

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	17/11/2020 13:49
Date Of Accident	16/11/2020 10:40
Exact Location Of Accident	PASIR RIS DR 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ5507C
Insured/Policyholder	
Name Of Registered Owner	HTC SERVICES
Co Reg No	5XXXX573K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96897020
Alternative Phone No	OFFICE-96897020

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER USE
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	5043708788-10
Cover Note Number	

Driver

Name of Driver	HO THIAM CHAN
NRIC No	SXXXX078H
Date Of Birth	04/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1984
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96897020
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 11 WOODLANDS DRIVE 72 #03-40
Postcode	738094
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	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	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1230L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	HO THIAM CHAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGZ5507C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 11 WOODLANDS DRIVE 72 #03-40
Postcode	738094

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.

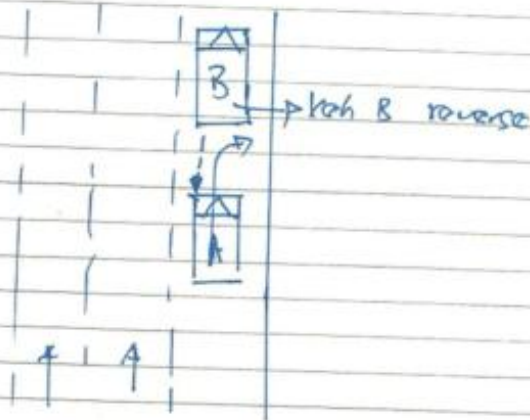

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



④ SQ2 5507C

⑤ SLH 1230L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report NO T/20201116/2114.

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**

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



T/20201116/2114

1 of 4

Report No. T/20201116/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2020 18:55		Vide Report No.:	Station Diary No.: 61
Informant's Particulars			
Name of Informant: HO THIAM CHAN		Address: 11 WOODLANDS DRIVE 72 #03-40 SINGAPORE 738094	
ID Type / ID No.: NRIC NO / S1771078H		Contact No.: Home/Office: Mobile: 96897020	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 04/08/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PHV DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2020 10:40	Type of Location: X-Junction
Location: PASIR RIS DRIVE 10				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Rear to Front			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ5507C	Car				Slightly Damaged	0
SLH1230L	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201116/2114

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Tel No: 1800-8522999

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Report No. T/20201116/2114

CONTINUATION OF REPORT

Driver			
Name	HO THIAM CHAN		ID No. S1771078H
Related Vehicle	SGZ5507C (Car)		Contact No. 96897020
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	16/11/2020	Date Discharge	16/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown		ID No. NIL
Related Vehicle	SLH1230L (Car)		Contact No. NIL
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 16/11/2020 at about 1040hrs, I was driving along Pasir Ris Drive 10 on the right lane as I wanted to make a right turn towards Pasir Ris Drive 3. As I approach the cross junction there was Red Nissan Car plate number bearing: SLH1230L which stopped in front of me at the cross junction as the traffic light was red. From far I noticed the reverse light blinking a few times and sensing that the driver might have a problem engaging the gear hence, I stopped estimated about 10 meters away from the car in front. The driver then engaged the reverse gear and started accelerating backwards towards my vehicle. I sounded the horn a few times upon her reversing but the female driver failed to stopped. She then continued to engage on the reverse gear and resulting her Rear car colliding towards the Front of my car and all along my car was stationary.

The damages on my car was dented on the front left of the bumper. I am not sure how much the repair cost. The damages on the other car was dented on the rear right of the bumper. As a result of this accident I suffered a neck sprain and got a 3-days MC from Bok Family Clinic PTE LTD.

I wish to state that the driver was a female driver and the passenger seat was occupied by a male passenger. I have footage recorded on my phone after the accident occurred. There is two dash camera in my car, one in the front of my car and the second at the rear of my car, however I am not sure if the footage was recorded properly in my dash cameras. I did not have the particulars of the other driver as her husband refused to provide the particulars of his wife and himself. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**

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32 Yishun Street 81 SINGAPORE 768456
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T/20201116/2114

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Report No. T/20201116/2114

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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T/20201116/2114

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Report No. T/20201116/2114

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 /

SC2 PRABAKARAN GOVINDHAN

CB

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

CB

Singapore Police Force

Signature Of Informant:

[Signature]

517710784

Date/Time:
16/11/2020 18:55

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

