#### 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 witholding 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

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/02/2020 16:45	
Date Of Accident	06/02/2020 21:00	
Exact Location Of Accident	UPPER PAYA LEBAR TWDS UBI	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1550M	
Insured/Policyholder		
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD	
Co Reg No	2XXXXX594C	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-92330233	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	VIOS	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
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 HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5108706042	
Cover Note Number		
Driver		
Name of Driver	GOH SWEE THYE(WU RUITAI)	

NRIC No SXXXX195C Date Of Birth 14/08/1981 Occupation **OUTDOOR Date Of Driving Pass** 11/12/2003

**Driving Experience** 16 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92330233

Fax Number **Contact Number** 

**EMail Address NOEMAIL** 

BLK 120B EDGEDALE PLAINS #06-297 Address

Postcode

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 - CHANGE/CROSS LANE** 

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO STATEMENT.

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 Witness 1** 

Name **GRAB PASSENGER** 

Phone Number **Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHA4361G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver **ZULKEFLE BIN KHAMIS** 

NRIC/Passport Number

Contact Number

Address

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Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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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.
- 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:
  - 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, involces, 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:
  - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

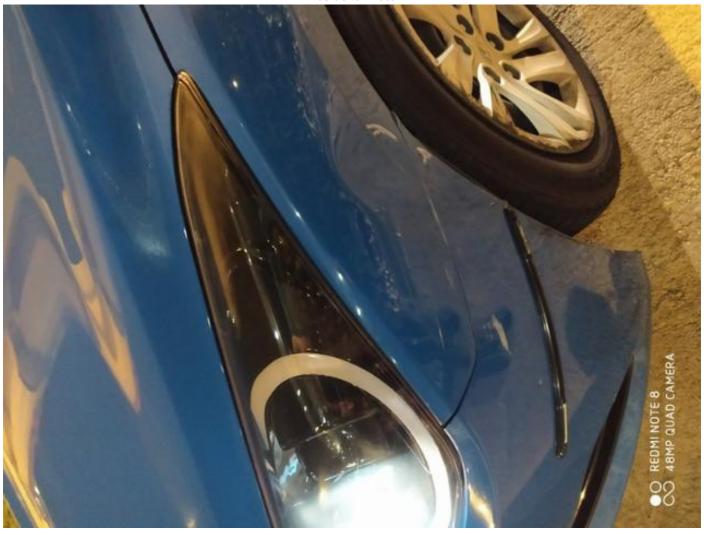
#### **Accident Sketch Plan**

SKETCH PLAN	the same and the s	a constitution transferred by the second contract of
	A SLH 1550W	
	1 1 1 1 1 1 1	
	/187	upper Parla Losbar Howards
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
turning ri	ny right Front 18HAUH3619 vate Settlement 1age with him	along upper PAYA  Id 900 pm towards  I, was driving  nicle SHA 43616  nto my lane and  of my vehicle  catt fot wanted  o I got all the  nsurance claim.
DECLARATION		
I/We declare the foregoing particular	4 Miles	#
Policyholder's Signature 273 5733	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

Date & Time:







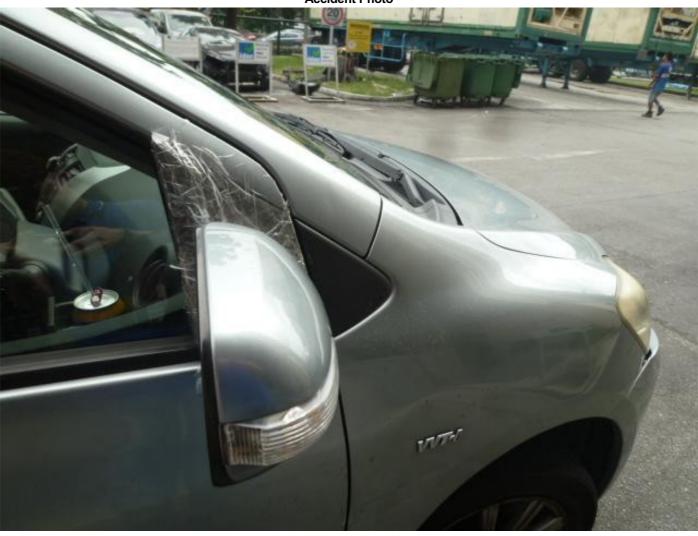
























9:23

Hi bro, I'm the taxi driver yesterday. So what time u go to workshop and ask for quotation?

10:39

Hi bro, I've already inform my hirer abt yesterday, he wants me to report to my company. So u can proceed to report. No need do private settlement.

So bro, confirmed that
I go proceed with the
insurance claim? Because
like I told you yesterday,
we are both drivers on the
road earning hard earned
money and I believe you
wasn't on purpose that you
eat into my lane which is

6



6

