

## 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	18/08/2020 16:09
Date Of Accident	16/08/2020 18:05
Exact Location Of Accident	MANDAI LAKE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4246P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5112801747
Cover Note Number	

### Driver

Name of Driver	CHAI CHENG YEAN
NRIC No	SXXXX695G
Date Of Birth	21/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97217512
Fax Number	
Contact Number	OFFICE-97217512
Email Address	NOEMAIL

Address	BLK 462C YISHUN AVENUE 6 #02-1113
Postcode	763462
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200817/2049.

#### 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	SHB4168T
Vehicle Make/Model/Colour	
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)

1

**DETAILS OF INJURED PERSON 1**

Name CHAI CHENG YEAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SML4246P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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.



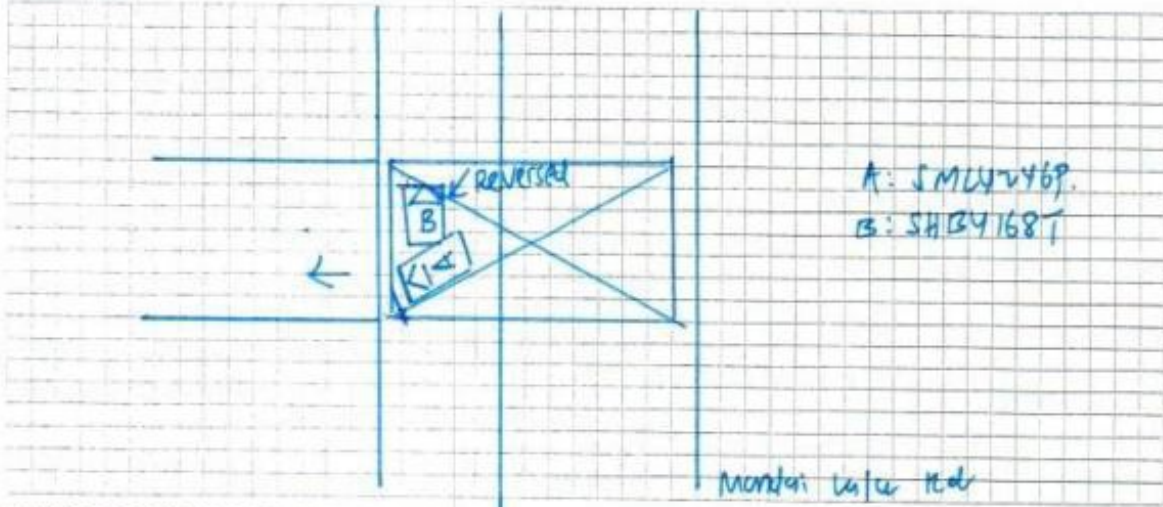
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report - 7th 2008/2249.

## 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:

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200817/2049

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20200817/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 13:52	Vide Report No.:	Station Diary No.: 64
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: CHAI CHENG YEAN		Address: APT BLK 462C YISHUN AVENUE 6 #02-1113 SINGAPORE 763462	
ID Type / ID No.: NRIC NO / S2755695G		Contact No.: Home/Office: Mobile: 97217512	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 54	Date of Birth: 21/01/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2020 18:05	Type of Location: Straight Road
Location: MANDAI LAKE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicle - Rear to Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4168T	Car	HYUNDAI	I40	Yellow	Slightly Damaged	0
SML4246P	Car	TOYOTA	NOAH	Silver	Slightly Damaged	0

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200817/2049

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20200817/2049

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHAI CHENG YEAN	ID No.	S2755695G
Related Vehicle	SML4246P (Car)	Contact No.	97217512
Hospital/Clinic	HEALTHWAY MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/08/2020	Date Discharge	17/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ONG	ID No.	NIL
Related Vehicle	NIL	Contact No.	96920916
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

### Brief Details.

On 16/8/20 at about 1805hrs, I was driving my car (SML4246P) along Mandai Lake Road near to the Singapore Zoo area turning right into the Multi-story carpark to pick up my passenger at the said multi-story carpark. While I was making a right turn, I saw a taxi (SHB4168T) suddenly the said taxi reversed and collided to the right side of my car back door which then I came to a stop. I then went down my car to make a check which I discovered that my right side back door was damaged and the taxi rear right bumper was also damaged.

I then talked to the said taxi driver where we came to a agreement of private settlement which then I only taken his name and contact number. I did not feel any pain at that moment of accident therefore no ambulance came.

After I send my car to the workshop today for damage assessment, it was SGD\$2700/- which then I told the said taxi driver and he informed that he is unable pay. The said taxi driver then told me that he would make a report so I consulted with my workshop who also advised me to lodge a report. I then went to see a doctor first as I felt pain on my shoulder area and I was given 3 days of MC from 17/08/20 - 19/08/20.

Police Report



SINGAPORE  
POLICE FORCE



T/20200817/2049

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20200817/2049

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:

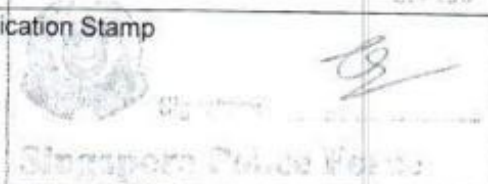
L /  
Sgt 3 TAN WEI MING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

SN 130

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
17/08/2020 13:52

Classification Of Case:



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





Accident Photo

