

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 | 24/08/2021 16:58 (SGT) |
| Date of Accident | 24/08/2021 07:45 (SGT) |
| Exact Location of Accident | Mount Elizabeth, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMS3925H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | SIM CHYE MEN |
| NRIC No | SXXXXX947H |
| Email Address | SIMCM9@GMAIL.COM |
| Mobile Phone No | (Phone) +65-81028781 |
| Alternative Phone No | (Home) +65-81028781 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | COROLLA ALTIS |
| 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 | 1598 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5120098861 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | SIM CHYE MEN |
| NRIC No | SXXXXX947H |

| | |
|--|-------------------------------------|
| Date Of Birth | 16/09/1966 |
| Occupation | Outdoor |
| Date Of Driving Pass | 31/10/1986 |
| Driving experience | 34 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81028781 |
| Alt. Phone Number | (Home) +65-81028781 |
| Email Address | SIMCM9@GMAIL.COM |
| Address | BLK 719 JURONG WEST AVENUE 5 #03-66 |
| Address complement | - |
| Postcode | 640719 |
| 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 - Major/Minor Rd |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offer.ng acc'dent claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------|
| Name | CHRISTINA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Tampines Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005871999 |
| Alt. Police Station Phone No | (Fax) +65-65871699 |
| Police Station Address | 6 Tampines Ave 4 Singapore 529682 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 | SMH2011J |
| 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 | SIM CHYE MEN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMS3925H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

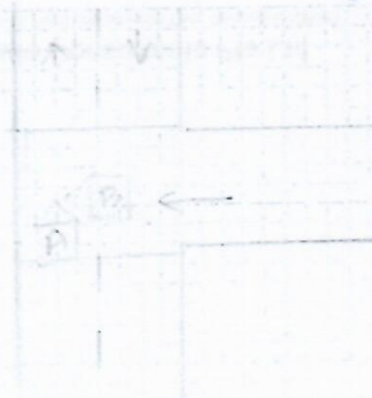
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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' 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMS3925H
B: SMH2011J

Describe Circumstances of the Accident

Refer to Police Report

Declaration

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



Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20210824/2022

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210824/2022

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 24/08/2021 11:37 | Vide Report No.: | Station Diary No.: 18 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: SIM CHYE MEN | | | Address: APT BLK 719 JURONG WEST AVENUE 5 #03-66 SINGAPORE 640719 | |
| ID Type / ID No.: NRIC NO / S2509947H | | | Contact No.: Home/Office: | Mobile: 81028781 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 54 | Date of Birth: 10/09/1966 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | |
|--|----------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Others | Drink Drive: No | Date/Time of Accident: 24/08/2021 07:45 | Type of Location: Straight Road |
| Location: MOUNT ELIZABETH | | | |
| Weather: Drizzling | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Two Way | Traffic Control: | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-----------------------|--------|------------------|-----------------|
| SMH2011J | Car | | | | Slightly Damaged | 1 |
| SMS3925H | Car | TOYOTA | COROLLA ALTIS 1.6 CVT | Silver | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20210824/2022

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210824/2022

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | |
|------------------------------|--|--------------|---------------------------|
| Vehicle No. | Insurance Company | Insurance No | Effective |
| SMS3925H | NTUC Income Insurance Co-Operative Limited | 5120098861 | 03/12/2020 |
| | | | Expiry Date 06/02/2022 |

| Details of Person Involved | | | |
|-----------------------------------|---|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SIM CHYE MEN | ID No. | S2509947H |
| Related Vehicle | SMS3925H (Car) | Contact No. | 81028781 |
| Hospital/Clinic | OUR FAMILY & PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 24/08/2021 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 24/08/2021 at about 0745hrs, I was driving my car bearing plate no. SMS3925H along Mount Elizabeth Rd to drop off my passenger at Mt Elizabeth Hospital. While driving straight, a car bearing plate number SMH2011J on my right side, drove straight ahead, causing his front side to collide onto the right side of my car. The right side of my car bumper is damaged and had dents and scratches. I sustained back pain and obtained a 5 days m from 24/08/2021 to 28/08/2021. I am lodging this report for insurance purposes.

**SINGAPORE
POLICE FORCE**

T/20210824/2022

3 of 3

Report No. T/20210824/2022

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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:

G /

Sgt 2 RINA SHARMIN BINTE RANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2021 11:37

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE