

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	18/06/2020 11:13
Date Of Accident	18/06/2020 08:10
Exact Location Of Accident	JUNCTION OF AMK AVE 3 & CTE (AMK CENTRAL FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMQ6285L
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE. LTD.
Co Reg No	2XXXXX450G
Email Address	ADMIN@FOCUSRENTALS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98875600
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
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	5113975451
Cover Note Number	
Driver	
Name of Driver	SHAW GORDON
NRIC No	SXXXX676C
Date Of Birth	19/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581420
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 468 ANG MO KIO AVENUE 10 #03-974
Postcode	560468
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 - HEAD TO REAR
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: : MS GOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200618/2017

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	SLB2356H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CONNIE
NRIC/Passport Number	
Contact Number	97333605
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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:

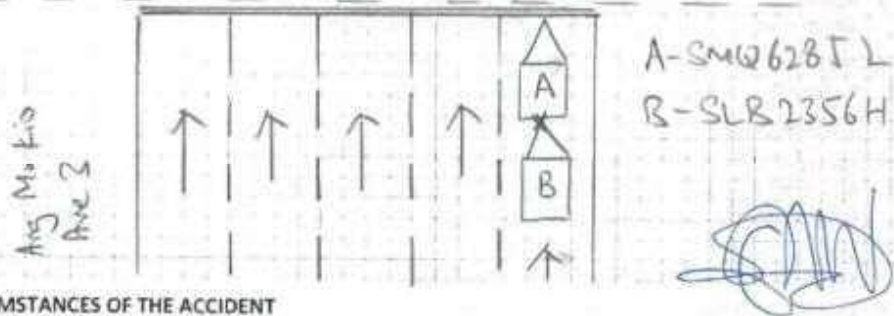
CITY AUTO PTE LTD
Blk 8, Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claiming Section)

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

Accident Sketch Plan

SKETCH PLAN

Ang Mo Kio Central Flyover (CTE)



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:

[Signature]

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-68/60/62 Sin Ming Ind Est
Tel: 67554333 Fax: 67554333
Reporting Centre Personnel's Signature
Name: (Claims Section)
NRIC/FIN No:

Police report



**SINGAPORE
POLICE FORCE**



T/20200618/2017

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20200618/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2020 09:42	Vide Report No.:	Station Diary No.: 20
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: SHAW GORDON	Address: APT BLK 468 ANG MO KIO AVENUE 10 #03-974 SINGAPORE 560468		
ID Type / ID No.: NRIC NO / S7921676C	Contact No.: Home/Office: Mobile: 98581420		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 41	Date of Birth: 19/03/1979	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: PRIVATE HIRE	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/06/2020 08:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 3 CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB2356H	Car	SUBARU	FORESTER 2.0i-L CVT AWD SR	White	Slightly Damaged	0
SMQ6285L	Car	TOYOTA	VIOS 1.5 E (AUTO)	Black	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200618/2017

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20200618/2017

CONTINUATION OF REPORT

Driver			
Name	SHAW GORDON	ID No.	S7921676C
Related Vehicle	NIL	Contact No.	98581420
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 18/06/2020 at about 0810hrs, I was travelling along Ang Mo Kio Ave 3 with a passenger sitting on the rear left passenger seat. I came to a stop before a red traffic light on the right most lane. I was preparing to turn into CTE. Suddenly, when I was still stationary, I experienced a jerk forward. I realised that a car (SLB2356H) had bumped me from behind. I immediately turned on my hazard lights, exited my vehicle and approached the other driver. I asked for her details but she only provided me her contact number (HP: 97333605) and name (Connie). She informed me that she would contact me on the next day (19/06/2020) for further details. I observed that both of us were not injured. My car suffered minor scratches at the rear bumper. I did not see any visible damage on the said person's car. No police or ambulance attended to the scene. We both drove off soon after.



**SINGAPORE
POLICE FORCE**



T/20200618/2017

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20200618/2017

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:
E /
SCSGT(1) MOHAMED ZAFIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/06/2020 09:42

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

