

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 04/01/2021 16:54 (SGT)
Date of Accident 24/12/2020 23:00 (SGT)
Exact Location of Accident Yishun Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5466D

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 Vezel
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 - Reporting only
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 WEE TONG
NRIC No SXXXX532J
Date Of Birth 29/05/1966
Occupation Outdoor

Date Of Driving Pass	10/06/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97960553
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 170 ANG MO KIO AVE 4 #04-523
Address complement	-
Postcode	560170
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20201225/2000

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	SKF890K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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: 31/12/20
10:35am

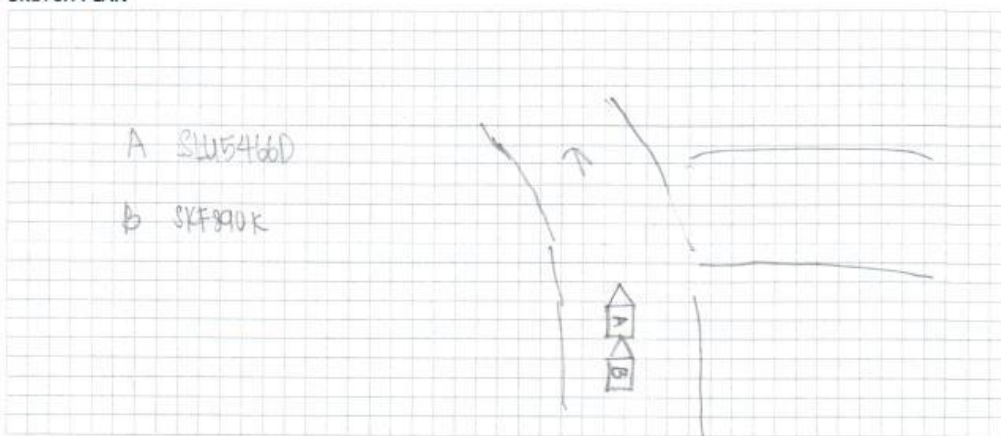
Driver's Signature
(If driver is not the policyholder)

Date & Time: 31/12/20
10:35am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time: 31/12/20
10:35am

BIARMC SketchPlan

Driver's Signature

(If driver is not the policyholder)

Date & Time: 31/12/20
10:35am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

















**SINGAPORE
POLICE FORCE**



F/20201225/2000

1 of 2

OLICE REPORT (NP299)

Report No. F/20201225/2000

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 25/12/2020 01:37	Vide Report No.	Station Diary No. 11
Name Of Informant LIM WEE TONG	Address APT BLK 170 ANG MO KIO AVENUE 4 #04-523 SINGAPORE 560170	
ID Type / ID No. NRIC NO / S1736532J	Contact No. Home/Office	Mobile 97960553
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 54
Institution/School Name	Date of Birth 29/05/1966	Race Chinese
Date/Time Of Incident 24/12/2020 23:00 - 24/12/2020 23:00	Location Of Incident YISHUN AVENUE 6 SINGAPORE At the junction of Yishun Avenue 6, Yishun Street 42	

Brief details.

On 24 December 2020 at about 2300hrs, I picked up a passenger at Yishun. When I am travelling along Yishun Avenue 6 turning to Yishun Street 42. One cyclist was riding on the road. I horned him and he was unhappy. He came down from this bicycle and placed it in front of my vehicle and blocked me. He gestured to me asking me to wind down my window but I refused. He also banged on my window and asked me to wind down my window. His action was very fierce. I do not want to engaged with him and I made a reverse. I had checked, there was no vehicle behind me. When I was making the reverse, then I

Signature Of Officer Recording The Report:
F / Sgt 3 LEE SHI HUI, ISABELLA

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt CHANG POH CHUAN ZED
Contact No.: 64849999

Signature Of Informant:

Date/Time:
25/12/2020 01:37

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20201225/2000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201225/2000

realized that there was one vehicle behind me. I hit onto the brake but I did not stop in time and hit the vehicle behind me.

I was lost and do not know what to do. I did not take down the car plate number of the vehicle. I do not have the name of the driver. But I have the contact number of the female driver, but she does not want to include in the police report. I had checked with her, she did not suffer any injury. I am not injured as well. My vehicle number is SLU5466D. She informed me that she will make an insurance claim for this accident.

I had contacted my company regarding the accident and they asked me to make a Police report. I am making the police report for Grab record purposes.

Signature Of Officer Recording The Report:

F / Sgt 3 LEE SHI HUI, ISABELLA

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
25/12/2020 01:37Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt CHANG POH CHUAN ZED
Contact No.: 64849999

Classification Of Case:

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