### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

<ol> <li>By the loagement of this report to the insurers, you nereby consaforesaid.</li> </ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/09/2020 16:39
Date Of Accident	11/09/2020 22:00
Exact Location Of Accident	AIRPORT BLVD(CHANGI FLYOVER)TWDS PIE/TUAS
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG9083Y
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	2XXXXX292N
Email Address	KRIS@OSCARSLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-82188800
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE
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?	YES
If No, Please state action to be taken	
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	5109910175-01
One and Mate Neural and	

Cover Note Number

Driver

Name of Driver RASIDAH BINTI YAYAH

NRIC No SXXXX867A

Date Of Birth 25/09/1968

Occupation OUTDOOR

Date Of Driving Pass 24/06/2009

Driving Experience 11 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91374377

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 676A PUNGGOL DRIVE

#07-700

Postcode 821676

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

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions RAINING
Road Surface WET

**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?

YES

NO

4

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20200920/2025

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 INJURED PERSON 1** 

Name RASIDAH BINTI YAYAH

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SLG9083Y

YES

YES

#### **Accident Sketch Plan**

### SKETCH PLAN

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  interested parties.
- By the ladgment 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:
  - 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

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 & Times

NRIC/FIN No.:

Reporting Centre Personnel's Signature

## **Accident Sketch Plan**

KETCH PLAN	hit kerb
54690839	Spin
DESCRIBE CIRCUMSTANCES (	OF THE ACCIDENT
Als refor to	6 the police report: 7/20200920/2025
DECLARATION  We declare the foregoing partic	ulars are true in every respect.

#### Individual Statement



1/20200920/2025

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20200920/2025

CONTINUATION OF REPORT

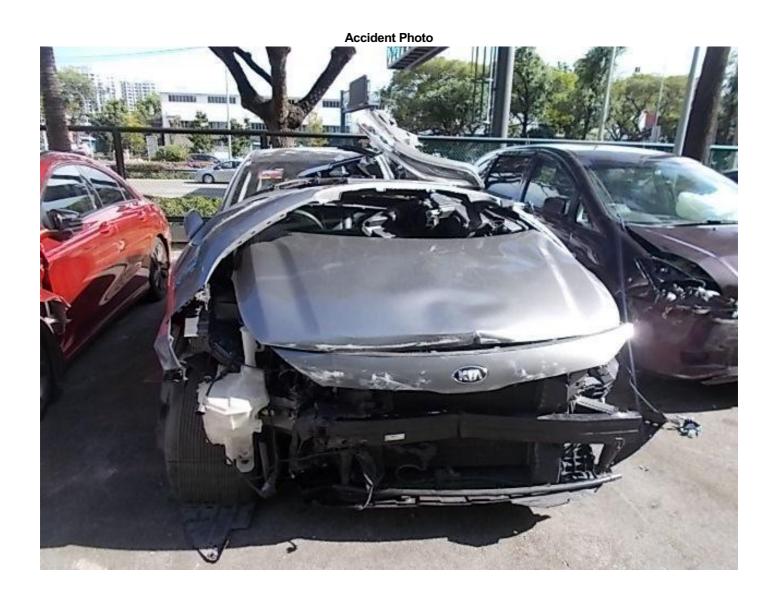
#### Brief Details.

Ch the 11/09/2020 at around 2200hrs, I was working as a grab driver and picked up passengers at Changi Airport Jewel. At that point of time, the traffic was moderate and it was raining. I was about to go to the flyover towards PIE/TUAS and I was driving on the right lane as there are only two lanes. There was a S bend near the flyover and at the second curve, I turned and could have pressed the brake too hard.

My vehicle skidded and hit the right kerb and the car spin and hit the right side of the wall. My vehicle end position was facing against the flow of traffic. I was still concious at that point of time but was in a shock state. My passengers were all concious at that point of time as well. Me and my passengers get out of the vehicle and subsequently, ambulance came to my scene. I was then placed inside the ambulance and I overheard the medic that was talking to the traffic police.

The paramedic then give me a report number G/20200911/0242 and asked me to make a traffic accident report after I was discharged. I was conveyed to Changi General Hospital and admitted on the 12/09/2020. I was discharged on the 16/09/2020 and was on hospitalize leave until 18/09/2020. None of my passengers were convey to any ambulance.

I wish to state that I have already spoke to m./ IO Fidch from Traffic Police.

