

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	22/01/2020 13:37
Date Of Accident	20/01/2020 20:55
Exact Location Of Accident	JUNC OF UPP CHANGI RD NORTH & FLORA DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1223J
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5112801747
Cover Note Number	

Driver

Name of Driver	THAM KUM SING, DANIEL
NRIC No	SXXXX500B
Date Of Birth	23/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97519537
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 40 BEDOK SOUTH RD #13-673
Postcode	460040
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?	YES
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200121/2122

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ7128L
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	THAM KUM SING, DANIEL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLC1223J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.



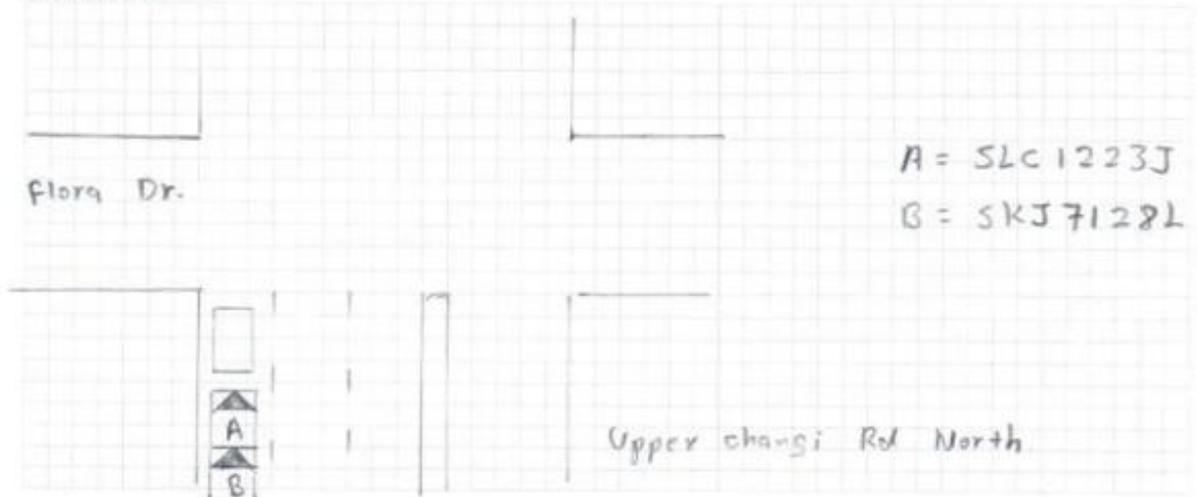
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22 Jan 2020

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

Accident Sketch Plan

SKETCH PLAN



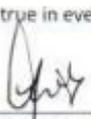
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200121/2122.

DECLARATION

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

Policyholder Signature: 
Date & Time:

Driver's Signature: 
(if driver is not the policyholder)
Date & Time: 22 Jun 2020

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200121/2122

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200121/2122

CONTINUATION OF REPORT

Driver			
Name	THAM KUM SING, DANIEL	ID No.	S8113500B
Related Vehicle	SLC1223J (Car)	Contact No.	97519537
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/01/2020	Date Discharge	20/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 20/01/2020 at about 2055hrs. I was driving my vehicle 'SLC1223J, Brown Toyota Corolla Axio' along Upper Changi Road North together with 01 passenger to Flora Road. I was driving along the extreme left lane.

As I was driving closer to the junction of Upper Changi Road North and Flora Drive, the vehicle ahead of mine slowed down to almost to a complete stop and as such, I follow suit and slow down. That was when all of a sudden, I felt an impact coming from the rear. The impact caused my vehicle to move forward but I managed to stopped in time and did not hit on the vehicle at the front.

I remain in my vehicle as I was in shock and due to the impact, I felt pain around my chest, neck and back area. I asked my passenger who was seated at the front passenger sit if he is okay and he informed me that he is fine. I then noticed that the driver from the other vehicle (V1, SKJ7128L, Black Toyota 86) disembarked from his vehicle and check the damages of his vehicle but did not approached me to ask if I am fine or not.

I then managed to recover from the shock and I proceed to disembark from my vehicle to made a check with the other driver. The other driver asked me to drive my passenger to his destination which I refused as at that time, I felt some pain and dizziness and wanting to look for ways to settle the matter. I then requested for his driver's license and particulars for insurance purpose which he refused to disclose. I then proceed to call for the police. I wish to state that when I was attempting to call for the police, the other driver keep trying to discourage me from doing so.

While waiting for the police and ambulance, the other driver keep on mentioning that he is unable to remain at scene but I kept reminding him that he is involved in a road traffic accident and have to remain. Shortly later, the ambulance arrived and I was given medical attention in the ambulance. I was then told that I need to be conveyed to the hospital for further treatment due to my high blood pressure reading.

Later on, the police arrived and I was interviewed briefly as I still need to be attended by paramedics. After which, I made arrangement with my rental agency to tow my vehicle away from scene. After witnessing my vehicle being towed away, I was then conveyed to CGH. I was given 2 days of medical leave.

I wish to state that I have in car camera footage of the accident (both frontal and rear view).

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POLICE FORCE**



T/20200121/2122

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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SINGAPORE
POLICE FORCE



T/20200121/2122

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200121/2122

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 MUHAMMAD NUR ISKANDAR BIN MUHD
NUR GHAZALI LIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/01/2020 16:27

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP188

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

