

## 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	07/07/2020 14:36
Date Of Accident	06/07/2020 12:00
Exact Location Of Accident	JUNC OF BUKIT BATOK ST 21 & BUKIT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3341D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHALOM PARTNERS
Co Reg No	5XXXX935X
Email Address	DKTZ.BC@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97711667

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086826767-03
Cover Note Number	

### Driver

Name of Driver	KHONG TEE ZOE
NRIC No	SXXXX178D
Date Of Birth	22/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1984
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97711667
Fax Number	
Contact Number	
Email Address	DKTZ.BC@GMAIL.COM

Address	BLK 511 PASIR RIS ST 52 #15-131
Postcode	510511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200706/2065

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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 UNKNOWN  
Approximate Age  
Injuries Sustain SLIGHT(PEDESTRIAN)  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 7/7/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

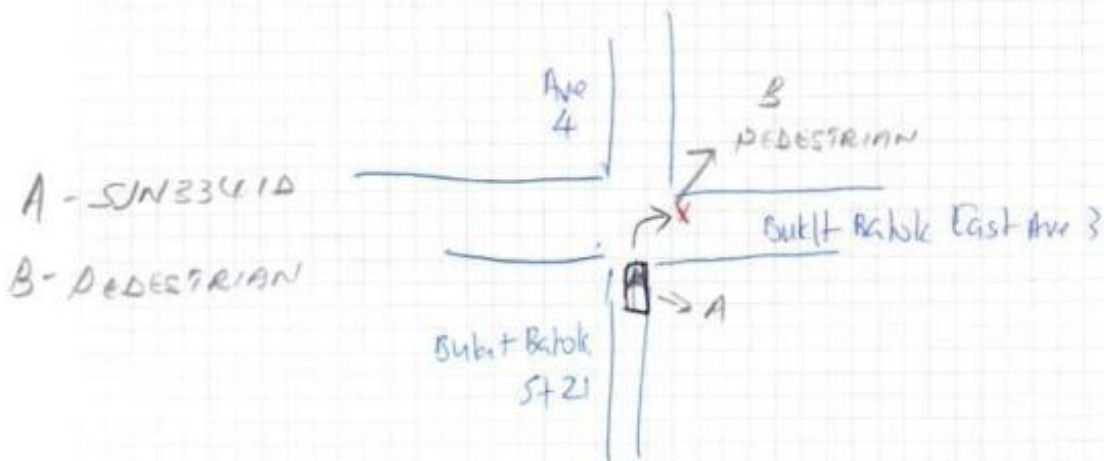
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20200706/2065

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 7/7/20



Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 07/07/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200706/2065

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200706/2065

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KHONG TEE ZOE		ID No. S1543178D
Related Vehicle	SJN3341D (Car)		Contact No. 97711667
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
<b>Pedestrian</b>			
Name	TAN LIAN NI		ID No. S0146577E
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		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

### Brief Details.

ON STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG BUKIT BATOK STREET 21 TOWARDS BUKIT BATOK EAST AVENUE 3. UPON ARRIVAL AT THE JUNCTION, I WAITED FOR TRAFFIC LIGHT TO TURN GREEN SO THAT I COULD TURN RIGHT TO BUKIT BATOK EAST AVENUE 3. WHEN I WAS ABOUT TO TURN RIGHT, THERE WAS A PEDESTRIAN WALKING ACROSS THE PEDESTRIAN CROSSING. I WAS NOT MANAGED TO STOP MY CAR (SJN3341D) BECAUSE THE DISTANCE BETWEEN MY CAR AND THE PEDESTRIAN WAS TOO NEAR. AFTER THAT, I KNOCKED DOWN THE PEDESTRIAN. I TRIED TO CALL AN AMBULANCE FOR HER BUT SHE REFUSED. I DECIDED TO FETCH HER TO NG TENG FONG HOSPITAL. THEREFORE, I CAME TO TPHQ AND LODGED A TRAFFIC ACCIDENT REPORT. THAT'S ALL.

IO IN CHARGE: IO PHUA

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200706/2065

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T/20200706/2065

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 15:58			Vide Report No: D/20200706/0057		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: KHONG TEE ZOE			Address: 511 PASIR RIS STREET 52 #15-131 SINGAPORE 510511		
ID Type / ID No.: NRIC NO / S1543178D			Contact No.: Home/Office: Mobile: 97711667		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 22/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/07/2020 12:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK STREET 21 BUKIT BATOK EAST AVENUE 3 TRAVELLING ALONG BUKIT BATOK STREET 21 TURN RIGHT TO BUKIT BATOK EAST AVENUE 3				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3341D	Car	TOYOTA	ISIS 1.8LX A			1

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



1/20200706/2055

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. 1/20200706/2055

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KHONG TEE ZOE		ID No. S1543178D
Related Vehicle	SJN3341D (Car)		Contact No. 97711887
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
<b>Pedestrian</b>			
Name	TAN LIAN NI		ID No. S0146577E
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		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

### Brief Details.

ON STATED DATE, TIME AND LOCATION

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SINGAPORE  
POLICE FORCE



T/20200706/2065

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No: T/20200706/2065

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  
TP /  
ONG PENG HUA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/07/2020 15:58

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

Classification Of Case:

Authentication Stamp  
NP168