

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	07/02/2020 15:53
Date Of Accident	22/12/2019 01:50
Exact Location Of Accident	ALONG HOUGANG AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD1572E
Insured/Policyholder	
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Co Reg No	1XXXXX987Z
Email Address	HSHW85@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91091660
Alternative Phone No	OFFICE-91091660

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108547847
Cover Note Number	

Driver

Name of Driver	CHO WAI
NRIC No	SXXXX587C
Date Of Birth	02/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91091660
Fax Number	
Contact Number	OFFICE-91091660
EEmail Address	HSHW85@YAHOO.COM

Address	BLK 269A YISHUN STREET 22 #08-525
Postcode	761269
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2020111/2002

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	SHB4544R
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.

鴻山有限公司
HONG SAN HONG WEI PTE LTD
1002 BUKIT MERAH LANE 3 #01-3F
SINGAPORE 139719
UIC: 01001660 HTP: 383161A*

DRIVER MIA

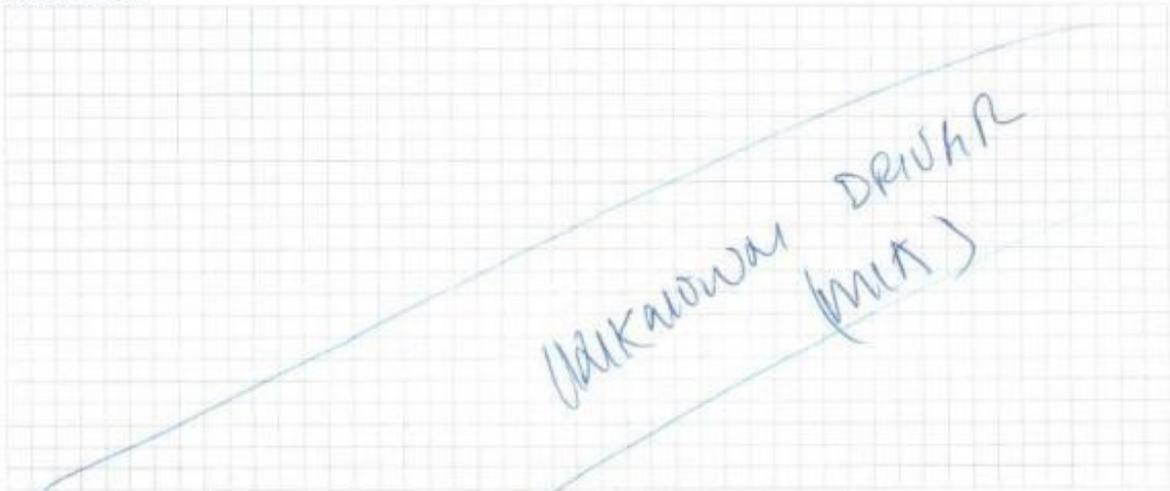
07/07/2020
Reporting Centre Personnel's Signature
Name: *Reda Mohamed*
NRIC/FIN No.:

Policyholder's Signature
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2000011/2002

DECLARATION 山崎洋行有限公司
YONG SAN HONG WEI STE LTD
1002 BUKIT MERAH LANE 3 #01-3F
SINGAPORE 159719
H/P: 51991600 H/P: 983161R

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200111/2002

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200111/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 00:24	Vide Report No.:	Station Diary No.: 2
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Informant's Particulars

Name of Informant: SAM SAW MAN		Address: APT BLK 163 STIRLING ROAD #04-1236 SINGAPORE 140163	
ID Type / ID No.: NRIC NO / S7269134B		Contact No.: Home/Office: Mobile: 91091660	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 15/01/1972	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2019 01:50	Type of Location:
Location: Along Road 1 HOUGANG AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD1572E	Car				Slightly Damaged	0
SHB4544R	Car				No Damage	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200111/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20200111/2002

CONTINUATION OF REPORT

Brief Details.

On 19/12/2019, there was a guy namely Cho Wai, NRIC: S1417587C, Address 269A Yishun St 22 #08-525, HP: 88175029 came to my shop, Hong San Hong Wei Pte Ltd located at Blk 1002 Bukit Merah Lane 3 #01-85 to rent a vehicle for the period between 19-22 Dec 2019. Subsequently, he was given vehicle SGD1572E for the 3 days and we signed a substitute vehicle term agreement. On 22/12/2019 at about 0630hrs, I received a call from Shenton towing services pte ltd, HP: 85882328, informed me that my vehicle was with him and asked me where should my vehicle be tow to which I informed them that they can towed the vehicle back to my shop.

On 09/01/2020, when I opened my letterbox then I saw a letter from the traffic police and asked me to lodge a police report. I wished to state that my vehicle front right bonnet suffer dent near to the headlight and there were multiple scratches mark around both my right driver and passenger door. I wished to state that I called the guy who rented the car from me as regards of this issue however he denied that he had met with any accident. I also wished to state that the ref number of the traffic police letter is TP/IP/00249/2020

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200111/2002

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20200111/2002

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 LIU FENGZHAN, GERRY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2020 00:24
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case: S1140
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



Accident Photo

