

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	13/10/2020 15:02
Date Of Accident	06/10/2020 22:15
Exact Location Of Accident	ALONG CLAYMORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9612T
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	5XXXX119L
Email Address	ACCESS281085@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81122508
Alternative Phone No	OFFICE-81122508

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108614334-01
Cover Note Number	

Driver

Name of Driver	NG KIM SIONG
NRIC No	SXXXX434Z
Date Of Birth	28/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81122508
Fax Number	
Contact Number	OTHERS-81122508
Email Address	ACCESS281085@GMAIL.COM

Address	BLK 506 JURONG WEST STREET 52 #04-186
Postcode	640506
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201007/2065

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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.



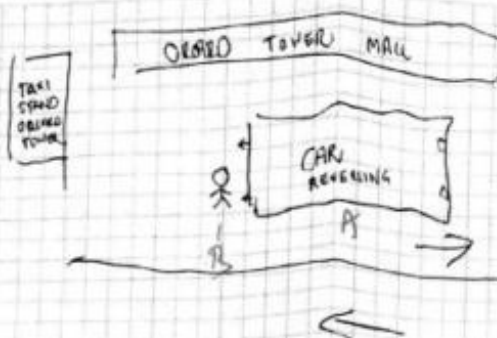
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A) SMJ 9612J
B) PHOAS 9612J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20201007/2065

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature _____

Name: _____

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20201007/2065

1 of 3

Report No. T/20201007/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/10/2020 15:12

Vide Report No.:
G/20201006/0153

Station Diary No.:
12

Informant's Particulars

Name of Informant: NG KIM SIONG		Address: APT BLK 506 JURONG WEST STREET 52 #04-186 SINGAPORE 640506	
ID Type / ID No.: NRIC NO / S8534434Z		Contact No.: Home/Office: Mobile: 81122508	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 28/10/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FULL TIME GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/10/2020 22:15	Type of Location: Straight Road
Location: CLAYMORE ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ9612T	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	White	No Damage	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/20201007/2065

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20201007/2065

CONTINUATION OF REPORT

Driver			
Name	NG KIM SIONG	ID No.	S8534434Z
Related Vehicle	SMJ9612T (Car)	Contact No.	81122508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the driver of a white in colour Toyota Noah Hybrid bearing vehicle plate number (SMJ9612T).

On the 06/10/2020 at about 2215hrs to 2220hrs, I was driving my vehicle (SMJ9612T) along Claymore Rd and was stationary near to the taxi stand of Orchard Towers. I was waiting for my Grab passenger. When I received a Grab passenger notification which shows the passenger, further behind from my vehicle (SMJ9612T). As such to indicate to the passenger that my vehicle (SMJ9612T) was where it was, I intended to reverse slightly (about 1 to 2 meters).

I checked my blind spot and saw that it was clear to which I began reversing. I then heard a bump to the rear of my vehicle (SMJ9612T) and immediately stopped. A male subject walked towards my driver side window and spoke with me. The male subject informed me that I had "knocked into his elbow" and he called the Traffic Police. I verified with my rear in car camera that I did bump into the male subject and apologized to him.

I wish to state that I do have a front and rear in car camera in my vehicle (SMJ9612T). There are no damages to my vehicle (SMJ9612T).

There was attendance by Traffic Police and Ambulance. The Traffic Police officers secured my in car camera SD card and issued an acknowledgment slip to me. I do not know whether the male subject was conveyed to hospital by the ambulance.

The Traffic Police Investigation officer in charge of my case is an IO Syakir, Tel: 65476236.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201007/2065

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20201007/2065

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:

G /

Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2020 15:12

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP158

POLICE REPORT



VI
SMP610J
TOYOTA NOAH
white

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20201006/0153

I, SGT TO6384 ZULKIFLI

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TRAFFIC POLICE T/Q

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 ONE "1 ROAD" MICRO SD MEMORY CARD 32GB

2
3
4
5
6
7
8
9
10

from NG KIM STONG, S8534434Z

(Name, NRIC or Passport No. / Rank and No.)

of BLK 506 JURONG WEST ST 52 #04-186, 640506

(Address / Police Station / NPC / NPP)

on 06/10/2020

(Date)

at 2323 HRS

(Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]

81122502

(Signature)

NG KIM STONG, S8534434Z

(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]

Signature

SGT TO6384 ZULKIFLI (TP)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

TP 10 IN-CHARGE CASE :- TO SYAKIR

TEL: 65476236

LODGE ACCIDENT REPORT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