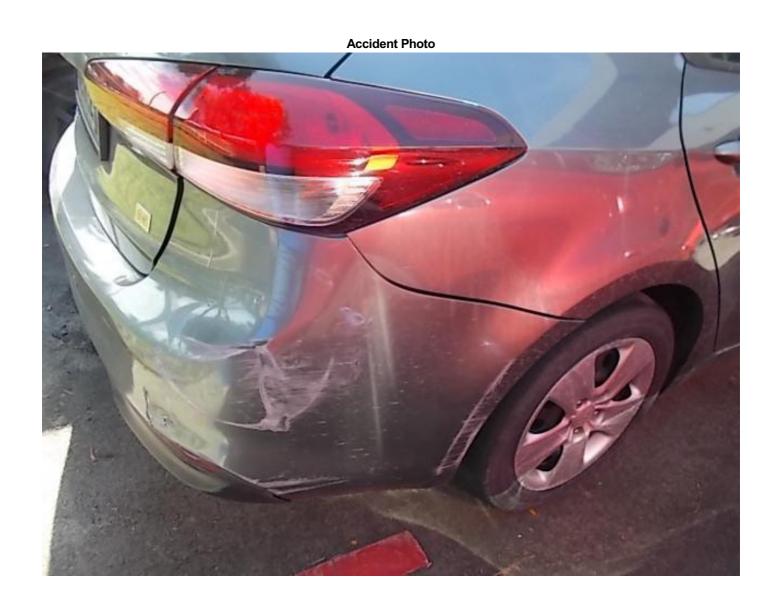




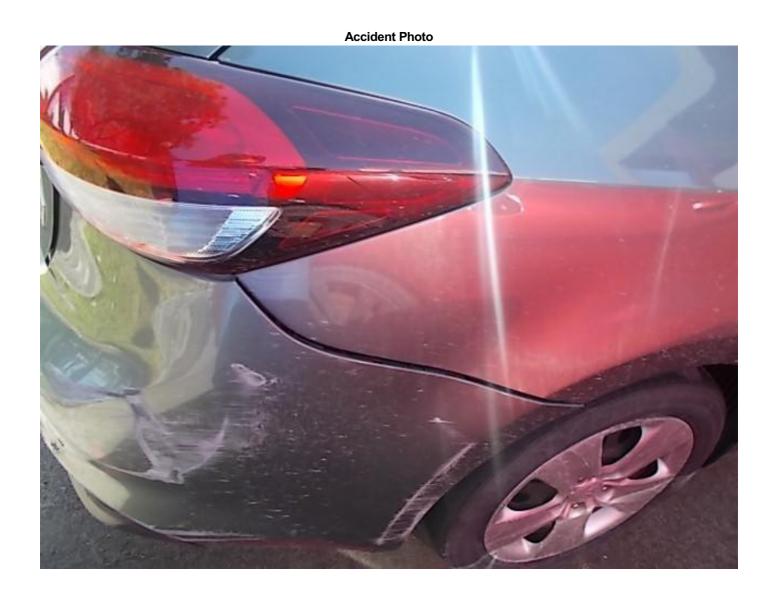




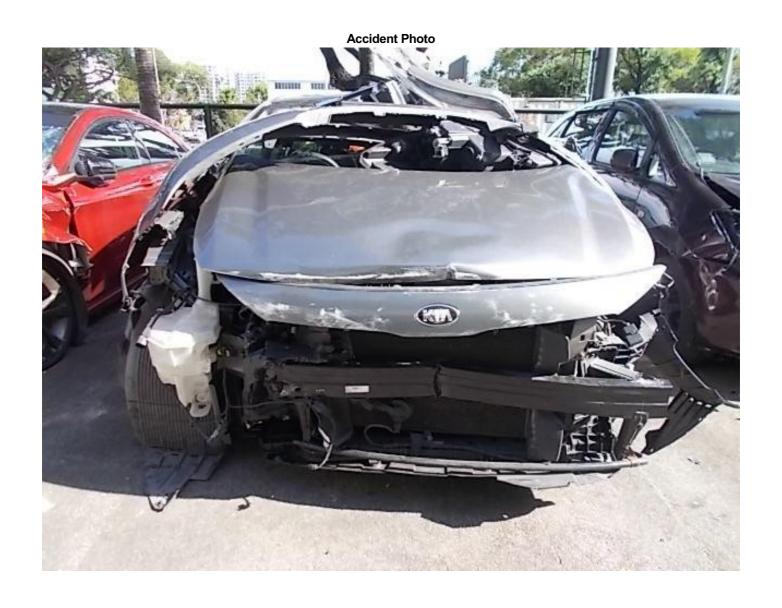


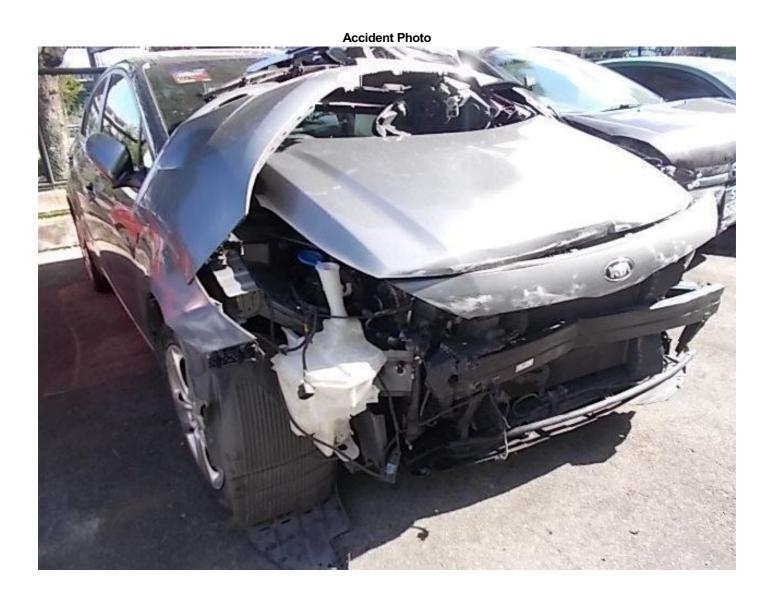


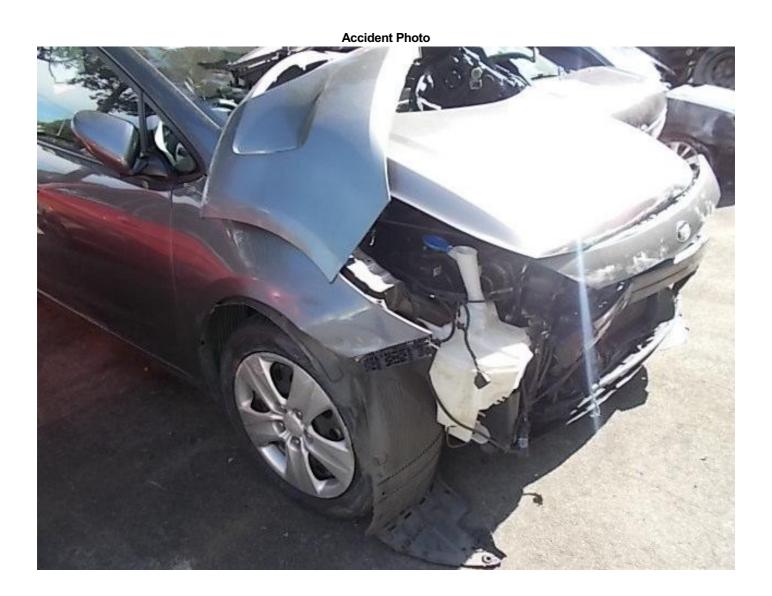


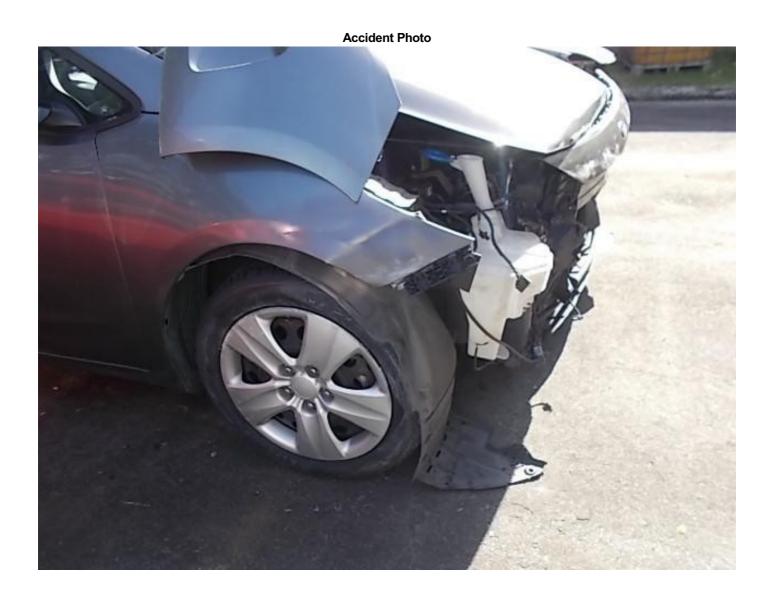


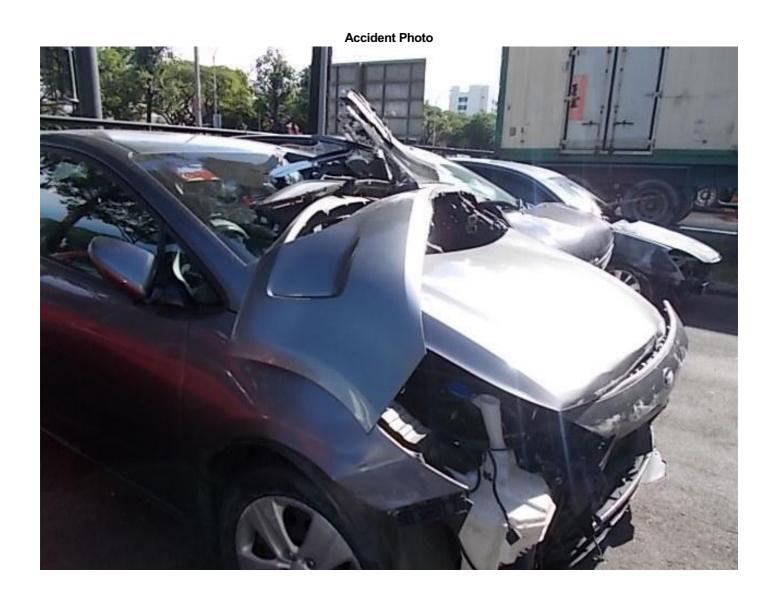






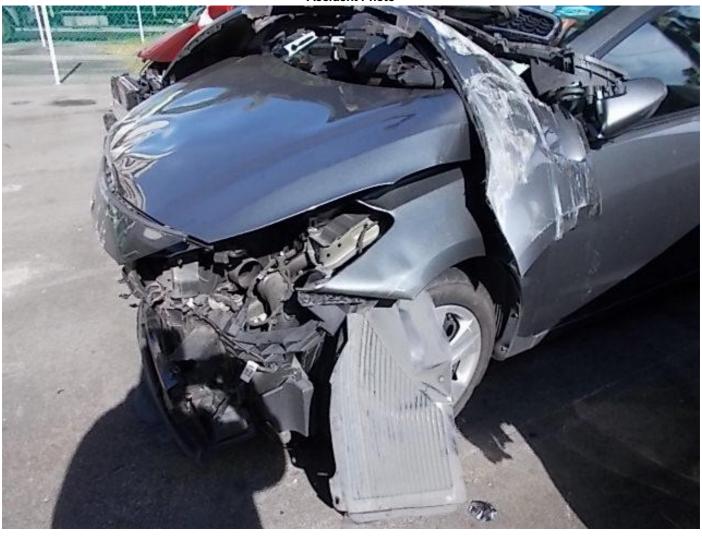


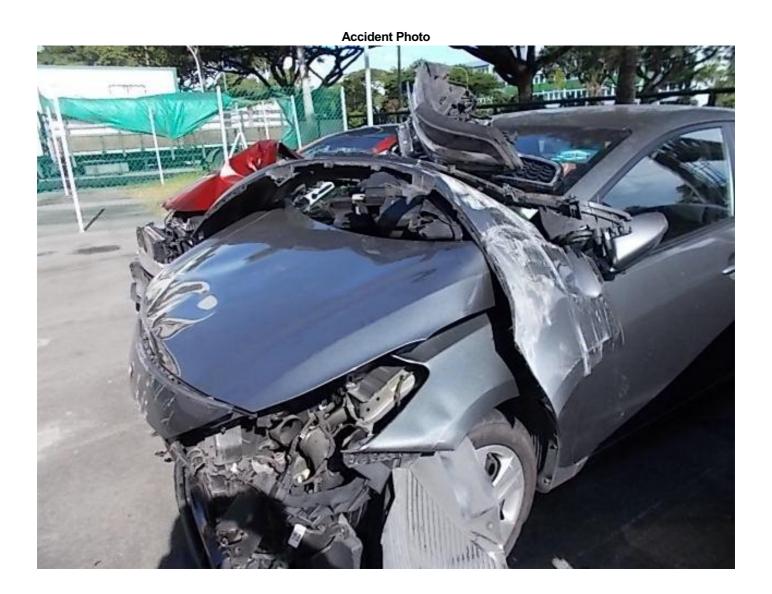


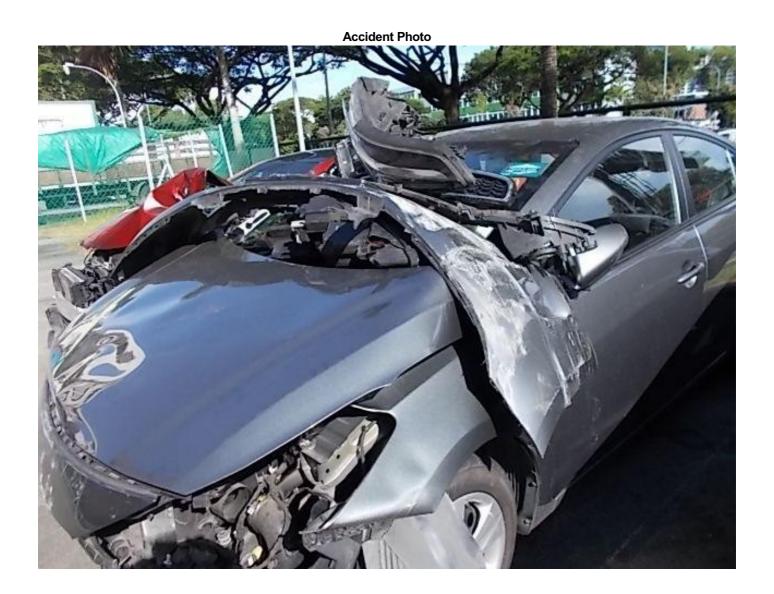


















## Police Report



Occupations

SHIPPING COORDINATOR



Date of Expiry:

Police Station Of Origin: Punggo: N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Fof 3 Report No. 1/20200926/2026

REPORT O	E.A. TRAFE	IC ACCIDENT		
Date/Time Report Made: 20/09/2020 11:04		Vide Report No: G/20200911/0242	Station Disry No.:	
	n's Partic			
