SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.

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	ACCIDENT STATEMENT
Date Of Report	09/11/2020 11:24
Date Of Accident	08/11/2020 16:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4832X
Insured/Policyholder	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	KAITLYN.CHIO@OW.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64811522
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	IN TRANSIT
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	ALLIANZ INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	COI-SPBR0000044-SLE4832X
Cover Note Number	05/08/2020 - 04/08/2021
Driver	
Name of Driver	MARK WEE SOON HOCK
NRIC No	S8331718C
Date Of Birth	12/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93624705
Fax Number	

MARK.WEE.SH@GMAIL.COM

Address BLK 155 ANG MO KIO AVE 4 #11-734

Postcode 560155

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : GRAB 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 BISHAN NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT

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 SHB3137P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver WONG YOON MUN

NRIC/Passport Number S1845601Z Contact Number 86607106

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ751P Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

MIAH KHOKAN Name of Driver NRIC/Passport Number G8272349N Contact Number 84382068

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MARK WEE SOON HOCK

Approximate Age

Injuries Sustain PAIN ON NECK, 4 DAYS MC

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address

Postcode

SKETCH PLAN

VEHICLE NO :

JE4821X

INSURER DATE & TIME:

ALLIANZ 08/11/2020 (a)

IMPORTANT NOTICE

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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
- 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.
- 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:

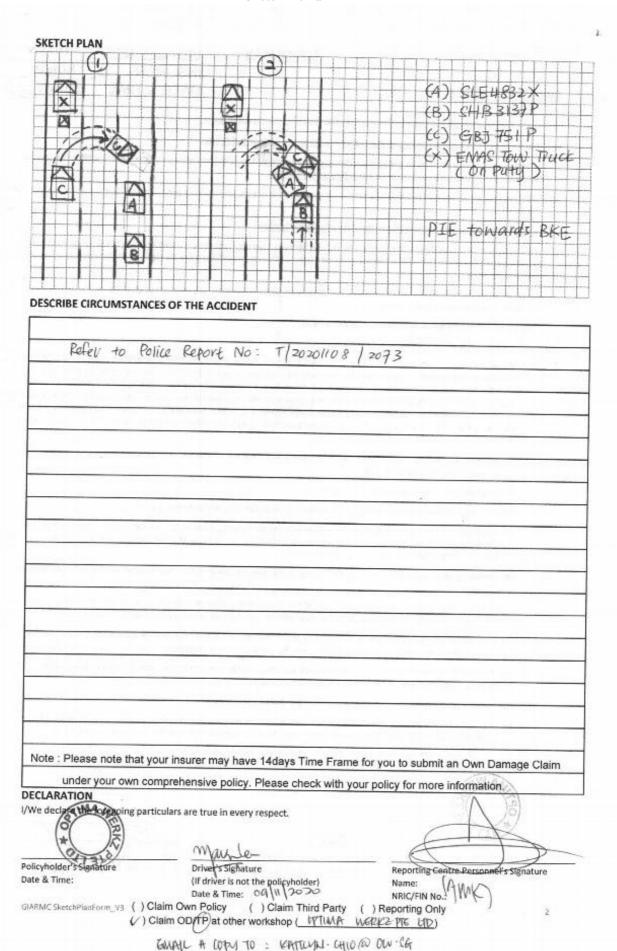
BALL Drivet's Signature

(If driver is not the policyholder)

Date & Time: 00 Reporting Centre Personner's Signature Name:

NRIC/FIN No

GIARMC SketchPlanForm_V3







1 of 4

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20201108/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2020 23:17		Made:	Vide Report No.:	Station Diary No.: 62	
Informa	nt's Partic	ulars		· · · · · · · · · · · · · · · · · · ·	
Name of Informant: MARK WEE SOON HOCK			Address: APT BLK 155 ANG MO KIO AVENUE 4 #11-734 SINGAPORE 560155		
ID Type / ID No.; NRIC NO / S8331718C			Contact No.: Home/Office:	Mobile: 93624705	
Nationality: SINGAPORE CITIZEN		EN .	Email:		
Sex: Male	Age: 37	Date of Birth: 12/10/1983	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Marketing Manager			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2020 16:30	Type of Location Flyover	
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface:	Ro	pad Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
15000010010010000000000000000000000000		Not Controlled	Mo	oderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ751P	Lorry				Slightly Damaged	1
SHB3137P	Taxi	1			Slightly Damaged	2
SLE4832X	Car				Seriously Damaged	1





