

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	28/01/2020 15:38
Date Of Accident	26/01/2020 14:45
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7845C
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Insured/Policyholder

Name Of Registered Owner	FERME VEHICLES RENTAL LLP
Co Reg No	TXXXXX525A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91263621
Alternative Phone No	OFFICE-91263621

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110342790(PREMIUM)
Cover Note Number	

Driver

Name of Driver	SNG HAO MING
NRIC No	SXXXX219Z
Date Of Birth	09/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91263621
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 5A UPP BOON KENG RD #24-726
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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?	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)	3
Passenger 1	NAME: : — GENDER: : FEMALE
Passenger 2	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 [OTHER]	CLEMENTI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20200128/2068

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	SHA7035D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 DRIVER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SME7845C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name 2 PASSENGERS
Approximate Age
Injuries Sustain
Injured person in which vehicle? SME7845C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

28/1/2020

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

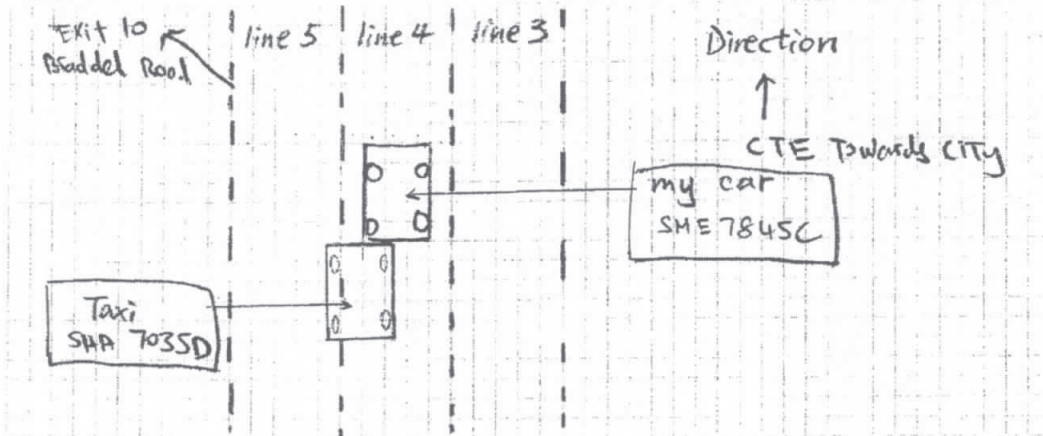
[Handwritten Signature]

JAC BUKIT RATOK (VAC)

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/1/20 at about 1445hrs, I was ~~driving~~ driving vehicle SME 7845C along CTE towards city near to Biddell Road on ~~lane 4~~ lane 4. The vehicle in front of me slowed down and I began to slow down. Suddenly, I felt a hit at the rear of my vehicle. I then got out of my vehicle and spoke to the driver of the vehicle SNA 7035D. As the male Chinese driver was reluctant to exchange particulars, I then only managed to get the driver's contact number.

DECLARATION

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

Policyholder's Signature

Date & Time:

28/1/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10AC BUKIT BATOK (VAC)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200128/2068

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20200128/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 13:17	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: SNG HAO MING			Address: APT BLK 5A UPPER BOON KENG ROAD #24-726 SINGAPORE 381005		
ID Type / ID No.: NRIC NO / S8618219Z			Contact No.: Home/Office: Mobile: 91263621		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/07/1986	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2020 14:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL) CTE towards City near to Braddell Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7035D	Car					0
SME7845C	Car	TOYOTA	Vios	Grey		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200128/2068

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20200128/2068

CONTINUATION OF REPORT

Driver			
Name	SNG HAO MING	ID No.	S8618219Z
Related Vehicle	SME7845C (Car)	Contact No.	91263621
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2020	Date Discharge	27/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	Chinese Male Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	97109869
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/01/2020 at about 1445hrs, I was driving vehicle SME 7845C along CTE towards city near to braddell road on lane 4. The vehicle in front of me slowed down and I began to slow down. Suddenly, I felt a hit at the rear of my vehicle. I then got out of my vehicle and spoke to the driver of the vehicle SHA 7035D. As the male Chinese driver was reluctant to exchange particulars, I then only managed to get the driver's contact number.

On 27/01/2020, my two passengers then felt pain at our neck, back and numbness at our hands and legs, we then went to Mount Alvernia Hospital to see the doctor and I was given 7 days of MC. My passenger namely Hui Hiu Man, K02747784 was given 7 days of MC while my other passenger namely Ng Geok Eng, S1390721H was given 5 days of MC.

There is in built car camera installed in the front of my vehicle. No police or ambulance attended the scene.



**SINGAPORE
POLICE FORCE**



T/20200128/2068

3 of 3

Report No. T/20200128/2068

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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 2 LEE JIAN WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANCY ISTEAD STEPHANIE SN 37
Contact No: 65476414

Authentication Stamp
NP168
SIGNATURE

Signature Of Informant:

Date/Time:
28/01/2020 13:17

Classification Of Case: