / ID No.: NRIC NO / S7834254E			Contact No.: Home/Office: Mobile: 88788968	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 27/10/1979	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,2.3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 ORCHARD TURN near Takashimaya Tower B Driveway			
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4888M	M/Taxi				No Damage	0
SLC836Y	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T20191218/2114

2 of 8

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-68 SINGAPORE
520461
Tel No: 1800-7818999

Report No: T20191218/2114

CONTINUATION OF REPORT

Name	Unknown	ID No	NIL
Related Vehicle	SHC4988M (M/Taxi)	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
Driver			
Name	JAGUAR TAN	ID No	87834264E
Related Vehicle	SLO838Y (Car)	Contact No.	88788958
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	18/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 15/12/2019 @ 1730hrs, I was driving straight along Orchard Turn with one female passenger on board when a SMRT Taxi SHC4988M from the opposite direction wanted to turn right into Takashimaya Tower B Driveway. I swerved to avoid collision but ended up mounting the kerb and my car landed on the grass. Subsequently, the Taxi did not even stop when my Car mounted the kerb and landed on the grass.

Traffic Police came to scene vide G/201912150202.

My car was towed to the workshop and the undercarriage and gear was damage.

I was given 7 days MC as I sustained head, neck, back, shoulders pain and bruises to my leg as my leg hit the dash board during the accident.

My passenger subsequently seek her own medical attention as she complained of headache.

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/218/2114

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No: T/2019/218/2114

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 /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2019 14:57

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:



REPORT
KALESWARI

Authentication Stamp

NP188

SIGNATURE