

## 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	11/03/2020 13:47
Date Of Accident	11/03/2020 08:05
Exact Location Of Accident	ENG NEO AVE TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8297J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88380101
Alternative Phone No	OFFICE-88380101

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	YES
Policy Number	5114559335
Cover Note Number	

### Driver

Name of Driver	TAN CHIN WEIVERN
NRIC No	SXXXX928A
Date Of Birth	29/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475429
Fax Number	
Contact Number	OFFICE-91475429
E-Mail Address	NOEMAIL

Address	BLK 625 JURONG WEST STREET 61 #05-155
Postcode	640625
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?	
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)	2
Passenger 1	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	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20200311/7012.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM3595H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.

X   
Policyholder's Signature  
Date & Time:

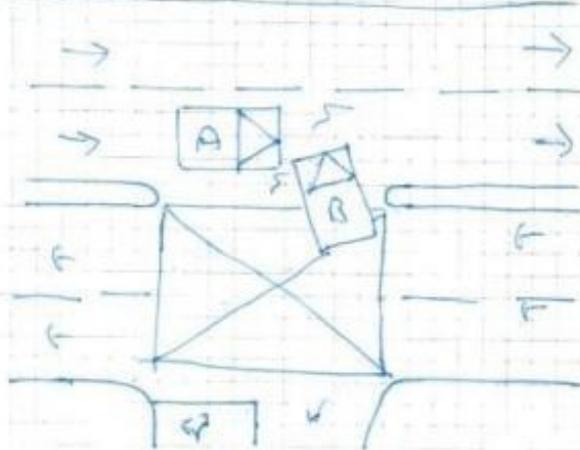
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Vehicle A - SLF 8297J  
 Vehicle A - SMM 3595H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Eng Neo Ave, towards PIE direction, I was on the right lane.

While driving straight ahead, somewhere in-between lamp post (9 and 10), at the intersection of (Eng Neo Ave / Eng Neo Ave) suddenly a vehicle made a abrupt "u" turn, which resulting causing collision onto the right front portion of my vehicle.

Alighted from my vehicle and realized a vehicle (SMM 3595H) collided to the right front portion of my vehicle, and didn't stop his vehicle after collision and drive off straight away.

The whole accident footage was captured by my in-car camera.

Vehicle A - SLF 8297J  
 Vehicle B - SMM 3595H.

DECLARATION

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

x

Policyholder's Signature  
 Date & Time:



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

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Police Report



**SINGAPORE  
POLICE FORCE**



E/20200311/7012

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**POLICE REPORT (NP299)**

Report No. E/20200311/7012

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 11/03/2020 11:35	Vide Report No.	Station Diary No.	
Name Of Informant TAN CHIN WEIVERN	Address APT BLK 625 JURONG WEST STREET 61 #05-155 SINGAPORE 640625		
ID Type / ID No. NRIC NO / S8485928A	Contact No. Home/Office:	Mobile: 91475429	
Nationality MALAYSIAN	Email Address weivern_tan@hotmail.com		
Occupation GRAB DRIVER	Sex Male	Age 35	Date of Birth 29/03/1984
Institution/School Name	Race Chinese		
Date/Time Of Incident 11/03/2020 08:05 - 11/03/2020 09:05	Language English		
	Location Of Incident ENG NEO AVENUE		

**Brief details.**

ON MENTION DATE 11/03/2020 AROUND THE TIME OF 08:05 HOURS, I WAS DRIVING MY VEHICLE (SLF 8297 J), ALONG ENG NEO AVE, TOWARDING PIE DIRECTION, I WAS ON THE RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SOMEWHERE IN-BETWEEN LAMP POST (9 AND 10) AT THE INTERSECTION OF (ENG NEO AVE / ENG NEO AVE) SUDDENLY A VEHICLE MADE A ABRUPT U TURN, WHICH RESULTING CAUSING COLLISION ONTO THE RIGHT FRONT PORTION OF MY VEHICLE.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2020 11:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE  
POLICE FORCE**



E/20200311/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200311/7012

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE (SMM 3595 H) COLLIDED TO THE RIGHT FRONT PORTION OF MY VEHICLE, AND DIDN'T STOP HIS VEHICLE AFTER COLLIDED ONTO MY VEHICLE AND DROVE OFF STRAIGHT AWAY.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLF 8297 J

VEHICLE B - SMM 3595 H

Subjects Involved			
Victim			
Person Name	TAN CHIN WEIVERN		
ID Type	NRIC NO	ID No	S8485928A
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 625 JURONG WEST STREET 61 #05-155 SINGAPORE 640625	Mobile No	91475429
Is Informant A Victim?	Yes		
Person Name	TAN CHIN WEIVERN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
11/03/2020 11:35

Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



本田技研工業株式会社  
型式 DBA-RU1  
車台番号 RU1-1117579  
T7AF 7C0-NH731P -A -J



Accident Photo

