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 witholding 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	21/12/2019 15:22
Date Of Accident	21/12/2019 02:30
Exact Location Of Accident	WOODLANDS CROSSING BEFORE JOHOR CUSTOMS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC8461S
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	2XXXXX198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A SX
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100303665-01
Cover Note Number	
Driver	
Name of Driver	LIANG HOWE VEE (LIAN HAOWEI)
NRIC No	SXXXX259F

OFFICE-98212088

3 YEARS AND 4 MONTHS

(LOCAL) +65-98212088

12/09/1975

OUTDOOR

19/08/2016

MALE

EMail Address NOEMAIL

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

Occupation

Gender

Address

BLK 325 JURONG EAST STREET 31

#12-192

Postcode

600325

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

NO

Manual Indiana In the Accident!

NO

Was any injured conveyed to hospital by ambulance?

•

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:

.

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2021.

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

SMQ1723Y

Vehicle Make/Model/Colour

MERCEDES S300SL

Details Of Properties

Vehicle Category

PRIVATE CAR

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 recom specified the details of the accident to speed up the chains senters.
- i. This form must be persolated by the poligitalder and or the Avitorited Deliver
- Information provided must be as probful and acceptate as possible. Any miles mare presentation or with rolling of material facts may above more one companies to repudies policy liability.
- The basic and exceptance of this form by fararance companies language and as admission of policy habitity on the ract of the last areas companies.
- Acres take repening may be referred to the Police for invaligation
- The report will be forwarded by the insurers of the GIA Records Menagement Control established by the General insurance
 association of Singapore (GIA) for architing and that copies of this report will for a fee he made available upon application by
- Sy the ledgment of this report to the insurers, you hereby constant to the brighting of this report at the certic and to copies of the report bring made everyable aformseld.
- 1. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (c) 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/porsonal information secout in this (form) and any other personal information provided by me or sorsessed by my insurer (collectively the "Personal information") and disclose and transfer such vehicle(s) information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or deating with my deims including the settlement of the claims and any necessary investigations reloting to the plaints;
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out and/or deating with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the matting of correspondence, statements, involves, reports or notices to me, which could involve disclosure of cartain 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, heading and/or dealing with my delines (collectively the "Purposes")
- (b) estimater(s) who have insured vehicle(s) involved in this codificat and the inturers' lawyers/law firms, may/are parracted to suffert, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GUA to their third party tension providers or egents (including their fewpers/aw firms), which may be sted exhibite of stagepore, for one or more or the above Purposes.
- (c) my Personal information will also be collected and used to compile dates. Metany for the purpose of freed detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) knows may be thered / distincts:
 - (i) to all injurers and/or any other third parties that assist in evaluating, investigating, controlling or managing injud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or

(2) for complying with requirements under any regulations, laws propurt orders,

Policykologra Signature Dala E Time:

Curren's Signature (If differ is not the policyholder) Date & Timo:

Reporting Contre Periodier's Signature Name:

NAIC/FIN NO.:

Accident Sketch Plan

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e का रहता है।	(If driver is not the policyholder)	Name:
	Jane & Times	NRIC/PIN NO.:



REPORT OF A TRAFFIC ACCIDENT

Chinese Occupation

GRAB DRIVER



Institution / School Name

Date of Expiry.

Police Station Of Origin Geylang N.P.C. 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

Report No. T/20191221/2021

	me Report 019 06 15	Made	Vide Report No.	Station Diary No.
Informant's Particulars				15
	f Informant HOWE VE		Address APT BLK 325 JURON	NG EAST STREET 31 #12-192
ID Type / ID No NRIC NO / \$7527259F Nationality. SINGAPORE CITIZEN		SINGAPORE 600325 Contact No Home/Office		
		Email	Mobile: 98212088	
Sex: Male	Age:	Date of Birth: 12/09/1975	Type of Informant:	
Race:		Language	Institution / School Name	

Driving Licence Information: Class: 3A

Type of Accident:	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident	Type of Locatio Straight Road
Location		1110	21/12/2019 02:30	
Along Road 1				
Voodlands C	rossing			
lust after cros				
	Sing over Causeway	right before Joher Co.		
Weather.	sing over Causeway	right before Johor Cus Road Surface		and the second s
veather.	sing over Causeway	Road Surface: Dry		Road Speed Limit
veather Clear	sing over Causeway	Road Surface: Dry		
reather Clear raffic Flow:	sing over Causeway	Road Surface: Dry Traffic Control:		Traffic Volume.
Weather Clear Traffic Flow: One Way Type of Collisi		Road Surface: Dry		

Vehicle No.	Туре	Make	Model	Color	I Candida	1
SLC8461S	Car	1014		COIOI	Condition	No of Passenger
	Car	KIA	FORTE K3	Grey	Slightly	1
SMQ1723Y	Car	MERCEDES	300SL 24 AT	C15	Damaged Slightly	

	ehicle Insurance		The second second	
	Insurance Company	Insurance No	Effective	Expiry Date
SLC8461S	NTUC Income Insurance Co-Operative	5100303665-01	27/05/2019	26/05/2020



T/20191221/2021

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

2 of 3 Report No. T/20191221/2021

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I						
No. of Pedestriar			Use of Pedestrian Crossing, NA			
Oriver		WANTED AND	11400mile 16900miles	The second second second		
Name	LIANG HOWE-VEE	an said of a said of	EL-16-116_#ER-27_E-3	ID No		S7527259F
Related Vehicle	SLC8461S (Car)		Contact No.		98212088	
Hospital/Clinic			.3	Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL	***************************************	Date Disc		NIL	
No of Dave and Miles			Degree of	-	NIL	

Brief Details.

On 21/12/19 around 0230hrs, I was driving towards Malaysia via Woodlands. Whilst along Johor Causeway, after Woodlands Checkpoint, I came to a complete stop due to a heavy traffic along Johor Causeway. Suddenly I heard and felt an impact coming from the rear of my vehicle. After which I exited my vehicle and did a visual check and saw that my rear bumper had scratches and was dented. I then approached the driver of, SMQ1723Y, Silver Mercedes convertible, the driver then told me to meet up with him ahead at the nearest patrol station and I acknowledged and did not managed to get his particulars.

Subsequently the other driver managed to clear customs first and proceeded forward and I lost sight of him. Thereafter I cleared the customs, I then went around to look for him at around the vicinity and the nearest. Shell petrol station and the next, Petronas petrol station, however there was no sign of him. I am lodging this report for company record purposes.

Police Report





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

3 of 3 Report No. T/20191221/2021

CONTINUATION OF REPORT

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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 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:	
Signature Of Interpreter:		
Not applicable	Date/Time: 21/12/2019 06:15	
Officer In Charge Of Case. TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID. Contact No. 664761450re	Classification Of Case:	TO STATE OF THE ST
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SIGNATURE		
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