

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 14/07/2021 13:36 (SGT)
Date of Accident 11/07/2021 18:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information 1 MARYMOUNT TERRACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ365D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FRESH CARS PTE LTD
Company Reg No 2XXXXX540Z
Email Address REPORTING@MYCAR.SG
Mobile Phone No (Phone) +65-94525587
Alternative Phone No (Office) +65-94525587

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00005692000
Cover Note Number -

DRIVER

Name of Driver WONG FOOK HENG
NRIC No SXXXX934J

Date Of Birth	11/06/1970
Occupation	Outdoor
Date Of Driving Pass	09/05/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94525587
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 312 SEMBAWANG DRIVE
Address complement	#12-494
Postcode	750312
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT AND POLICE REPORT NO. T/20210713/2184

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	SLQ4547G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	WONG FOOK HENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMQ365D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

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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.
- (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:
 - (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.

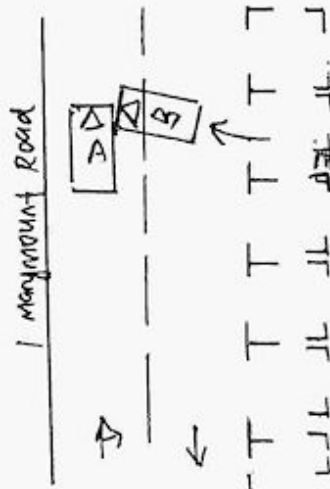


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A: 5MA365D
B: SLQ4547G

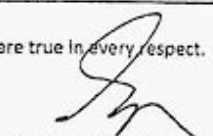
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

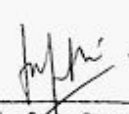
I WAS EXITING FROM 1 MARYMOUNT ROAD. I SAW THAT VEHICLE B (SLQ4547G) HAS REVERSED ONTO CARPARK LOT. OUT OF SUDEN, I FELT AN IMPACT OF MY VEHICLE AND RELISED THAT VEHICLE B (SLQ4547G) DASH OUT FROM THE CARPARK LOT AND COLLIDED ONTO MY FRONT RIGHT DRIVER DOOR OF MY VEHICLE.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





