

## 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	06/07/2020 16:22
Date Of Accident	05/07/2020 15:15
Exact Location Of Accident	ALONG ORCHARD TURN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1945L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001942000
Cover Note Number	

### Driver

Name of Driver	KAN MUN CHEW
NRIC No	SXXXX220D
Date Of Birth	15/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1994
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90713738
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 177 BOON LAY DRIVE #10-390
Postcode	640177
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	SIDE SWIPE
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200706/2041

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP5677L
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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)

**DETAILS OF INJURED PERSON 1**

Name KAN MUN CHEW

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SME1945L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

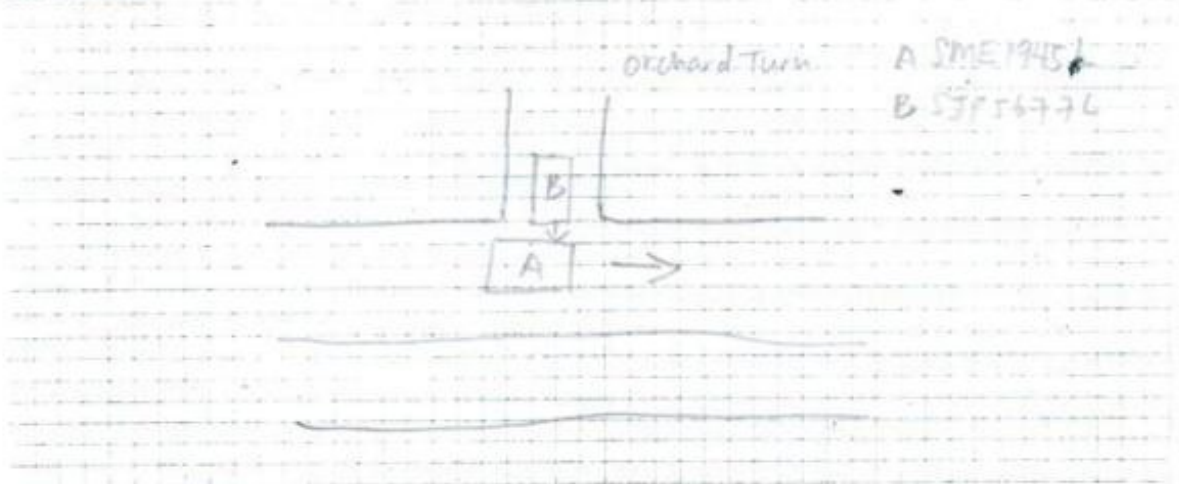
Policyholder's Signature  
Date & Time: 06/07/20

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/07/20

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report, T/20260706/2021*

DECLARATION

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

Policyholder's Signature  
Date & Time: *06/07/20*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: *06/07/20*

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

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200706/2041

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20200706/2041

CONTINUATION OF REPORT

Driver			
Name	TAN HUA TIONG	ID No.	S8928518F
Related Vehicle	SJP5677L (Car)	Contact No.	92472610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KAN MUN CHEW	ID No.	S1783220D
Related Vehicle	SME1945L (Car)	Contact No.	90713738
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 05/07/2020 at about 1515 - 1530hrs, I was travelling on a straight road along Orchard Turn when all of a sudden, one car from the side road inched out too much despite oncoming traffic. He inched out at the last minute and thus I did not have time to react and collided with the front left side of his car. I had 3 passengers in my car who were not injured and exited the car and they left via another taxi. I suffered some neck, shoulder and back pains. I was also not able to move my arms properly. I got out and spoke to the other driver and secured his particulars and photos. I did not require any ambulance or police services. I had in car CCTV which captured footage of the incident and I already passed the footage to the workshop. I went to see a doctor later and received 5 days MC for my injuries.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200706/2041

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2889999

1 of 3

Report No: T/20200706/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/07/2020 12:58	Video Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: KAN MUN CHEW		Address: APT BLK 177 BOON LAY DRIVE #10-390 SINGAPORE 640177	
ID Type / ID No.: NRIC NO / S1783220D		Contact No.: Home/Office: Mobile: 90713738	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 14/08/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2020 15:15	Type of Location: Straight Road
Location: Along Road 1 ORCHARD TURN  Along Orchard Turn				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP5677L	Car					0
SME1945L	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Grey		3

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200708/2041

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2889999

2 of 3  
Report No: T/20200708/2041

**CONTINUATION OF REPORT**

Driver			
Name	TAN HUA TIONG		ID No. S8928518F
Related Vehicle	SJP5677L (Car)		Contact No. 92472610
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	KAN MUN CHEW		ID No. S1783220D
Related Vehicle	SME1945L (Car)		Contact No. 90713738
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05		Degree of Injury Slight

**Brief Details.**

On 05/07/2020 at about 1515 - 1530hrs, I was travelling on a straight road along Orchard Turn when all of a sudden, one car from the side road inched out too much despite oncoming traffic. He inched out at the last minute and thus I did not have time to react and collided with the front left side of his car. I had 3 passengers in my car who were not injured and exited the car and they left via another taxi. I suffered some neck, shoulder and back pains. I was also not able to move my arms properly. I got out and spoke to the other driver and secured his particulars and photos. I did not require any ambulance or police services. I had in car CCTV which captured footage of the incident and I already passed the footage to the workshop. I went to see a doctor later and received 5 days MC for my injuries.

Police Report



SINGAPORE  
POLICE FORCE



T/20200708/2041

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2889999

3 of 3


Report No. T/20200708/2041

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:  
F /   
Sgt 2 MCHAMEB ALI S/O MUBARAK HUSSAIN

Signature Of Informant:



Signature Of Interpreter:  
Not applicable

Date/Time:  
08/07/2020 12:58

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP188 