

## 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	04/02/2020 14:24
Date Of Accident	22/05/2019 02:45
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK4437G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AXON AUTOMOBILE
Co Reg No	5XXXX084K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818050

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5107699753
Cover Note Number	

### Driver

Name of Driver	CHRISTOPHER ADRIAN CHIA HSIEN LOONG
NRIC No	SXXXX912C
Date Of Birth	06/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81113690
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 436 ANG MO KIO AVE 10 #12-1357
Postcode	560436
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	UNKNOWN
Road Surface	UNKNOWN

#### 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
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	PAYA LEBAR NPP
Police Station Address	<b>ROAD:</b> 114 HOUGANG AVE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT & POLICE REPORT THAT REPORT ON BEHALF OF THE DRIVER: F/20190614/2080

#### 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	SHB7604G
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)

## 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:

30/01/2020  
4:20pm



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

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

*[Signature]* 04/02/20

## Individual Statement

### SKETCH PLAN

NO SKETCH AVAILABLE

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Don't Know How The Accident Happened. Collected car from TP, car was in an obvious state. Went to TP to check what happened, then realise car got into accident. Hires went missing, uncontactable, did not make accident reporting which has been briefed to him upon renting of the car. ~~He is not~~

### DECLARATION

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

Policyholder's Signature

Date & Time:

30/01/2020

4.20pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]* 04/02/20

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



F/20190614/2080

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20190614/2080

Police Station Of Origin  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Date/Time Report Made 14/06/2019 15:59		Video Report No.		Station Diary No. 35	
Name Of Informant JOHNATHAN LAU		Address APT BLK 102 HOUGANG AVENUE 1 #07-1193 SINGAPORE 530102			
ID Type / ID No. NRIC NO / S9300489B		Contact No. Home/Office Mobile 97818050			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation self employed		Sex Male	Age 26	Date of Birth 08/01/1993	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 11/06/2019 15:00		Location Of Incident 102 HOUGANG AVENUE 1 #07-1193 HDB-HOUGANG SINGAPORE 530102			

## Brief details.

On the 11/06/2019 at about 1500hrs, I received a letter from NTUC income stating a car (SGK4437G) which belongs to my rental company (AXON AutoMobile) was involved in a traffic accident and they have yet to receive any accident report regarding the car and they would not be able to handle the claims on my behalf. The person who rented the car is Christopher Adrian Chia Hsien Loong (S7514912C, HP: 81113680).

Signature Of Officer Recording The Report: F / Sgt 2 GABRIEL LEE BO WENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 15:59
Officer In-Charge Of Case: F / Hougang N.P.C / SI MOHAMMED ABDILLAH BIN ABU BAKAR Contact No.: 64890999	Classification Of Case:

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



F/20190614/2080

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190614/2080

As he was the one who rented the car and got into the accident, he failed to make an accident report with NTUC Income within 48hrs thus NTUC Income was unable to process the insurance.

I would like to state that my company would not be liable for the driver's actions as stated in the rental agreement. I am making this police report for my own record purposes as I will be submitting this report to NTUC Income for the insurance process.

Signature Of Officer Recording The Report.

F / Sgt 2 GABRIEL LEE BO WENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
SI MOHAMMED ABDILLAH BIN ABU BAKAR  
Contact No.: 84890999

Authentication Stamp

Signature Of Informant

Date/Time:  
14/06/2019 15:59

Classification Of Case: