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.

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 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 27/03/2021 16:06 (SGT) Date of Accident 26/03/2021 11:35 (SGT) Exact Location of Accident Tanjong Katong Rd, Singapore Additional Location Information **TOWARDS GEYLANG** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH95337

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KOE GUAN HIN @ ADAM B ABDULLAH NRIC No. SXXXX579J Email Address pauladamkoe@gmail.com Mobile Phone No (Phone) +65-90259033

Alternative Phone No +65-90259033

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios

Variant

Exact purpose for which vehicle was being used at time of **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number 5107533287-02

Cover Note Number

DRIVER

Name of Driver KOE GUAN HIN @ ADAM B ABDULLAH NRIC No.

SXXXX579J

Date Of Birth 05/12/1958 Occupation Outdoor Date Of Driving Pass 15/02/1979 Driving experience 42 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90259033 Alt. Phone Number +65-90259033 Email Address pauladamkoe@gmail.com Address BLK 235 TAMPINES STREET 21 #02-511 Address complement Postcode 521235 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 Collision - Head to Rear 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? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210327/7008 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**

GBJ9812M

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

Address

Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

KOE GUAN HIN @ ADAM B ABDULLAH
BACK AND NECK PAIN
SMH9533Z
Yes
No

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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:
 - 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.

The said

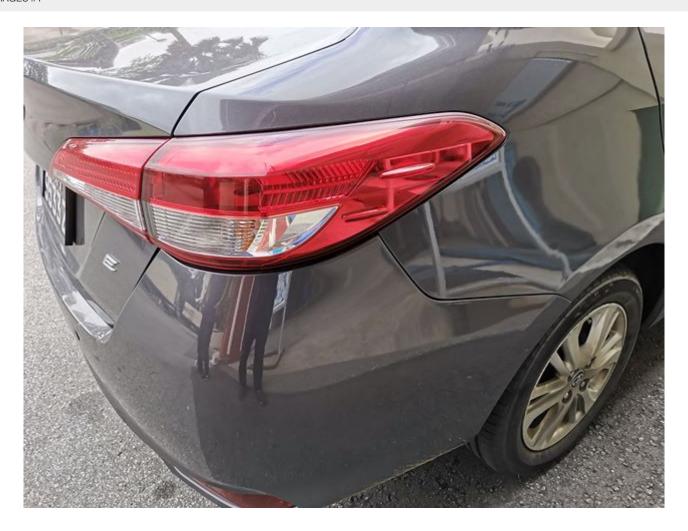
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personney's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN		
terdons become com		
3	, ,	A: SMH 9582 Z B: GB) 9812 M.
DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	
PLEASE F	where to little reson	T/20210327/7008
DECLARATION I/We declare the foregoing part	ticulars are true in every respect.	
Policyholder's Signature	Driver's Signature	M 77 (03/30 M)





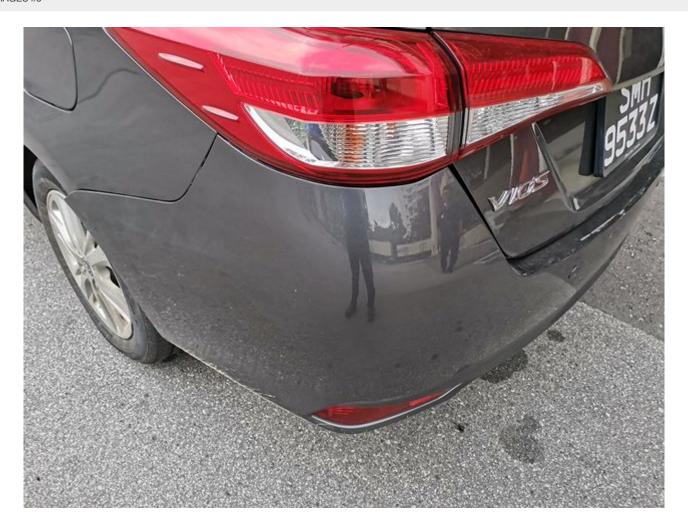








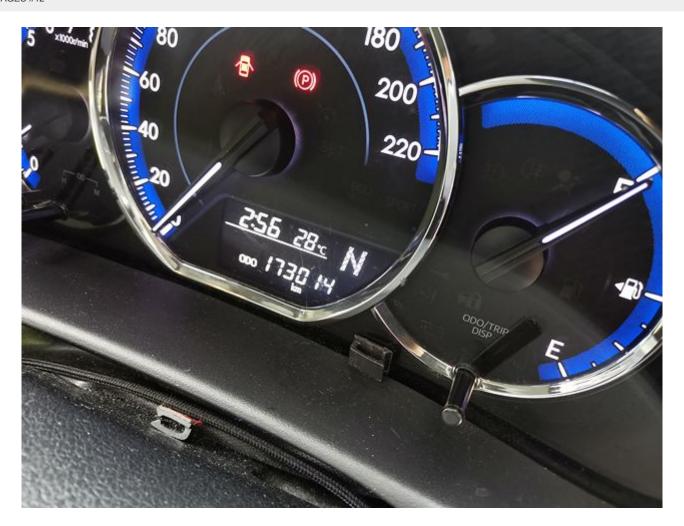


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20210327/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 27/03/20	me Report I 021 11:31	Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
	f Informant: JAN HIN		Address: 235 TAMPINES STREET 21 #02-511 SINGAPORE 52			
	/ ID No.: O / S13105	79J	Contact No.: Home/Office:	Mobile: 90259033		
National SINGAP	ity: ORE CITIZ	EN	Email: PAULADAMKOE@GMAIL			
Sex: Male	Age: 62	Date of Birth: 05/12/1958	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2021 11:35	Type of Location Straight Road
TANJONG KA	ATONG ROAD			
E-0.0 (E-0.0) (E-0.0) (E-0.0)		Road Surface:	R	oad Speed Limit:
Weather: Clear Traffic Flow: One Way Type of Collisi		Road Surface: Dry Traffic Control: Not Controlled	Ti	oad Speed Limit:

Details of Vehicle Involved						
Vehicle No.		Make	Model	Color	Conditio	No of
GBJ9812M	Lorry				OUNCILIO	0
SMH9533Z	Car	TOYOTA	VIOS 1.5 E (AUTO)	Grey		0

hicle Insurance			
Insurance Company	Insurance No	Effective	Expiry Date
•		Deurance Company	Insurance Company





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210327/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMH9533Z	NTUC Income Insurance Co-Operative Limited	5107533287-02	18/02/2021	17/02/2022	

Details of Perso	n Involved	Involved				
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of Pe	Pedestrian Crossing: NA				
Driver					-	ang to t
Name	KOE GUAN HIN			ID No.		S1310579J
Related Vehicle	SMH9533Z (Car)			Contact	No.	90259033
Hospital/Clinic	NIL			Class of Driving Licence Expiry	&	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	NIL	Date		IL		
No. of Days gran	ted Medical Leave	Degree of		erio	us	

Brief Details.

ON THE STATED DATE AND TIME, I CAME TO A SLOW STOP DUE TO THE TRAFFIC LIGHT BEING RED.

AFTER A FEW SECONDS, I FELT A MASSIVE IMPACT FROM THE REAR.

I WENT DOWN AND SAW THAT (GBJ9812M) HAD KNOCKED ONTO MY VEHICLE'S REAR.

THE NEXT DAY, I FELT PAIN ON MY NECK AND BACK HENCE I DECIDED TO VISIT A CLINIC FOR PROFESSIONAL MEDICAL ADVISE.
I WAS GIVEN 3 DAYS OF MEDICAL LEAVE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210327/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 27/03/2021 11:31
Classification Of Case:

NP168

