# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 27/01/2021 18:12 (SGT) Date of Accident 26/01/2021 21:20 (SGT) Exact Location of Accident Anson Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMH59527

#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Noah Variant Exact purpose for which vehicle was being used at time of Private hire accident 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 Policy Number DMHCSNA00001962000 Cover Note Number

#### DRIVER

Name of Driver TAY SENG POH NRIC No SXXXX712E Date Of Birth 21/08/1973 Occupation Outdoor

Date Of Driving Pass 25/10/2000 Driving experience 20 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96910924 Alt. Phone Number Email Address peijie@expresscar.com.sg Address BLK 272A JURONG WEST ST 24 Address complement #10-80 Postcode 641272 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Pedestrian Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bukit Merah West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 Police Station Address 500 Bukit Merah View #01-01 Singapore 159682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210126/2117 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **INJURED PERSONS DETAILS** INJURED 1 Name of injured person **PEDESTRIAN** Address

**UNKNOWN** 

Post Code

Address Complement

Approximate Age Years Old
Injuries Sustained

Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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
- 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 Date & Time: 27/0/21 Driver's Signatur (If driver is not the policyholder) Date & Time:

NRIC/FIN No.

SKETCH PLAN

A-SMH5952Z B-PEDESTRIAN

ANSON ROAD

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 10/5 | refr | d | the  | police | report | . 7/20 | 2/0/26 | 13117 |
|------|------|---|------|--------|--------|--------|--------|-------|
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |
|      |      |   | 1523 |        |        |        |        |       |
|      |      |   |      |        |        |        |        |       |

DECLARATION

I/We declare the foregoing particulars are true in every re

Policyholder's Si

Date & Time: 27 (01) 21

Driver's Sanature

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:





Report No. T/20210126/2117

Police Station Of Origin: Bukit Merah West N.P.C

500 Sukit Merah View #01-01 SINGAPORE

CONTINUATION OF REPORT

Tel No: 1800-3779999

| Driver                         |              | STATISTICS IN | STATE OF THE PARTY | ID No.                    |           | S7329712E                       |
|--------------------------------|--------------|---------------|--|---------------------------|-----------|---------------------------------|
| Name                           | TAY SENG POH |               |  | ID NO.                    | 9         |                                 |
| Related Vehicle SMH5952Z (Car) |              | r)            |  |                           | ct No.    | 96910924                        |
| Hospital/Clinic                | NIL          |               |  | Class<br>Drivin<br>Licent | g<br>ce & | Class: 3<br>Date of Expiry: NIL |
|                                |              | T             | 1 1  | Date                      |           |                                 |
| Date Treatment NIL             |              | Date Dis      |  |                           | NIL       |                                 |
| No. of Days gran               | NIL          | Degree o      | of injury  | INIL                      |           |                                 |

### Brief Details.

On 26/01/2021 at about 2120hrs, I was driving along Anson Road towards Robinson Road directions. At the Junction of Anson Road and Keppel Road, I came to a complete stop as the Traffic Light for vehicle was Red in colour, I wanted to make a left turn at the junction into Keppel Road towards Vivocity. As the traffic light turn green in colour for vehicle, As I was making a left turn into Keppel Road, suddenly a lady appear on the front left side of my vehicle and I could not brake in time and as such, my front left side of the vehicle had hit onto her causing her to fell backwards onto the road. I immediately came out fro. n my vehicle and render assistance to her and called for Ambulance and Police about this accident. She was conscious all the time and there were abrasion on her left leg and bleeding from the back of her

I wish to state that there was a construction on going and there is barrier on the left side of the road and it had block my vision. I am not able to see any pedestrian oncoming from the left side due to the barrier. I also wish to add that I was driving very slowly as I had just move off from a stationary position. Subsequently Ambulance and Traffic Police Officer came and the lady was conveyed conscious by ambulance. I then informed the Traffic Police Officer about what happen and he gave me a case card (A/20210126/0099) and told me to proceed to any nearest Police Station to lodge a Traffic Accident Report. That is all.



















Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 1 of 3 Report No. T/20210126/2117

Tel No: 1800-3779999

# REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 26/01/2021 22:37     |                        |                              | Vide Report No.:<br>A/20210126/0099                                       | Station Diary No.:         |  |  |
|---|------------------------|------------------------------|---|----------------------------|--|--|
| forma                                       | nt's Partic            | ulars                        |   |                            |  |  |
| Name o                                      | f Informant:<br>NG POH | *                            | Address:<br>APT BLK 272A JURONG WEST STREET 24 #10-80<br>SINGAPORE 641272 |                            |  |  |
| ID Type / ID No.:<br>NRIC NO / S7329712E    |                        |                              | Contact No.:<br>Home/Office: Mobile: 96910924                             |                            |  |  |
| Nationality:<br>SINGAPORE CITIZEN           |                        |                              | Email:  |                            |  |  |
| Sex: Age: Date of Birth: Male 47 21/08/1973 |                        | Type of Informant:<br>Driver |   |                            |  |  |
| Race:<br>Chinese                            |                        |                              | Language:<br>English  | Institution / School Name: |  |  |
| Occupat<br>GRAB D                           |                        |                              | Driving Licence Information: Class: 3 Date of Expiry:                     |                            |  |  |

|                   | tion of the Accider             |               | D                     | BUT DESIGNATION OF THE PARTY OF |                                |
|-------------------|---------------------------------|---------------|-----------------------|--|--------------------------------|
| Type of Accident: | Injury<br>Conveyed By Ambulance |               | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>26/01/2021 21:20  | Type of Location<br>X-Junction |
| Location:         |                                 |               |                       |  |                                |
| ANSON ROAD        | ¥                               |               |                       |  |                                |
| Gey -             |                                 |               |                       |  | 63                             |
| Weather:          |                                 | Road          | Surface:              |  | Road Speed Limit:              |
| Clear             |                                 | Dry           |                       |  |                                |
| Orcai             |                                 | 70 00         | c Control:            |  | Traffic Volume:                |
| Traffic Flow:     |                                 | Traffic       | CONTROL.              |  |                                |
| 0.00.             |                                 | 100 775 50000 | c Light - Wo          | Cura control   | Heavy                          |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
|-------------|------|------|-------|-------|-----------|----------------|
| SMH5952Z    | Car  |      |       |       | No        | 0              |

| Details of Person Involved    |                                  |
|-------------------------------|----------------------------------|
| Any Pedestrian Involved: Yes  |                                  |
| No. of Pedestrians Injured: 1 | Use of Pedestrian Crossing: Used |





Police Station Of Origin: Bukit Merah West N.P.C

500 Sukit Merah View #01-01 SINGAPORE

159682

Report No. T/20210126/2117

Tel No: 1800-3779999

| Driver          | AND THE PARTY OF T | SHOWING SHOULD SHOW |           | ID No.      |     | S7329712E           |
|-----------------|--|---------------------|-----------|-------------|-----|---------------------|
| Name            | TAY SENG POH   |                     |           | ID IVO.     | 9   | 0.020               |
| Related Vehicle | SMH5952Z (Car)   |                     |           | Contact No. |     | 96910924            |
|                 |  |                     |           |             | of  | Class: 3            |
| Hospital/Clinic | NIL  |                     |           | Drivin      | g   | Date of Expiry: NIL |
| Date Treatment  | NIL  |                     | Date Disc |             | NIL |                     |
| No of Dave gran | ted Medical Leave  | NIL                 | Degree o  | of Injury   | NIL |                     |

CONTINUATION OF REPORT

#### Brief Details.

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Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 3 of 3 Report No. T/20210126/2117

Tel No: 1800-3779999

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: D / Sgt 2 TAN HWA TIONG                    | Signature Of Informant:        |
|---|--------------------------------|
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>26/01/2021 22:37 |
| Officer In Charge Of Case:<br>TP / GIT /<br>SI YEO CHUN JIAN<br>Contact No.: 65476213 | Classification Of Case:        |
| Authentication Stamp<br>NP168   |                                |
| SIMMAPORE SN 45   |                                |

SIGNATURE

