

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 12:49
Date Of Accident	20/01/2020 23:00
Exact Location Of Accident	PIE TWDS CHANGI AFT CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9630Z
Insured/Policyholder	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88380101

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5110749922
Cover Note Number	

Driver

Name of Driver	SUBHADRA TAN QING HUANG
NRIC No	SXXXX930J
Date Of Birth	21/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81513354
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 11 MOUNT SOPHIA #02-34
Postcode	228461
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , 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/20200121/2143

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	SLK5235G
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	SUBHADRA TAN QING HUANG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF9630Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

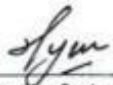
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

X 
Policyholder's Signature
Date & Time:


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

 22/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

(A) SLF 96302
(B) SLK 5235G.



P12 towards Chang; after Clements Ave 6 exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P12 refer to Police Report No:
T/20200121/2143.

DECLARATION

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

2

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.:

Individual Statement



SINGAPORE
POLICE FORCE



T/20200121/2143

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200121/2143

CONTINUATION OF REPORT

Driver			
Name	SUBHADRA TAN QING HUANG	ID No.	S9141930J
Related Vehicle	NIL	Contact No.	81513354
Hospital/Clinic	ASTUTE MEDICAL AESTHETICS & LASER CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 20/01/2020 at about 2300hrs I was driving my black Vezel registration number SLF9630Z along PIE towards Changi Airport near to Clementi Ave 6 Exit. While I was driving at lane 1 I heard a loud bang coming from the left side of the vehicle and my car overturned. I was unconscious for a moment and could not remember what had happened. I only realized when car has overturned.

I also not sure if there is government property involved. Traffic Police and Ambulance at scene. There is in car installed in my car however it is not in working condition, however the is in car camera installed at vehicle registration number SLK5235G. I wish to state that I suffered abrasion on the right side of my forearm.

Accident Photo



Accident Photo



Accident Photo



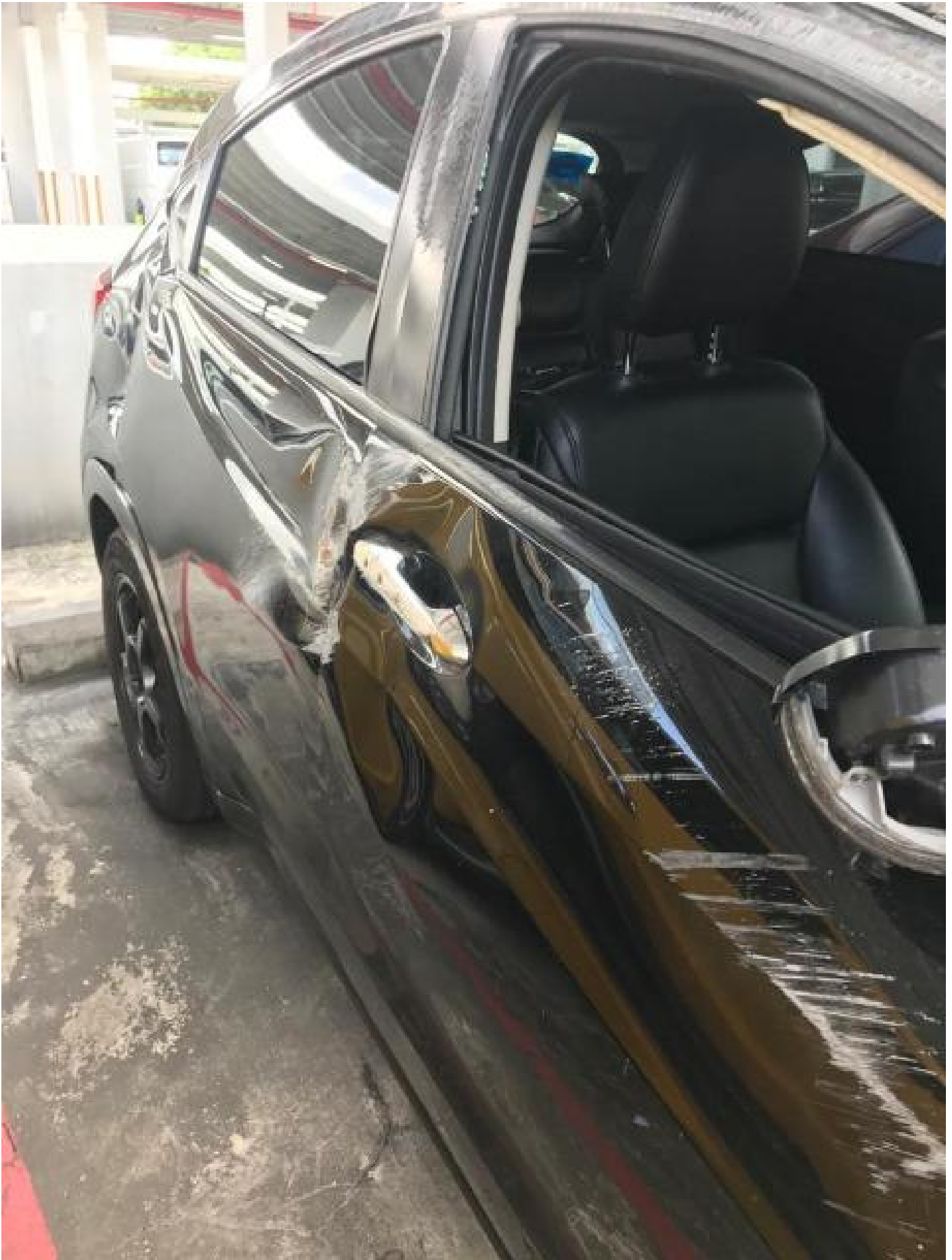
Accident Photo



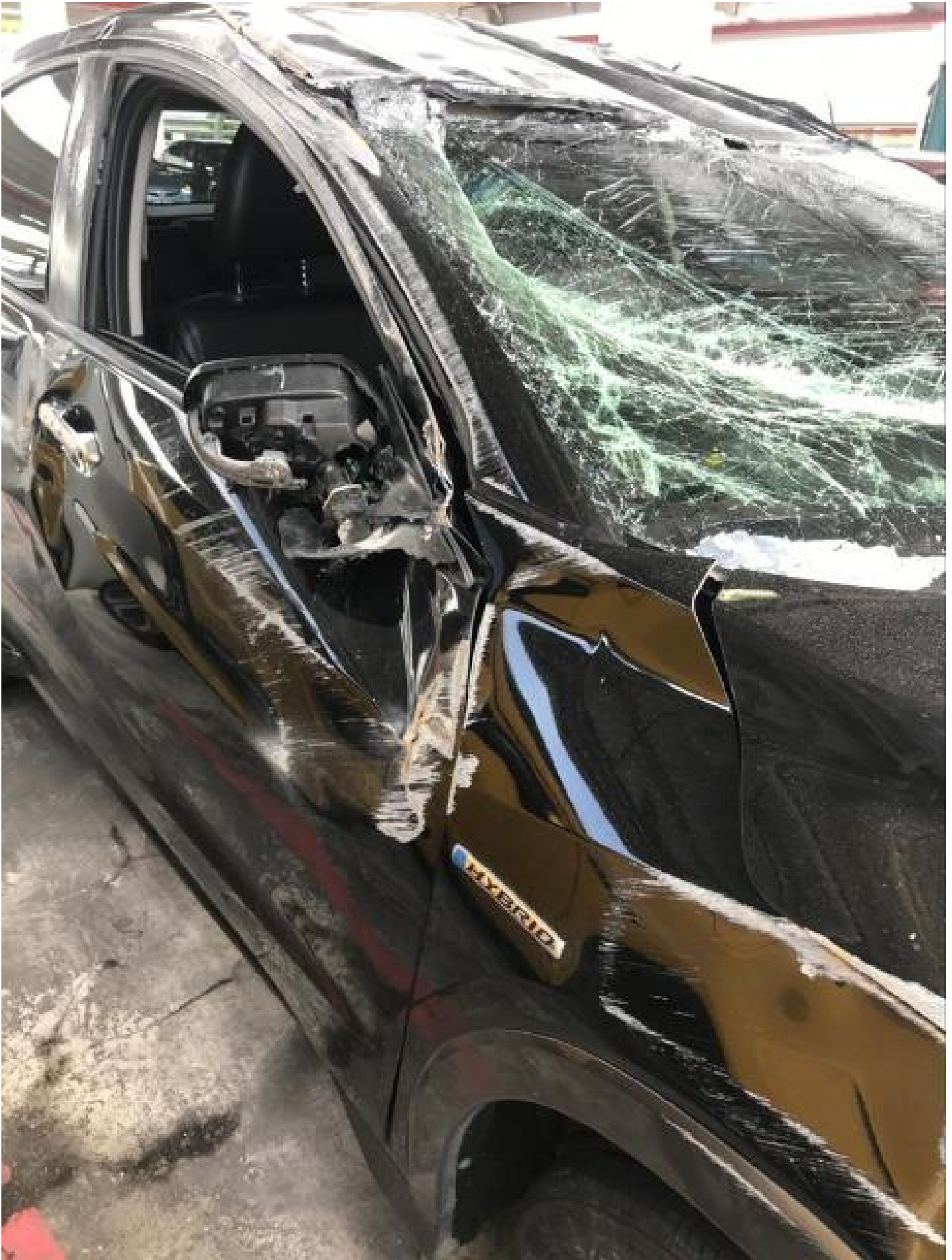
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



