

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	29/01/2020 13:40
Date Of Accident	28/01/2020 07:00
Exact Location Of Accident	RIVER VALLEY RD TOWARDS JERVOIS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3327G
Insured/Policyholder	
Name Of Registered Owner	CARS 88 HIRE PTE LTD
Co Reg No	5XXXXX5080
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86613516
Alternative Phone No	OFFICE-86613516

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS C-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102235080
Cover Note Number	

Driver

Name of Driver	ANG SOON LEE
NRIC No	SXXXX225G
Date Of Birth	28/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86613516
Fax Number	
Contact Number	
Email Address	ANGSOLE@GMAIL.COM

Address	BLK 107D EDGEFIELD PLAINS #17-136
Postcode	824107
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	COLLIDED INTO PEDESTRIAN
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200128/2046

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 INJURED PERSON 1

Name	HO WAH SAI
Approximate Age	
Injuries Sustain	HEAD, PAIN LEFT LEG & ABRASIONS ON HANDS
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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/ran 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.



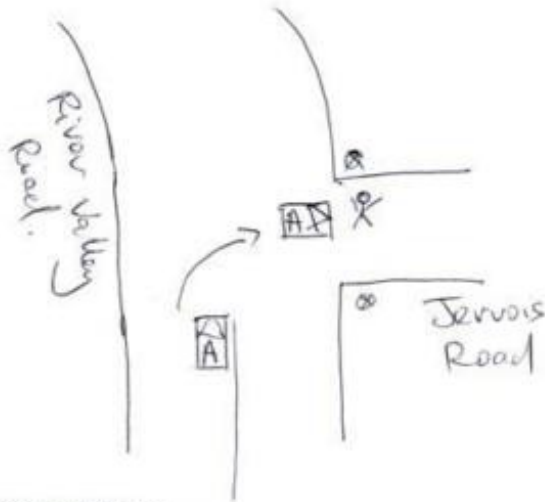
Policyholder's Signature
Date & Time

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No T/20200128/2046.

DECLARATION

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



Policyholder's
Date & Time:

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

Respective Claimant's Signature
Name
NRIC/ID No.

Police Report



**SINGAPORE
POLICE FORCE**



1/20200128/2046

Police Station Of Origin:
Bukit Merah West N.P.C.
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No: 1/20200128/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 12:08		Video Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: ANG SOON LEE			Address: APT BLK 107D EDGEFIELD PLAINS #17-136 SINGAPORE 824107		
ID Type / ID No.: NRIC NO / S1802225G			Contact No.: Home/Office: Mobile: 88613516		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 28/07/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General information of the Accident				
Type of Accident:	Injury: Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/01/2020 07:00	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 RIVER VALLEY ROAD JERVOIS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE3327G	Car				No Damage	1

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

Police Report



**SINGAPORE
POLICE FORCE**



1/20200128/2046

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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3778999

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Report No: T20200128/2046

CONTINUATION OF REPORT

Driver			
Name	ANG SOON LEE		ID No. S1802225G
Related Vehicle	SKE3327G (Car)		Contact No. 88813516
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	HO WAH SAI		ID No. S2005011Z
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/01/2020		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time, I was driving my vehicle along River Valley Rd turning right into Jervois Rd to pick up a passenger. While waiting to turn right, I observed that the pedestrian walking was clear and no oncoming vehicles. While turning right at the traffic light junction, I suddenly noticed that there was an oncoming pedestrian coming from the left. I quickly pressed onto my brakes. The pedestrian used both his hands upon seeing my vehicle which caused him to fall backwards. He injured his head with a slight bleeding and swelling and some abrasions on both of his hands. He was conscious throughout and informed that his left leg was in pain. I then brought him to SGH A&E where they informed that he will be under observation 1 day. I have an in-car camera installed in my vehicle. My vehicle did not suffer any damage.

Police Report



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500 Bukit Merah View #01-01 SINGAPORE
158682
Tel No: 1800-3779999



T/20200128/2046

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Report No: T/20200128/2046

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:
D /

Sgt 3 NURJANNAH BINTE AMRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp NEO CHENG BEET, CECILIA
Contact No.: 65478069

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/01/2020 12:08

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

