

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	03/03/2020 09:18
Date Of Accident	02/03/2020 08:55
Exact Location Of Accident	SIXTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2574R
Insured/Policyholder	
Name Of Registered Owner	FAST RENTAL CAR PTE LTD
Co Reg No	2XXXXX492M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5090809907-02
Cover Note Number	

Driver

Name of Driver	OH CHEE WEE (HU ZHIWEI)
NRIC No	SXXXX333A
Date Of Birth	17/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85350011
Fax Number	
Contact Number	OFFICE-85350011
Email Address	NOEMAIL

Address	BLK 317 TAMPINES STREET 33 #05-50
Postcode	520317
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 - MAJOR/MINOR RD
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: : MALE
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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200302/2076.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK9643D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	OH CHEE WEE (HU ZHIWEI)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL2574R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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.



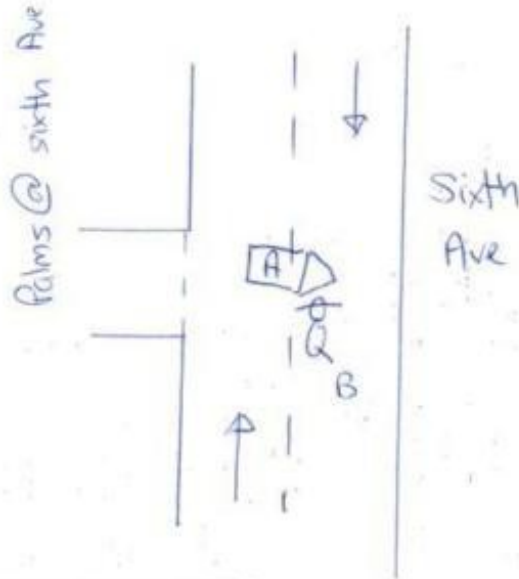
Policyholder's Signature
Date & Time:

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



DOA: 2/3/20

A: SJL 2574R

B: FBK 9643D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

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/20200302/2076

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20200302/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 14:47	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: OH CHEE WEE		Address: APT BLK 317 TAMPINES STREET 33 #05-50 SINGAPORE 520317	
ID Type / ID No.: NRIC NO / S7305333A		Contact No.: Home/Office: Mobile: 85350011	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 17/02/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FLOOR MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2020 08:30	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE PALMS @ SIXTH AVENUE CONDO exit at Sixth Ave turning right to Bukit Timah direction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9643D	Motorcycle				Slightly Damaged	0
SJL2574R	Car				Seriously Damaged	2

Details of Person Involved

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

Police Report



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Report No. T/20200302/2076

CONTINUATION OF REPORT

Rider			
Name	ABU BAKAR BIN AHMAD	ID No.	S1832340B
Related Vehicle	FBK9643D (Motorcycle)	Contact No.	93392194
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	Slight
Driver			
Name	OH CHEE WEE	ID No.	S7305333A
Related Vehicle	SJL2574R (Car)	Contact No.	85350011
Hospital/Clinic	CENTRAL 24-HR CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mention date, time and location, I was driving one rental car TOYOTA, SJL2574R red in colour exiting PALMS @ SIXTH AVENUE CONDO at Sixth Ave turning right to Bukit Timah direction with 2 passenger seated at the back. Initially I was stationary at the PALMS @ SIXTH AVENUE CONDO exit due to the heavy traffic and waiting for the chance to turn right. Once the ongoing traffic stop, I then proceed to turn right. When I had successfully turn right to the lane, suddenly one motorcycle FBK9643D going against the flow of traffic and collided head on to my vehicle car. The motorist then fell onto the ground. I then check with my passenger which both of them inform they are fine. After which I alighted and attend to the motorist which he inform he is fine and only sustained minor abrasion on both hand area and he complain of pain on his one of his leg area. Initially he inform he do not require ambulance however subsequently I think someone call ambulance and traffic police. After about 30 min, ambulance and traffic police came and paramedic attend to the motorist who was not conveyed in the end. The traffic police told me to lodge a traffic accident report. Due to the accident my car damages is at the front portion. I have in car camera and it capture the whole incident.

I wish to state after the accident I felt pain at the back and back neck area and hence I went to consult a doctor and was given 3 days MC.

Police Report

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POLICE FORCE**

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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

T/20200302/2076

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Report No. T/20200302/2076

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:

G /

Staff Sgt TAN YI KUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/03/2020 14:47

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL

SAMAD

Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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