SINGAPORE
POLICE FORCE



T/20200121/2143

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4590999

1 of 3

Report No: T/20200121/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 17:34		Vide Report No.		Station Diary No.: 114
Informant's Particulars				
Name of Informant: SUBHADRA TAN QING HUANG		Address: BLK 11 MOUNT SOPHIA #02-34 SINGAPORE 228461		
ID Type / ID No.: NRIC NO. / S9141930J		Contact No.: Home/Office: Mobile: 81513354		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 21/11/1991	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2020 23:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport after Clementi Ave S Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLF9830Z	Car				Seriously Damaged	0
SLK5235G	Car				Seriously Damaged	0

Details of Person Involved

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

Police Report



SINGAPORE
POLICE FORCE



T/20200121/2143

Police Station Of Origin:
Hougang N.P.C
50 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No: T/20200121/2143

CONTINUATION OF REPORT

Driver			
Name	SUBHADRA TAN QING HUANG	ID No.	S9141930J
Related Vehicle	NIL	Contact No.	81513354
Hospital/Clinic	ASTUTE MEDICAL AESTHETICS & LASER CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 20/01/2020 at about 2300hrs I was driving my black Vezel registration number SLF9830Z along PIE towards Changi Airport near to Clementi Ave 6 Exit. While I was driving at lane 1 I heard a loud bang coming from the left side of the vehicle and my car overturned. I was unconscious for a moment and could not remember what had happened. I only realized when car has overturned.

I also not sure if there is government property involved. Traffic Police and Ambulance at scene. There is in car installed in my car however it is not in working condition, however the is in car camera installed at vehicle registration number SLK5235G. I wish to state that I suffered abrasion on the right side of my forearm.

Police Report



SINGAPORE
POLICE FORCE



T/20200121/2143

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No: T/20200121/2143

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 65474886 stating the report number as reference.

Signature Of Officer Recording The Report:

F /
Sgt 3 YASMIN BINTE MAZLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2020 17:34

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No: 65478218

Classification Of Case:

Authentication Stamp
NP108

Addendum Sheet

HAMSTER CAR RENTAL
88380101



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA120010409 Vehicle Registration No: SLF9630Z
Name(as shown in NRIC) : SUBHAORA TAN KING HUANG NRIC/FIN/Passport No : S9141930J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 11, MT SOPHIA, #02-34 Singapore(228461)
Contact (Tel) : _____ Mobile No. : 8151 3354
Email Address : _____
Date of Accident : 20/01/2020 Time of Accident : 2300 HRS
Place of Accident : PIC TOWARDS CHANGE AFTER CLEMENTI AVE 6 F&T
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM TP CLAIMS TO OA CLAIMS



Policyholder / Driver's Signature
Date:

14/2/2020

18/02/20
Reporting Centre Personnel's Signature
Name: