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 <u>truthful and accurate</u> 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 aforesaid.

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	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
D	DETAILS 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	TOYOTA
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	
Driver	
Name of Driver	TAN SEOW KOK

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

BLK 818 TAMPINES STREET 81 Address

#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

COLLIDED INTO PEDESTRIAN Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

GENDER:

NAME:

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

YES

NO

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-5871999 - FAX NO: 65871699

: FEMALE

Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/2103.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

-21-61

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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.
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 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 anvelopes/mail packages); and/or
 - (v) complying with applicable low 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:

20%

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Accident Sketch Plan

KETCH PLAN				
recognition is				
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DOA: 10/2/20 Tor	pines 5	+ Ave 3	1 -	194 A. S.
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DESCRIBE CIRCUMSTANCES OF THE ACCID	ENT 2			
Refer to Police	Report			
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FASA				
DECLARATION & particulars are true	in every respect.			
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Policyholder's Signature Oriver	Signature	holdet)	Reporting Centre P Name:	ersonnel's Signature
The second secon	ver is not the policy & Time:	indicast.	MRIC/FIR No.:	





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

1 of 3 Report No. T/20200211/2103

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 1/02/2020 17:55		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	MENS PERSON			
Name of Informant: TAN SEOW KOK			Address: APT BLK 818 TAMPINES STREET 81 #04-602 SINGAPORE 520818			
ID Type / ID No.; NRIC NO / S1247625F			Contact No.: Home/Office:	Mobile: 97216734		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 63 02/02/1957			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3,4	Date of Expiry:		

	mation of the Accident				
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 ave 3 in front of	Tampines west CC		
Weather: Roa		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	raffic Flow: Traffic Control:			Traffic Volume:	
	ion:			Anyone conveyed by	

Details of Vehicle Involved						E E CONTRACTOR
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

Police Report





Police Station Of Origin: Tampines N.P.C

Report No. T/20200211/2103

2 of 3

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

Driver	AND ADDRESS OF THE PARTY OF	ALCOHOL: N	Total Control of the Control	and the same	VALUE OF	
Name	TAN SEOW KOK			ID No).	S1247625F
Related Vehicle	SLW5307U (Car)			Conta	act No.	97216734
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

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.

Police Report





T/20200211/2103

3 of 3

Report No. T/20200211/2103

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

CONTINUATION OF REPORT Tel No: 1800-5871999

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 Informatic.		
Signature Of Interpreter: Not applicable		Date/Time: 11/02/2020 17:55		
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI		Classification Of Case:		
Contact No.: 65476151	SINGAPORE	11		
Authentication Stamp NP168	PERCE PURCE	21		
	523867	1907		















