

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 16:26 (SGT)
Date of Accident 02/03/2021 20:35 (SGT)
Exact Location of Accident Berwick Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU3528X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARWAY LEASING & RENTAL
Company Reg No 5XXXXXXXXX-01
Email Address cuiping@carway.com.sg
Mobile Phone No (Phone) +65-67440777
Alternative Phone No +65-67440777

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5110752036-01
Cover Note Number -

DRIVER

Name of Driver KWA LAY KHOON
NRIC No SXXXX932C
Date Of Birth 09/09/1975
Occupation Indoor

Date Of Driving Pass	15/02/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91477173
Alt. Phone Number	-
Email Address	cuiping@carway.com.sg
Address	20 AMK AVE 2 #13-38
Address complement	-
Postcode	567701
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
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/20210303/7022

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	SHC6076G
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 KWA LAY KHOON
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SJU3528X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

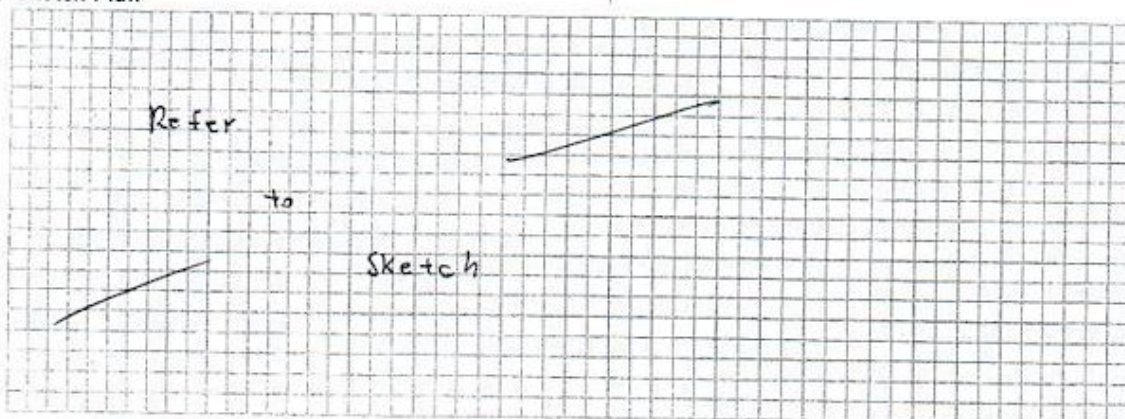
[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report P/20210303/7022

Declaration

We declare the foregoing particulars are true in every respect.



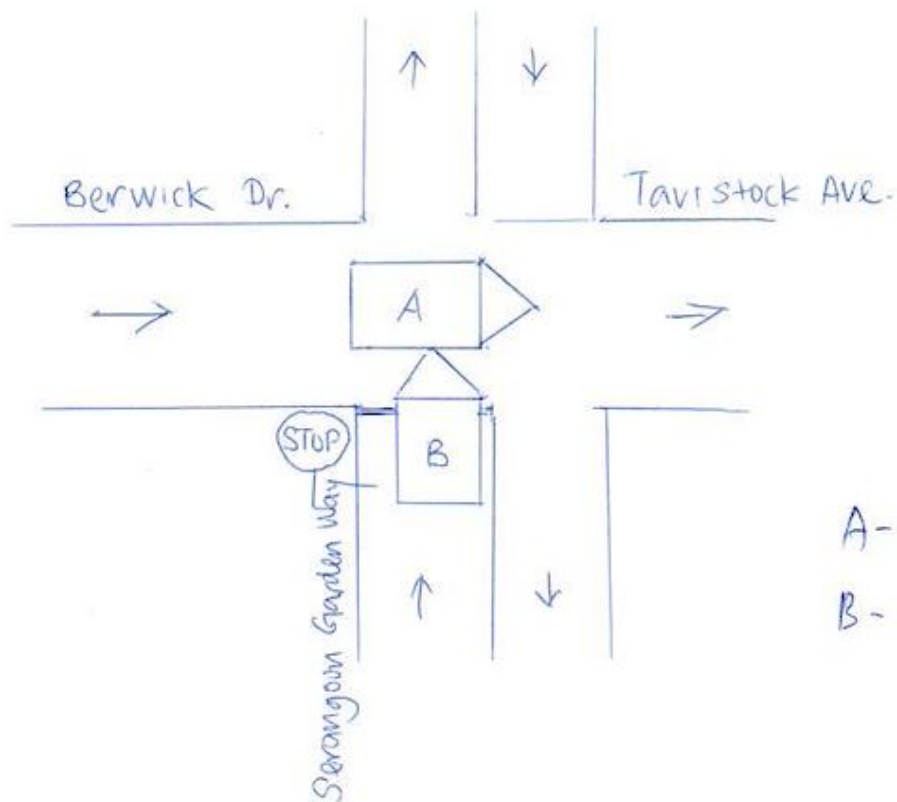
Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



A- SJU3528X
B- PHC 6076G

Statement of Accident

On 02/03/2021, at about 2035 Hrs, I was driving my vehicle (SJU3528X) travelling straight along Berwick Drive towards Tavistock Avenue. Suddenly a taxi (SHC6076G) dashed out from Serangoon Garden Way without stopping at the STOP Line and failed to observe my vehicle which was at the main road. The strong impact has caused my vehicle swerved 90 degree over to the centre divider curb of Serangoon Garden Way. I was trapped in my driver seat and the ^{right} side of the vehicle was badly damaged. He claimed it was my fault initially but he was then apologised when he noticed the STOP sign and stop line from his way of direction.

I'm making a claim against third party.



Driver: Kwa Lay Khoon

I/C: S7526932C



















**SINGAPORE
POLICE FORCE**



F/20210303/7022

1 of 2

POLICE REPORT (NP299)

Report No. F/20210303/7022

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 03/03/2021 13:38	Vide Report No.	Station Diary No.
Name Of Informant KWA LAY KHOON	Address 20 ANG MO KIO AVENUE 2 #13-38 SINGAPORE 567701	
ID Type / ID No. NRIC NO / S7526932C	Contact No. Home/Office:	Mobile: 91477173
Nationality SINGAPORE CITIZEN	Email Address kwajoeey@hotmail.com	
Occupation Sales and marketing manager	Sex Female	Age 45
Institution/School Name	Date of Birth 09/09/1975	Race Chinese
Date/Time Of Incident 02/03/2021 20:35 - 02/03/2021 20:40	Location Of Incident SERANGOON GARDEN WAY	

Brief details.

I was driving along Tavistock Ave at 8.35pm. When approaching Serangoon Garden Way junction, a silver Premier taxi crash into my side (driver side door). It pushed my car 90 degree over to the center divider curb of Serangoon Garden Way. I was trapped in my driver seat, the car door dented inward. The taxi driver has not stopped at the stop line at the junction. He claimed he did not see it. At first he claim it was my fault, why I didn't stop at Tavistock Ave for him to continue along Serangoon Garden Way. Later he saw the stop sign and stop line that he had missed and apologised.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2021 13:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210303/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210303/7022

Subjects Involved			
Suspect			
Person Name	Othman Bin Mohd Zin		
ID Type	NRIC NO	ID No	S2167754Z
Gender	Male	Race	Malay
Language	English	Occupation	Taxi driver
Address	715 Tampines St 71 #04-182 SINGAPORE 520715	Height About	155cm
Relation To Informant	NA		
Victim			
Person Name	KWA LAY KHOON		
ID Type	NRIC NO	ID No	S7526932C
Gender	Female	Age	45
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	20 ANG MO KIO AVENUE 2 #13-38 SINGAPORE 567701
Mobile No	91477173	Is Informant A Victim?	Yes
Person Name	KWA LAY KHOON (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2021 13:38
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



