

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 Submission 09/12/2020 15:43 (SGT)
Date of Accident 09/12/2020 11:20 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME6155S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD
Company Reg No 2XXXXX882D
Email Address PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No (Phone) +65-91998131
Alternative Phone No +65-91998131

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMHCSNA00001942000
Cover Note Number -

DRIVER

Name of Driver LIM CHEE WAN
NRIC No SXXXX808G
Date Of Birth 03/05/1976
Occupation Outdoor

Date Of Driving Pass	13/04/2000
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97849212
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 140 RIVERVALE ST #06-778
Address complement	-
Postcode	540140
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201209/2074

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5717Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHEE WAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SME6155S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

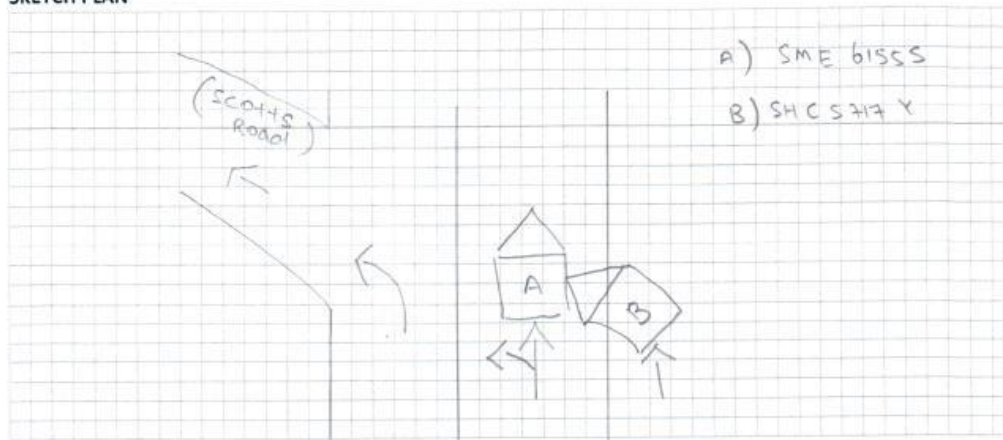


Policyholder's Signature
Date & Time: 09/12/20

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in car A travelling straight along Scott's road on lane 2 from the left. When I felt an impact on the right side of my car.

DECLARATION

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

Policyholder's Signature
Date & Time: 08/12/2020

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

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
























**SINGAPORE
POLICE FORCE**


T/20201209/2074

1 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20201209/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 14:55	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: LIM CHEE WAN			Address: APT BLK 140 RIVERVALE STREET #06-778 SINGAPORE 540140		
ID Type / ID No.: NRIC NO / S7613808G			Contact No.: Home/Office: Mobile: 97849212		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 03/05/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/12/2020 11:20	Type of Location: Roundabout
Location: NEWTON CIRCUS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5717Y	Car	RENAULT			Slightly Damaged	0
SME6155S	Car	HONDA	Freed	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6155S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000194 2000	25/03/2020	24/03/2021



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T/20201209/2074

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20201209/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tan	ID No.	NIL
Related Vehicle	SHC5717Y (Car)	Contact No.	85187445
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
Driver			
Name	LIM CHEE WAN	ID No.	S7613808G
Related Vehicle	SME6155S (Car)	Contact No.	97849212
Hospital/Clinic	Unihealth Clinic(Bedok)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/12/2020	Date Discharge	09/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 09.12.2020 I picked up 2 passengers in my rented Grab vehicle: SME6155S from Serangoon North and headed to the destination given as Scotts Prudential. On the same day at about 1121hrs, I was driving along the roundabout of Newton Circus when suddenly a taxi bearing Registration Plate Number: SHC5717Y which was driving on the right side of my vehicle suddenly collided onto the right side of my vehicle. I believe that the driver for SHC5717Y intended to make a left turn into Scotts Road abruptly while along the roundabout.

After the accident, both my passengers are not injured and does not complain of any pain. My vehicle In-Car CCTV had captured the accident footage and I will be submitting the footage to my rental and Insurance company. I was given 5 days of Medical certificate from 09.12.2020 till 13.12.2020 after visiting a private clinic namely; "UNIHEALTH(BEDOK)" of address; Blk 214 Bedok North Street 1 #01-171 S(460214). My MC serial Number is: 0000012630.


SIGNATURE





**SINGAPORE
POLICE FORCE**



T/20201209/2074

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20201209/2074

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 /
SI RASHIDI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2020 14:55

Officer In Charge Of Case:

TP / GIA /
Staff Sgt **WONG SIEU LUI**
Contact No.: **65476151**

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

