

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	23/07/2020 11:30
Date Of Accident	22/07/2020 17:30
Exact Location Of Accident	LORONG KILAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4436E
Insured/Policyholder	
Name Of Registered Owner	C AND A SERVICES
Co Reg No	5XXXX862L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97736817

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A

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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096286953-02
Cover Note Number	

Driver

Name of Driver	SIEW KOK KEAN
NRIC No	SXXXX230C
Date Of Birth	19/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2004
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97736817
Fax Number	
Contact Number	
EEmail Address	KKSIEW03@YAHOO.COM

Address	BLK 187 BOON LAY AVENUE #19-86
Postcode	640187
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-DRIVER
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?	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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.D/20200723/7007;

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	SHC8863M
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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	SIEW KOK KEAN
Approximate Age	43
Injuries Sustain	
Injured person in which vehicle?	SLJ4436E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 187 BOON LAY AVENUE #19-86
Postcode	640187

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:

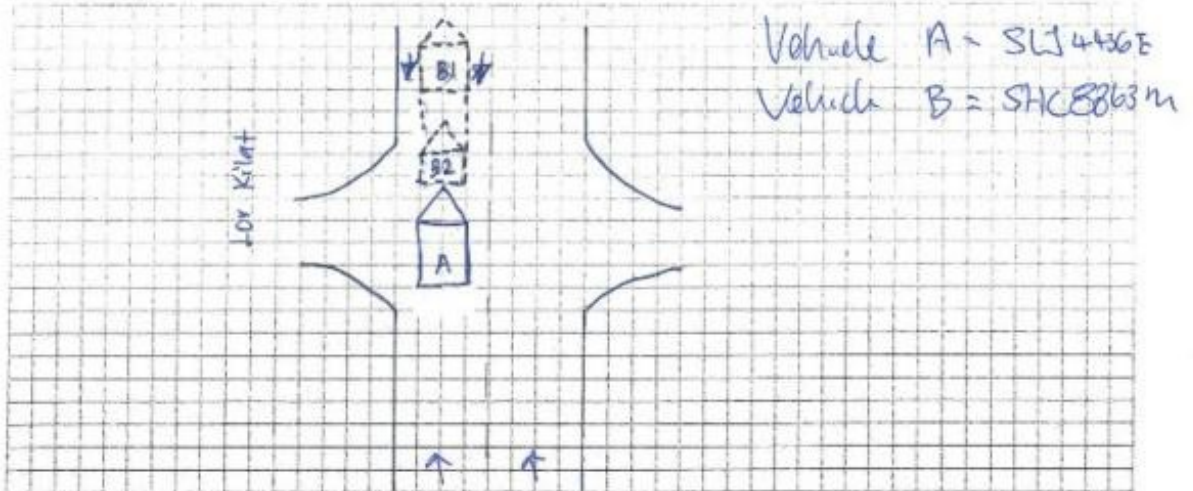
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 23 JUL 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I/vehicle A was stationary on the stated lane. Suddenly vehicle B reversed and collided into me.

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: 23 JUL 2020
NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20200723/7007

1 of 2

POLICE REPORT (NP299)

Report No. D/20200723/7007

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 23/07/2020 10:36	Vide Report No.	Station Diary No.
Name Of Informant SIEW KOK KEAN	Address APT BLK 187 BOON LAY AVENUE #19-86 SINGAPORE 640187	
ID Type / ID No. NRIC NO / S7664230C	Contact No. Home/Office: Mobile: 97736817	
Nationality MALAYSIAN	Email Address kksiew03@yahoo.com	
Occupation GRAB DRIVER	Sex Male	Age 43
Institution/School Name	Date of Birth 19/12/1976	Race Chinese
Date/Time Of Incident 22/07/2020 17:30 - 22/07/2020 17:35	Location Of Incident 19 LORONG KILAT KILAT 19 SINGAPORE 598120	

Brief details.

On the stated date and time, I was stationary at the stated location. A taxi (Comfort) bearing the number plate SHC8863M was alighting passenger in front of me. After the passenger alighted, the taxi suddenly reversed and collided onto the front portion of my vehicle. The manager (Ryan Sow, Hp 9647 0174) of Woorinara Korean Restaurant witnessed the whole incident.

After the accident, I felt discomfort on my back and went to consult a doctor and was given 2 days MC.

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: 23/07/2020 10:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20200723/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200723/7007

Subjects Involved			
Suspect			
Person Name	Tan		
Gender	Male	Race	Chinese
Language	Chinese	Occupation	Taxi Driver
Mobile No	96907287		
Victim			
Person Name	SIEW KOK KEAN		
ID Type	NRIC NO	ID No	S7664230C
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 187 BOON LAY AVENUE #19-86 SINGAPORE 640187		Mobile No 97736817
Is Informant A Victim?	Yes		
Person Name	SIEW KOK KEAN (Informant)		

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: 23/07/2020 10:36
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

