

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 | 22/02/2021 18:17 (SGT) |
| Date of Accident | 22/02/2021 01:25 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SEMBWANG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJV2563U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN CHIANG BENG |
| NRIC No | SXXXX926E |
| Email Address | OURVIP888@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90050409 |
| Alternative Phone No | (Home) +65-90050409 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5116279643-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | TAN CHIANG BENG |
| NRIC No | SXXXX926E |
| Date Of Birth | 12/11/1963 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 11/12/2009 |
| Driving experience | 11 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90050409 |
| Alt. Phone Number | (Home) +65-90050409 |
| Email Address | OURVIP888@GMAIL.COM |
| Address | BLK 170 LOR 2 TPY #05-553 |
| Address complement | - |
| Postcode | 310175 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| 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? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHC1615J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | CHAI HONG YAN |
| NRIC No | -1 |
| Contact Number | (Phone) +65-84222691 |
| 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 | TAN CHIANG BENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJV2563U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

WITNESS DETAILS

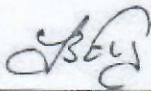
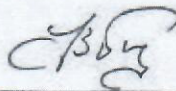
WITNESS 1

| | |
|-------------|----------------------|
| Name | WILLIAM |
| Phone | (Phone) +65-90065312 |
| Email | - |

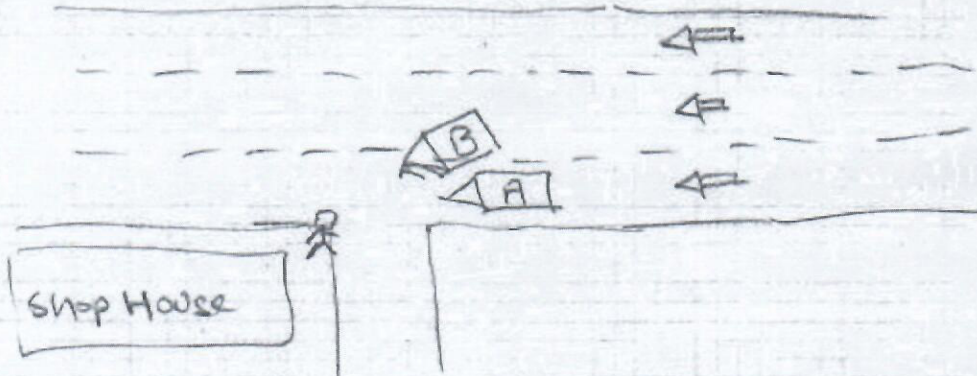
SKETCH PLAN

IMPORTANT NOTICE

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| | | |
|--|---|--|
|  Policyholder's Signature / Date & Time 8.20pm 22/2/21 Sketch Plan |  Driver's Signature (If driver is not the policyholder) / Date & Time 8.30pm 22/2/21 | SHUYI Witnessed by Reporting Centre Personnel |
|--|---|--|

(B) - SHC16153
 (A) - SJV25624



Describe Circumstances of the Accident

Attach: Police Report no. T/20210222/2009

Declaration

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

Policyholder's Signature / Date &
Time 8:30pm
22/2/21

Driver's Signature (if driver is not the policyholder) / Date & Time
3 30 pm
22/2/21

SHUYI

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210222/2009

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20210222/2009

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJV2563U | NTUC Income Insurance Co-Operative Limited | 5116279643-01 | 21/02/2021 | 17/01/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|------------------------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | CHAI HONG YAN | | ID No. | NIL |
| Related Vehicle | SHC1615J (Car) | | Contact No. | 84222691 |
| 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 | TAN CHIANG BENG | | ID No. | S1571926E |
| Related Vehicle | SVJ2563U (Car) | | Contact No. | 90050409 |
| Hospital/Clinic | UNIHEALTH 24-HR CLINIC (TOA PAYOH) | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 22/02/2021 | | Date Discharge | 22/02/2021 |
| No. of Days granted Medical Leave | | 03 | Degree of Injury | NIL |

Brief Details.

On 22/02/2021 at about 0125hrs, I was driving my car (SJV2563U) along Sembawang Road towards Sembawang on the most left lane. I noticed that there was a guy at the pavement trying to flag of Taxi. To my surprise, a Blue colour Taxi (SHC1615J) that was travelling on the centre lane made a quick lane change to the left without checking his blindspot and collided onto the front right bumper of my car. I then alighted to make a check on my car and noticed that the front right headlight was broken, front right bumper had dents and scratched, the part above my front right tire was dented and I also suspect that my under carrier is damaged. Subsequently, I made a check on the taxi and noticed that the left rear door was dented and had scratches on it too. After the incident, I felt pain on my head. As such, I went to UNIHEALTH 24-HR CLINIC at Toa Payoh to make a check. I was then given a 3 days of Medical Leave from 22/02/2021 to 24/02/2021. I wish to state that the person who flagged for the taxi is willing to be my witness and his particulars name and contact number are as follows, William - +65 9006 5312. I also wish to state that I am lodging this report for record and claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20210222/2009

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Tel No: 1800-2519999

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Report No. T/20210222/2009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210222/2009

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20210222/2009

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 /

Sgt 2 MUHAMMAD NAZRI BIN KAMARUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2021 04:08

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SN 123