

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 18:58 |
| Date Of Accident | 12/09/2019 10:50 |
| Exact Location Of Accident | PIE TOWARDS TUAS AT THE EXIT OF THOMSON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLM9930X |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN HOOI CHEW |
| NRIC No | S6968222G |
| Email Address | HOOI.CHEW.TAN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-85899338 |
| Alternative Phone No | OFFICE-85899338 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE HIRE |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MR053REH604598295 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | TAN HOOI CHEW |
| NRIC No | S6968222G |
| Date Of Birth | 01/10/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/11/2013 |
| Driving Experience | 5 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85899338 |
| Fax Number | |
| Contact Number | OFFICE-85899338 |
| Email Address | HOOI.CHEW.TAN@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 651 PASIR RIS DRIVE 10 #09-64 |
| Postcode | 510651 |
| 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 | NO COLLISION |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 5 |
| Passenger 1 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 3 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 4 | NAME: : 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 | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190925/2065

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

16/12/2019
5.00 pm

LIAB/ML Worksheet (rev. 02)



Driver's Signature

(if driver is not the policyholder)

Date & Time:

16/12/2019
5.00 pm



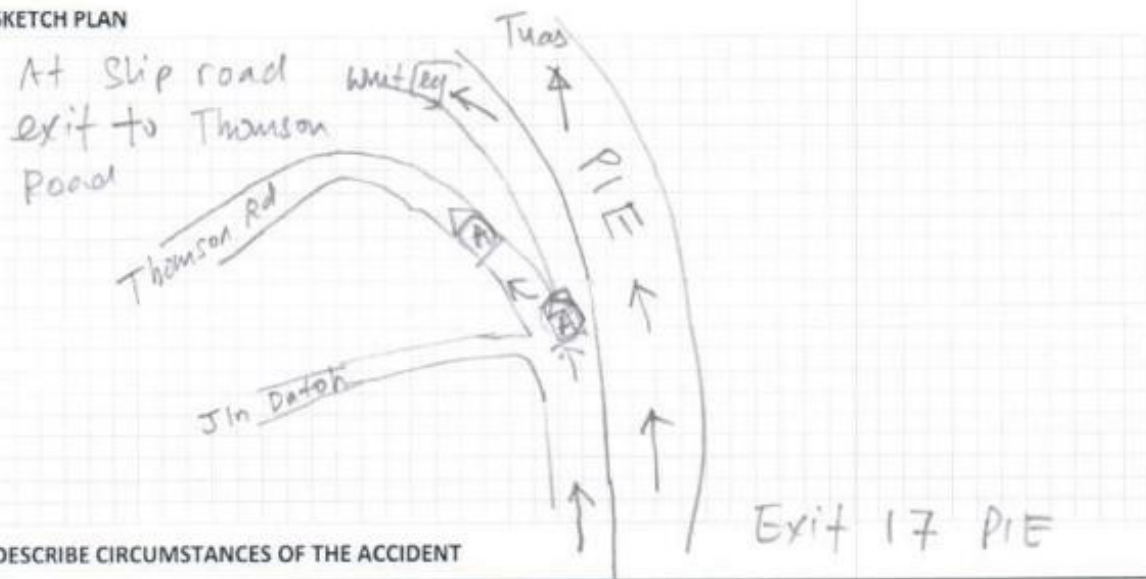
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

16/12/2019
5:00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/12/2019
5:00pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190925/2065

1 of 3

Report No. T/20190925/2065

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 25/09/2019 12:45 | Vide Report No.: | Station Dis. No.: 51 |
|--|------------------|-------------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: TAN HOOI CHEW | | Address: APT BLK 651 PASIR RIS DRIVE 10 #09-64 SINGAPORE 510651 | |
| ID Type / ID No.: NRIC NO / S6969222G | | Contact No.: | Mobile: 85899333 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 49 | Date of Birth: 01/10/1969 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: DRIVER | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| | | | | |
|--|------------|------------------------------------|--|---------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 12/09/2019 10:50 | Type of Location: Benc |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Tuas at the exit of Thomson Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: None listed | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|--|--------|--------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLM9930X | Car | TOYOTA | COROLLA ALTIS 1.6 ELEGANCE (AUTO) | Silver | No Damage | 4 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLM9930X | NTUC Income Insurance Co-Operative Limited | 5111048102 | 19/07/2019 | 18/07/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190925/2065

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190925/2065

CONTINUATION OF REPORT

Brief Details.

On the stated date, and place, I fetched 4 passengers from Bedok North to Mt Elizabeth Novena Hospital. Upon exiting PIE, I missed the Thomson Exit by a mere 1 to 2 meters and stopped at the chevron lines. I then reversed my car a little to clear the curb and make a left turn into Thomson Road. While driving off, the said passenger started to express his unhappiness at me as he claims that my action was dangerous. I try to explained to him that I have practice due care before making the turn earlier. He was unsatisfied with my answer and continue to scold and hurled vulgarities at me. I told him that I could not continue to send him to his destination if he continues to verbally abuse me. While we were at the traffic light just before the Shell petrol station, the passenger suddenly opened the car's door while we were waiting for the traffic to clear in the middle on Thomson Road. I then offered him to continue to send him to his destination as the hospital is very near. Upon reaching the hospital, he continues with his vulgarities. No payment was made by the said passenger. There was no accident that took place. Nobody was physically injured, no damage to any property.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190925/2065

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Report No. T/20190925/2065

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 /

SI KAMARUZZAMAN BIN MAHMOOD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/09/2019 12:45

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

