

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 | 28/04/2020 15:56 |
| Date Of Accident | 21/04/2020 13:45 |
| Exact Location Of Accident | BLK 468 HOUGANG AVENUE 8 ONEWAY DRIVEWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKU9402Z |
| Insured/Policyholder | |
| Name Of Registered Owner | PARADIGM AUTO PTE LTD |
| Co Reg No | 201943139H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90938998 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5115302429 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG BOON CHYE, STEVEN |
| NRIC No | S6816959C |
| Date Of Birth | 18/04/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/06/1990 |
| Driving Experience | 29 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81394767 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 162A PUNGGOL CENTRAL #15-57 SINGAPORE |
| Postcode | 821162 |
| 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 - OPENING DOOR OF VEHICLE |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) |
| Police Station Address | ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2180000 - FAX NO: 64814246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO POLICE REPORT AND ATTACHED 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 |

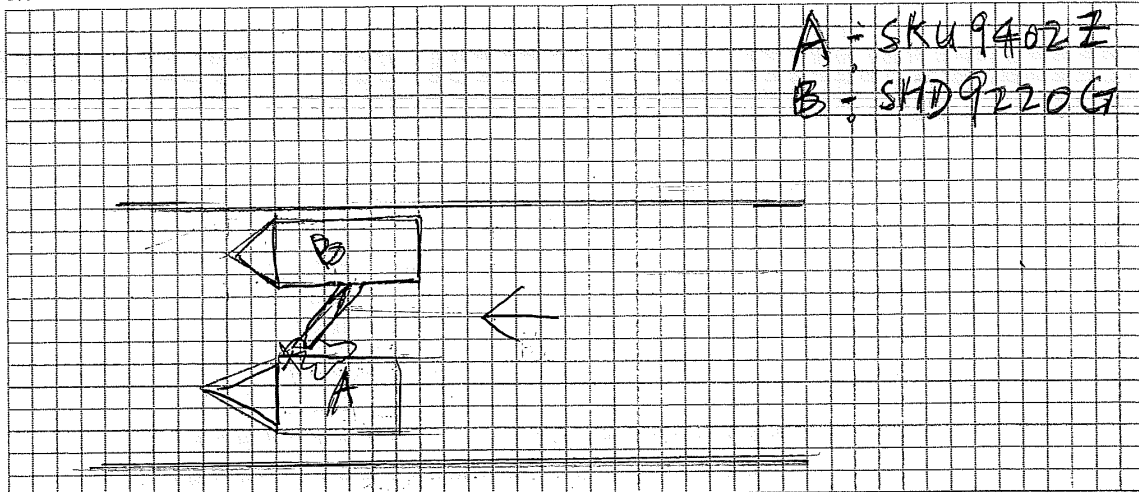
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | SHD9220G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | REFER TO POLICE REPORT AND ATTACHED |
| Vehicle Category | TAXI |
| Name of Driver | TAY TONG SIEW |
| NRIC/Passport Number | S0165126I |
| Contact Number | 98535077 |
| Address | |
| Postcode | |

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

| DETAILS OF INJURED PERSON 1 | |
|---|-------------------------------------|
| Name | ONG BOON CHYE, STEVEN |
| Approximate Age | |
| Injuries Sustain | REFER TO POLICE REPORT AND ATTACHED |
| Injured person in which vehicle? | SKU9402Z |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/04/2020 at 1.45pm. I was driving my vehicle Toyota Wish SKU 9402 Z along BIK 468 Hougang Ave B On a one way driveway.

I was travelling in my lane moving straight when a taxi Toyota Prius SHD 9220 G stopped his vehicle in a no-stop zone to alight his passenger. The passenger swung his car open when my vehicle has already surpassed him. It caused severe damages to my car.

Due to the accident, I suffered pain I consulted my doctor and was given 5 days MC with strong medication.

The driver has acknowledged the accident and he is willing to take full responsibility for it.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/4/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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.



Policyholder's Signature

Date & Time: 28/4/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20200428/7034

1 of 2

POLICE REPORT (NP299)

Report No. F/20200428/7034

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|--|--|-------------------|
| Date/Time Report Made 28/04/2020 13:46 | Vide Report No. | Station Diary No. |
| Name Of Informant ONG BOON CHYE, STEVEN | Address APT BLK 162A PUNGGOL CENTRAL #15-57 SINGAPORE 821162 | |
| ID Type / ID No. NRIC NO / S6816959C | Contact No. Home/Office: Mobile: 81394767 | |
| Nationality SINGAPORE CITIZEN | Email Address ongsteven18@gmail.com | |
| Occupation Taxi driver | Sex Male | Age 52 |
| Institution/School Name | Date of Birth 18/04/1968 | Race Chinese |
| Date/Time Of Incident 21/04/2020 13:45 | Location Of Incident Blk 468 Hougang Ave 8 | |

Brief details.