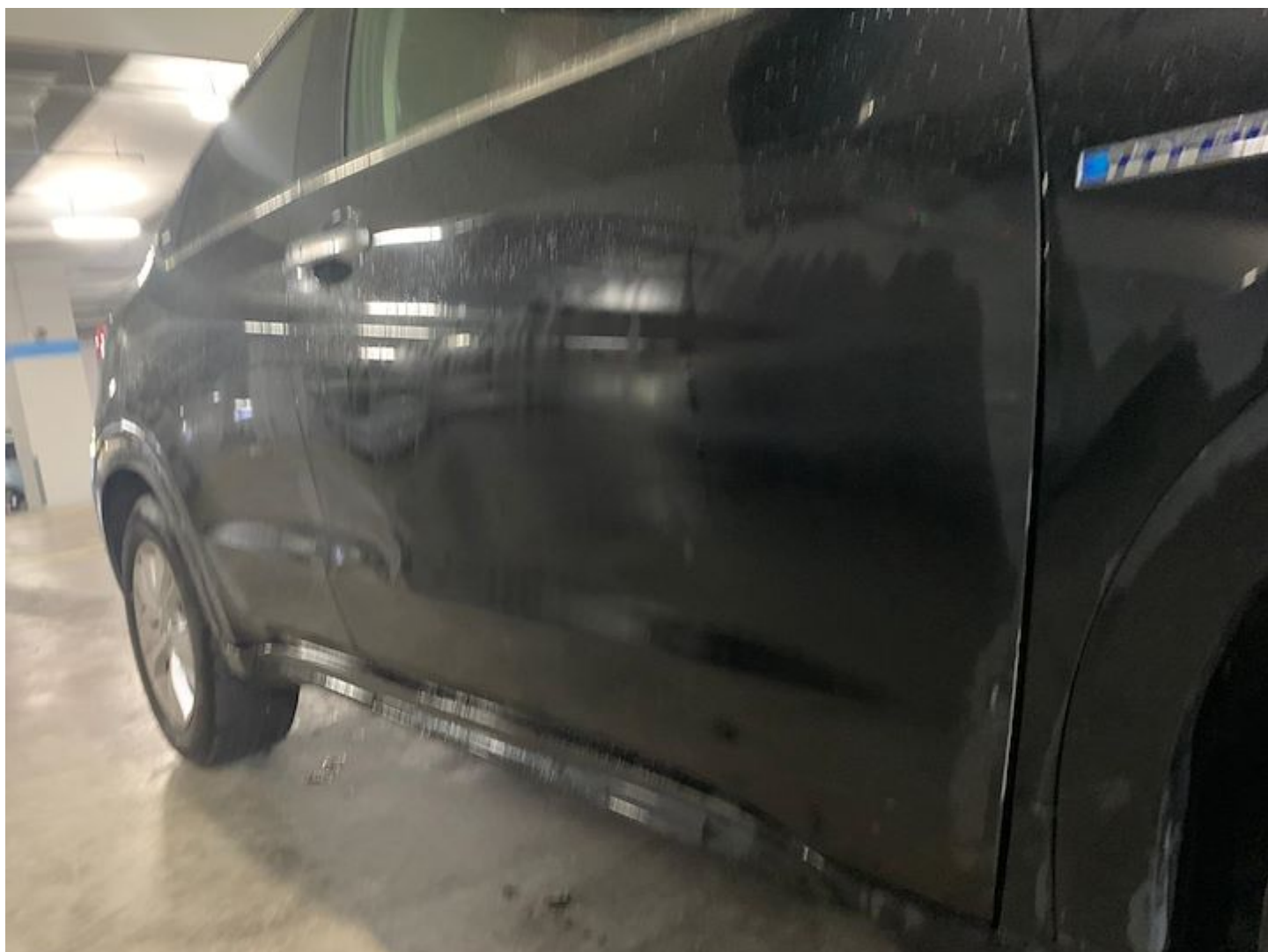






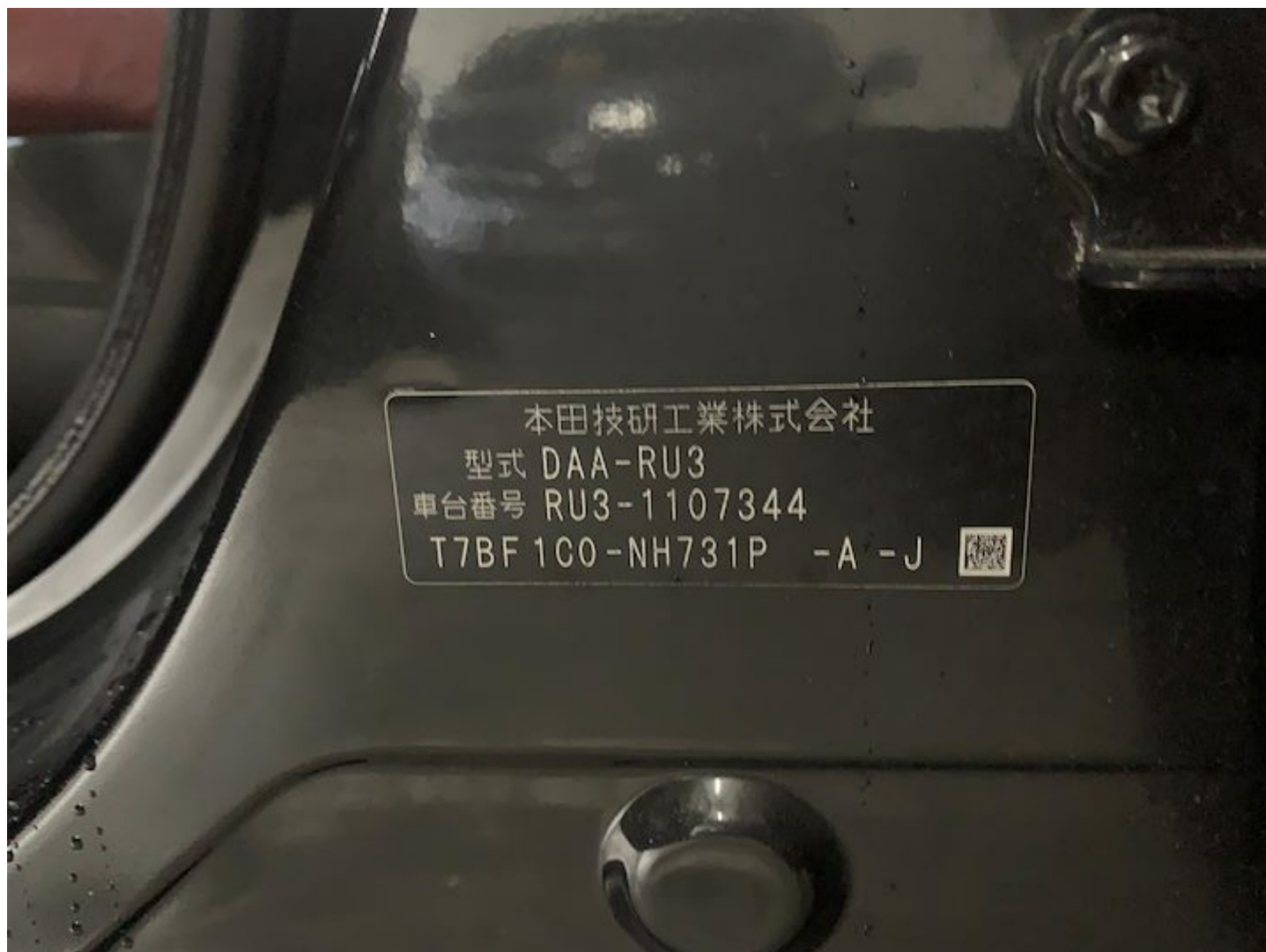
















SINGAPORE POLICE FORCE



T/20210713/2184

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20210713/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 23:36	Video Report No.:	Station Diary No.: 118
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Informant's Particulars

Name of Informant: WONG FOOK HENG	Address: APT BLK 312 SEMBAWANG DRIVE #12-494 SINGAPORE 750312		
ID Type / ID No.: NRIC NO / S7068934J	Contact No.: Home/Office: Mobile: 94525587		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 51	Date of Birth: 11/06/1970	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Incident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2021 18:00	Type of Location:
Location: MARYMOUNT TERRACE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SLO4547G	Car				No Damage	0
SMQ365D	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA
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SINGAPORE POLICE FORCE



T/20210713/2184

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20210713/2184

CONTINUATION OF REPORT

Driver			
Name	WONG FOOK HENG	ID No.	S7068934J
Related Vehicle	SMQ365D (Car)	Contact No.	94525587
Hospital/Clinic	DR STANLEY PECK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/07/2021	Date Discharge	12/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

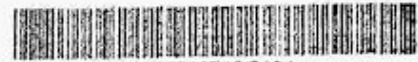
On 11/07/2021 at about 1800hrs, I went to the above mention location to fetch 2 passengers to 140 Punggol Walk, Ecopolitan. After picking up the passengers, I drove towards the gantry.

While driving along the straight road, suddenly, a car, SLQ4547G, which was parked at the open carpark, drive off without checking left and right. The vehicle then hit my vehicle. I then stop and make a checked. My car sustained damaged to my right driver door. There was no damages to the other vehicle. I tried to ask for his particular however he refused to give me his name and contact number. He told me to take down his number plate and claim from his insurance. After that he drive off.

I went to see a doctor and I was given 3 days of MC due to strain neck. I did not have the MC with me as I have left it at home. My insurance also ask me to lodged a accident report.



SINGAPORE POLICE FORCE



T/20210713/2184

3 of 3

Report No. T/20210713/2184

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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:

L /

Staff Sgt JASRIN BIN SARAPI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

13/07/2021 23:36

Classification Of Case:

