

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	03/03/2021 14:08 (SGT)
Date of Accident	02/03/2021 18:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	EXIT TO CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4871T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ESSENTIALLY SERVICES
Company Reg No	5XXXX982M
Email Address	PETERLING82@GMAIL.COM
Mobile Phone No	(Phone) +65-97267891
Alternative Phone No	+65-97267891

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	5096739968-03
Cover Note Number	-

DRIVER

Name of Driver	LING LIANG CHYE PETER
NRIC No	SXXXX117E
Date Of Birth	01/08/1982
Occupation	Outdoor

Date Of Driving Pass	18/10/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97267891
Alt. Phone Number	-
Email Address	PETERLING82@GMAIL.COM
Address	BLK 139 POTONG PASIR AVE 3 #03-122
Address complement	-
Postcode	350139
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	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	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210302/2140

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	SHC2837D
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)	-

SKETCH PLAN

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. 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.
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' 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.

**ESSENTIALLY
SERVICES**



[Signature]

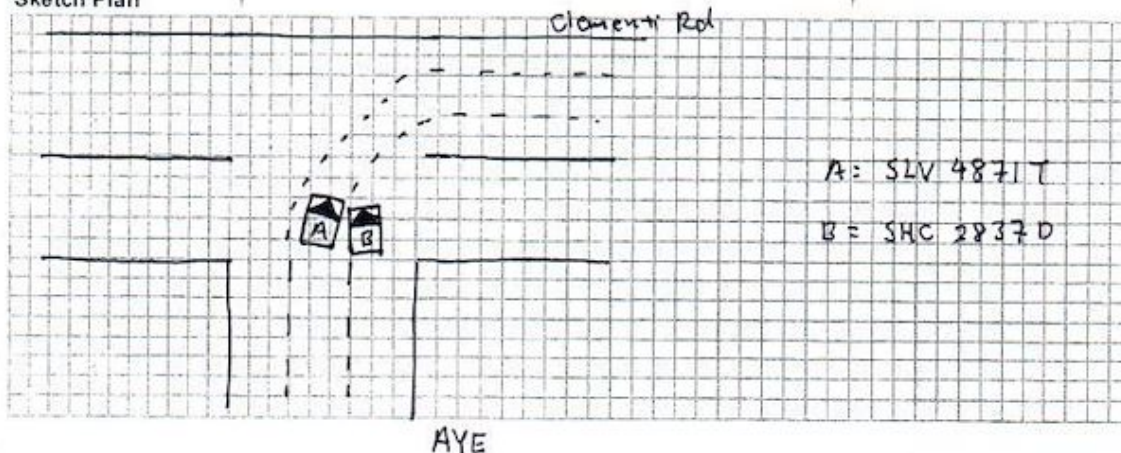
[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report T/20210302/2140

We declare the foregoing particulars are true in every respect.



Signature (if driver)

H

Witnessed by Reporting Centre
Personnel









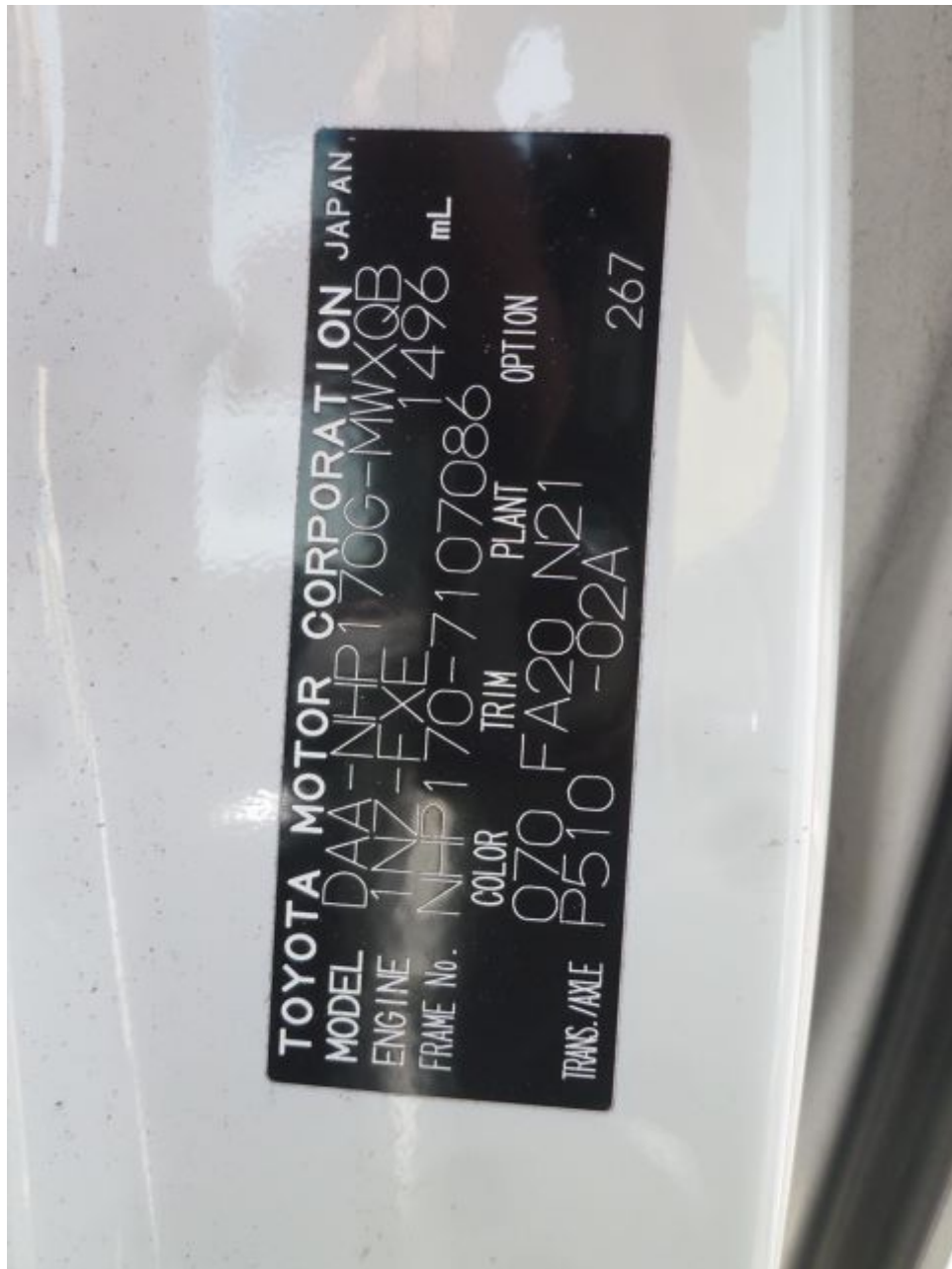
















SINGAPORE POLICE FORCE

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

T/20210302/2140
1 of 3
Report No: T/20210302/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 21:07
Vide Report No.: D/20210302/0081
Station Diary No.: 23

Informant's Particulars

Name of Informant: LING LIANG CHYE, PETER
Address: APT BLK 139 POTONG PASIR AVENUE 3 #03-122 SINGAPORE 350139
ID Type / ID No.:
NRIC NO / S8224117E
Contact No.:
Home/Office: Mobile: 97267891
Nationality: SINGAPORE CITIZEN
Email:


Sex: Male
Age: 38
Date of Birth: 01/08/1982
Type of Informant: Driver
Race: Chinese
Language: English
Institution / School Name:
Occupation: DRIVER
Driving Licence Information: Class: 2B,2A,2,3
Date of Expiry:

General Information of the Accident


Type of Accident: Non-Injury Hit and Run
Drink Drive: No
Date/Time of Accident: 02/03/2021 18:45
Type of Location: T-Junction
Location: CLEMENTI ROAD
Weather: Clear
Road Surface: Dry
Road Speed Limit:
Traffic Flow: One Way
Traffic Control: Not Controlled
Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction
Anyone conveyed by ambulance: No


Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2837D	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	No Damage	1
SLV4871T	Car	TOYOTA	SIENTA HYBRID 1.5G CVT	White	Slightly Damaged	1

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999


T/20210302/2140

 **SINGAPORE
POLICE FORCE**

Report No: T/20210302/2140

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

CONTINUATION OF REPORT

Brief Details.
On 02/03/2021, at about 1845hrs, I exited AYE via Clementi Road. I was on the center of the 3 lane road when I made a right turn.

As I was turning right, I felt a collision on my driver side. I realized that a taxi had side swiped onto the front driver side of my vehicle, causing my bumper to be slightly dislodged. I also noticed some scratches on my vehicle.


I then drove beside the taxi and signaled for him to stop. He noticed me however did not stop and continued to move off.

I dropped off my passenger and went back to the incident location and called for police.

I was advised by the Traffic Police to lodge a report. I wish to state that both me and my passenger are not injured.

Sketch Plan
Informant

1/20210302/2140
No. T/20210302/2140

 **SINGAPORE
POLICE FORCE**

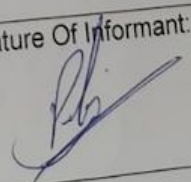
Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

T/20210302/2140
Report No. T/20210302/2140

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 do not have the certificate with you now, please fax a copy to 65474885 stating the report number.

Signature Of Officer Recording The Report: E / Sgt 2 DOUGLAS GOH JIALE	Signature Of Informant: 
Signature Of Interpreter:	Date/Time: 02/03/2021 21:07