On 21/04/2020 at 1.45pm, I was driving my vehicle Toyota Wish SKU9402Z along Blk 468 Hougang Ave 8 on a one way driveway.

I was traveling in my lane moving straight, when a taxi Toyota Prius SHD9220G stopped his vehicle in a no-stop zone to alight his passenger. The passenger swung his car open when my vehicle has already surpassed him. It caused severe damages to my car.

| | |
|--|--|
| 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: 28/04/2020 13:46 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

**SINGAPORE
POLICE FORCE**

F/20200428/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200428/7034

Due to the accident, I suffered pain I consulted my doctor and was given 5 days MC with strong medications.

The driver has acknowledged the accident and he is willing to take full responsibility for it.

| | |
|--|--|
| 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: 28/04/2020 13:46 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



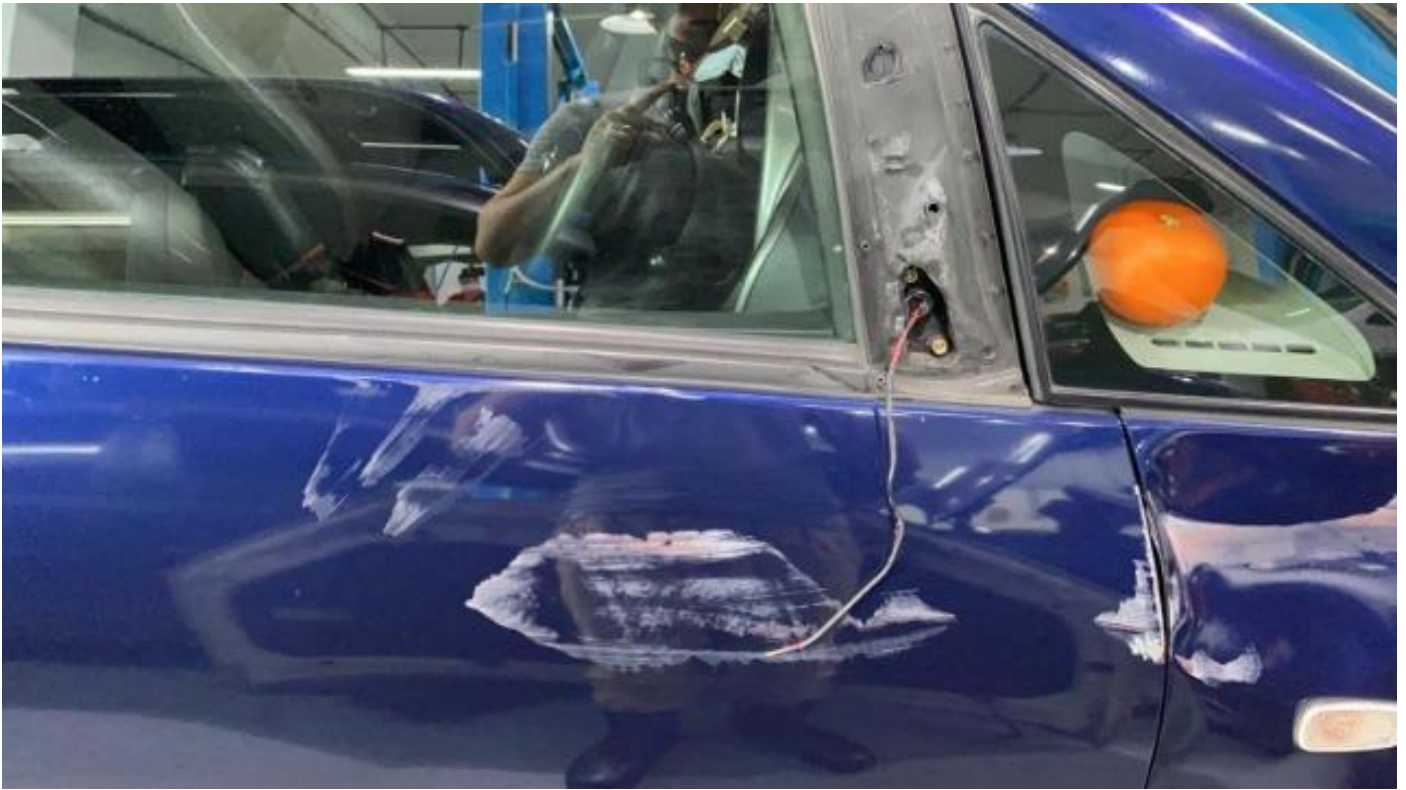
Accident Photo



Accident Photo



Accident Photo



Accident Photo

