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.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/03/2020 14:02
Date Of Accident	10/02/2020 21:20
Exact Location Of Accident	TAMPINES ST 81
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW5307U
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	ТОУОТА
Model	WISH 1.8 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	REPORTING ONLY
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	5098030744-01
Cover Note Number	

D		20	-	-
	rı	w	Ω	r

 Name of Driver
 TAN SEOW KOK

 NRIC No
 SXXXX625F

 Date Of Birth
 02/02/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/06/1977

Driving Experience 42 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97216734

Fax Number

Contact Number OFFICE-97216734

EMail Address NOEMAIL

Address

BLK 818 TAMPINES STREET 81

#04-602

Postcode

520818

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

COLLIDED INTO PEDESTRIAN

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? 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

TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/2103.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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, 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;
 - 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

MS64T1810

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

R S	
OA: 10/2/20 Tempines 3 A: SLN 53674	₹ Ave 3
A: SIN 5367U	
8	
- P	
lampine	
8	
# ACCIDENT	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to Police Report	
	123 (123 (123 (123 (123 (123 (123 (123 (

Policyholder's Signature Date & Time: Oriver Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Personal Particulars Date of Accident: 10 2 20 Time of Accident: 2120 hd Exact Location of Accident: Empires St 81 Owner's Name: Fast Rotal Car PL NRICNO: HP No: Driver's Name: Ton Sean Kot NRIC No: 51247017 HP No: 97216734 Date of Birth: 2 2 1957 Driving Licence Passing Date: 22 6 1977 Occupation: Indoor / Outspor Address: 818 Tampines St 81 #04-602 (520818) Relationship of Driver with Insured: How Email Address: Vehicle No: SLW 5307 U Make & Model: Insurance Co: NTU Coverage: Policy No: *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work *Weather Condition? Slep / Raining / Others: Wet / Dry / Others: * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: C: D: "Was Anybody Injured ? (Yes / No) If ves, Name / NRIC / In Vehicle: *Was The Accident Reported To The Police ? No (6 Yes, Which Police Station? *Does the Driver Own Any Other Vehicle? O No O Yes, Vehicle Registration No: ______ insurer: _____ *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: ____ *Was there any video captured by Car Camera? (Yes/No) Third Party Driver's Particulars Vehicle 8 No: _____ Make 8 Model: ____ Driver's Name: ______ NRIC No: ______ HP No: _____ Vehicle C No: _____ Wake & Model: Driver's Name: ______ NRIC No: _____ HP No: _____ Witness Particulars Name: ______ NRIC No: _____ HP No: _____





Report No. T/20200211/2103

Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 17:55	//ade:	Vide Report No.:	Station Diary No.: 70			
Informa	nt's Partic	ulars					
	f Informant: OW KOK		Address: APT BLK 818 TAMPINES 520818	STREET 81 #04-602 SINGAPORE			
	/ ID No.: O / S12476	25F	Contact No.: Home/Office: Mobile: 97216734				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 63	Date of Birth: 02/02/1957	Type of Informant:				
Race: Chinese			Language: Institution / School Name				
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3,4 Date of Expiry:				

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 10/02/2020 21:20	Type of Location T-Junction	
Location: Along Road 1 TAMPINES S Along Tampin	TREET 81 es st 81 towards Tampin		12	,	
Weather: Night	11	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Traffic Light - Wo	rking		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLW5307U	Car				No Damage	1		

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used





T/20200211/2103

2 of 3

Report No. T/20200211/2103

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver						
Name	TAN SEOW KOK					S1247625F
Related Vehicle	SLW5307U (Car)				ct No.	97216734
Hospital/Clinic	NIL				of g ce & y Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Degree of Injury N		

Brief Details.

On the 10/02/2020 at about 2118hrs, I was driving SLW5307U along Tampines at 81 towards Tampines ave 3 with my daughter in the vehicle. At the T junction of Tampines St 81 and Tampines ave 3, I was at the most left lane when I was signaling to make a left turn. The traffic light was in my favour and there were 2 other cars that was in front of me had already make their left turn. I checked my left and right before I moved forward to Tampines ave 3. However when I was driving through the pedestrian crossing, suddenly a pedestrian wearing black dashed from my right in front of my car. I didn't have time to stop the car and front of my vehicle collided with the pedestrian.

The pedestrian then fell onto the ground and I stopped to check. The pedestrian stood up herself and she told us that she is fine and does not require any medical attention. I also noticed that her phone had cracked and there are some abrasion on her arms. We asked a few times if she wants to go to the clinic but was rejected by her.

We exchanged particulars and the pedestrian is Oh Jia Min HP: 90907438 Blk 806 Tampines ave 4 #07-95. She look between 20-30year old. A passerby who informed that she is first aid trained asked the pedestrian to do a few motion and the pedestrian looked alright.

We were told that she called an ambulance to her house after she reached home due to some swell on her right ankle. She was being sent to hospital. She told us that the X-ray scanning went through fine but there is still some sore on her right muscle.

I do have in car camera in my vehicle and there is footage of what happened that day. There is no damage on my vehicle.

My daughter can be witness to the case Wendy Tan En Qi S8938690Z HP: 97285898. My daughter is the one liaising with the pedestrian.