RASIDAI	Informant - BINTLY		Address APT BLK 678A PUNG 821876	GOL DRIVE #07-700 SINGAPORE
ID Type / ID No.: NRIC NO / S8835867A Nationality: SINGAPORE CITIZEN		Contact No.: HomorOffice: Mobile: 91374377 Email		
Race: Malay		Language:	Institution / School Name:	

Driving Licence Information:

Class 3A

Type of Accident:	Injury Conveyed By Ambuk	Drink ance Drive No	Date/Time of Accident: 11/09/2020 22:00	Type of Location Bridge	
AIRPORT BO		Road Surface:	F	Road Speed Limit:	
Raining Well Traffic Flow: Traffic Two Way Not Cr		Wei Traffic Control:	1	Traffic Volume Moderate	
		Not Controlled			

Details of Vehicle Involved						
Vehicle No.		Make	Model	Color	Condition	No of Passenger
SLG9083Y	Car				Seriously Damaged	the state of the s

### **Police Report**



DEDICAMENTO DAY DIA YORK 83

Police Station Of Origin: Punggal N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No. 1800-8049989

2 of S Report No. 1/20200920/2025

## CONTINUATION OF REPORT

#### Brief Details.

On the 11/09/2020 et around 2200hrs, I was working as a grab driver and picked up passengers at Changi Airport Jawel. At that point of time, the traffic was moderate and it was raining. I was about to go to the thyover towards PIE/TUAS and I was driving on the right lane as there are only two lanes. There was a S bend near the flyover and at the second curve, I turned and could have pressed the brake too hard.

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The paramedic then give me a report number G/20200911/0242 and asked me to make a traffic accident report after I was discharged. I was conveyed to Changi General Hospital and admitted on the 12/09/2020. I was discharged on the 16/09/2020 and was on hospitalize leave until 18/09/2020. None of thy passengers were convey to any ambulance.

I wish to state that I have already spoke to my IO Fideh from Traffic Police.

## Police Report





Police Station Of Origin: Punggot N.P.C. 21A Tobing Lane SINGAPORE 828837 Tel No. 1800-6049999

3 of 3. Report No. 1/20200920/2025

CONTINUATION OF REPORT

200.00		
Selection of the	DESCRIPTION OF THE PERSON OF T	200
SAPERITURE.	100	п

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 / Sgl 3 GOH JUN JIE	Signature Of Informant:
Signature Of Interpreter Not applicable	Data/Time: 20/09/2020 11:04
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN	Classification Of Case
Contact No.: 65476201 utheritisation Stamp	