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 4 Report No. T/20201108/2073

CONTINUATION OF REPORT

Details of Perso	on Involved		New York	Session de la company
Any Pedestrian I	nvolved: No			
No. of Pedestrian	Use of Pedestrian Crossing: NA			
Driver		STATES SALES	HE STATE	
Name	Miah Khokan		ID No.	G8272349N
Related Vehicle	GBJ751P (Lorry)		Contact	No. 84382068
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Expiry: NIL
Date Treatment	NIL Date D			IL
No. of Days gran	Date		The state of the s	IL
Driver			100	
Name	Wong Yoon Mun		ID No.	S1845601Z
Related Vehicle	SHB3137P (Taxi)		Contact I	No. 86607106
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da	Date of Expiry: NIL
Date Treatment	NIL Date D		The second secon	
No. of Days granted Medical Leave NIL		Date Discharge NIL Degree of Injury Slight		
Driver			1	
Name	MARK WEE SOON HOCK		ID No.	S8331718C
Related Vehicle	SLE4832X (Car)		Contact N	No. 93624705
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Da	Date of Expiry: NIL
Date Treatment	08/11/2020 Date			3/11/2020
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	ted Medical Leave 04	Degree of		ight

Brief Details.

On 8/11/2020 at around 1630hrs, I was driving my rental vehicle (SLE4832X) along PIE at the flyover from PIE into BKE. There were 3 lanes on the flyover, I was driving at the rightmost lane at the time. While driving along the flyover, I noticed there was a road obstruction ahead due to an EMAS vehicle being in the process of towing away another car. The EMAS crew had placed some cones along the leftmost lane.

At this time, I noticed that a lorry (GBJ751P) driving ahead of me in the leftmost lane started to turn and swerve right across two lanes into my lane in front of my vehicle. I seemingly losing control of his vehicle. I





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

3 of 4 Report No. T/20201108/2073

CONTINUATION OF REPORT

thus immediately jammed on my brakes and tried to turn into the lane on my left to avoid hitting the lorry. However while doing this, I felt an impact behind me, this caused my vehicle to go forward and hit the lorry on the right side cargo bed area. I alighted my vehicle and realised that a taxi (SHB3137P) had hit my car directly from behind. I alighted and went to exchange my particulars with the 2 other drivers involved, I subsequently managed to move my vehicle away to Dairy Farm Rd and waited for a tow truck to remove my vehicle. The EMAS crew had also assisted in advising me to move my vehicle.

I subsequently went to TTSH to seek medical assistance as I felt pain in my neck and I received a 4 day MC. I was also notified by the taxi driver that he had also gone to seek medical treatment. I am unaware if the lorry driver was injured. The damage to my vehicle was a large dent in my rear bumper, and my front right side area between the right side driver door and right headlight was crushed, the front right head light was damaged and the front right side bumper had partially fallen off. I am unaware of the cost of the damage as I have yet to bring it to a workshop. The damage to the taxi was some scratches and dents on the front bumper and the front bumper was partially dislodged. I am unsure of the exact damage to the lorry. I wish to state that my vehicle is a rental car belonging to Tribecar and the lorry is a company vehicle belonging to Hydroproof Roofing Specialists. (Company number 52995372B) I am lodging this report for record purpose.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20201108/2073

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: E / SCSGT(1) LIM XING YU	Signature Of Informant;
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2020 23:17
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN AB Contact No.: 65476204	Classification Of Case: SN 061
Authentication Stamp NP168	IGNAT