3 of 3

Report No. T/20200211/2103

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

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 Reco G / Sgt 2 CHIN XUE NI	rding The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 11/02/2020 17:55
Officer In Charge Of Case TP / AEIT / Staff Sgt WONG SIEU LU Contact No.: 65476151		Classification Of Case:
Authentication Stamp	PULICE FUNCE	2



Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT	ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5098030744-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLW5307U

Chassis Number : JTDGG20W40J008963
2. Name of Policyholder : FAST RENTAL CAR PTE LTD

3. Effective Date of Insurance : 21 Feb 2019
4. Expiry Date of Insurance : 20 Feb 2020

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$2,000

EXCESS (SECTION 2) : S\$1,500

WINDSCREEN EXCESS : S\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

 REPAIR AT OWNER'S PREFERRED WORKSHOP
 : NO

 INSURE WITH COE
 : YES

 NCD PROTECTION
 : NO

 TRANSPORT ALLOWANCE
 : NO

 EXCESS WAIVER
 : NO

 PRIMARY DRIVER
 : N/A

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 15 Feb 2019 10:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech						S Code		thin!	MENT	Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						+ Chang	je Language	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query							-110-300-00		
	Policy N	No.	509803	30744-01		Date	of Accident	[10/02/2020 2	1:20	
	Vehicle	No.(For Motor)	SLW53	07U		Certif	icate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098030744- 01		FAST RENTAL CAR PTE LTD	201617492M	GPC	drivo CLASSIC	SLW5307U	SLW5307U	21/02/2019	20/02/2020
	90 11					Continue					

Policy No. Certificate	5098030744-01	Name	TASI KENI	AL CAR PTE LTD	NRIC	201617492M		
No.								
Address	BLK 161 #03-148 BISHAN STR	REET 13 BISHAM	CRESTA SI	NGAPORE 570161				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	15/02/2019	Effective Date	21/02/201	9 00:00	Expiry Date	20/02/2020 23:59		
Excess Type		All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy!	holder Mailing Address				= 014 =			
Address 1	BLK 161 #03-148	Addre	ss 2	BISHAN STREET 13	1	Address 3	BISHAN CRESTA	
Address 4	SINGAPORE 570161	Addre	ss Type	Singapore address 5113890499		Post Code	570161	
	03-148	Relate Numb	ed Policy er					
Unit No.								
	ed Object: SLW5307U							
Unit No. ▶ Insure ▼ Endors								

ccident MT/1088553				THE PROCESSION OF THE PARTY OF		
olicy No.	5098030744-01	Vehicle No.	SLW5307U	GST Registration No.		
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elcynoider Name	FAST RENTAL CAR PTE LTD			Policyholder NR3C	201617492M 0 0 No Ves	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		
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mas Address	200200	Special Remark	8 m Over	eCode eCode Reason		
řK.	® No ○ Yes	TCA NCD Entitlement(%)	® No ○Yes	Private Hire		
Protection No Accident Details ort Date 17/03/2020 14:25		NCO problement(ve)		X-18-100-1-02	Collided into Pedestrian	
		Accident Report Within 24 hrs	Yes	Accident Type		
ate of Accident	10/02/2020	Time of Accident hh:mm	21:20	Country of Accident	Singapore	
eporting Centre		Orange Force		3CH No.		
ccident Location	TAMPINES ST 81					
♥ Excess						
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00	
nnamed Driver Excess	oss Outside Si		2,000.00			
ning Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
© Benefits						
GST Registered Informa			***			
ST Registered	No		GST Registration Date GST Status Verified	Yes		
ST Registration No. Indiffication History			17 28 No. 1 28 No. 15 No. 1	- 0233		
The state of the s						
♥ Pelicyheider Hailing Ado	frees					
iddress 1	BLK 161 #03-148	Address 2	BISHAN STREET 13	Address 3	BISHAN CRESTA	
Address 4	SINGAPORE 570161	Address Type	Singapore address	Post Code	570161	
Init No.	03-148	Related Policy Number	5113890499			
♥ OI Driver Info			The state of the s			
Driver Name	Unnamed Driver	Driver Type Driver NRIC	Unnamed Driver SXXXX625F	Driver DOB	02/02/1957	
Innamed driver Name	TAN SBOW KOK	Driver Age	63	Driving Experience	42 0 TAMPINES POLYVIEW 520818	
Register Date of Driver License Contact No. (Mobile)	97216734	Contact No.(Office)	0	Contact No. (Home)		
Address 1	BLK 818	Address 2	TAMPINES STREET 81	Address 3		
Address 4	SINGAPORE 520818	Address Type	Singapore address	Post Code		
Unit No.	04-602					
Does he own a Singapore						
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration Breathalyser or Blood Test	O mg	Driver Vehicle No. Any injury?	○ Yes ® No	Oriver Insurer Company		
Declaration Breathalyser or Blood Test			○ ves No	Oriver Insurer Company		
Declaration Breathalyser or Blood Test Reading?			○ ves ® No	Oriver Insurer Company		
Declaration Breathalyser or Blood Test			○ Yes ® No	Oriver Insurer Company		
ecteration Breathalyser or Blood Test leading?			○ ves ® No	Oriver Insurer Company		
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