

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 05/10/2021 13:37 (SGT)
Date of Accident 03/10/2021 23:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Moulmein Rd Towards Balestier Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB2677H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GC Cars Leasing Pte Ltd
Company Reg No 2XXXXX202D
Email Address lydiaang@gcgroup.com.sg
Mobile Phone No (Phone) +65-97422693
Alternative Phone No (Home) +65-97422693

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1796

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0017133
Cover Note Number -

DRIVER

Name of Driver Tan WeiShi, Aileen (Chen WeiShi, Aileen)
NRIC No SXXXX020I

| | |
|--|--------------------------|
| Date Of Birth | 06/01/1982 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/04/2004 |
| Driving experience | 17 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98769886 |
| Alt. Phone Number | - |
| Email Address | aileentws@gmail.com |
| Address | 233C Sumang Lane #08-301 |
| Address complement | - |
| Postcode | 823233 |
| 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 - 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 | 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) | 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 | 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 No. T/20211004/7030

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 | SHC3783T |
| 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 | Tan WeiShi, Aileen (Chen WeiShi, Aileen) |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNB2677H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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 :

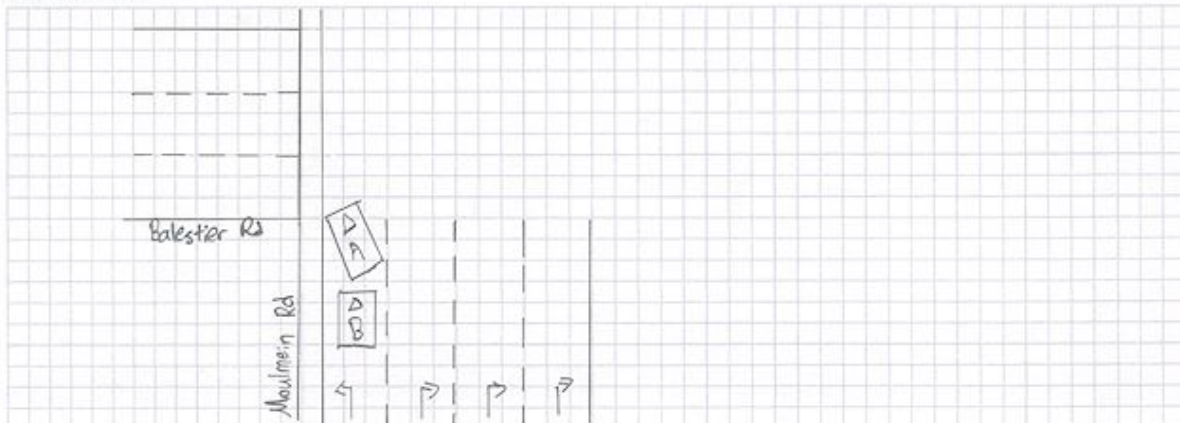
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 | X  Driver's Signature (If driver is not the policyholder) / Date & Time |  Witnessed by Reporting Centre Personnel |
|---|---|--|

Sketch Plan

Describe Circumstances of the Accident

Please check the police report No. T/2021/004/7030

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/20211004/7030

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

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Report No. T/20211004/7030

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 04/10/2021 16:55 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN WEISHI, AILEEN | | | Address: 233C SUMANG LANE #08-301 SINGAPORE 823233 | | |
| ID Type / ID No.: NRIC NO / S82020201 | | | Contact No.: Home/Office: Mobile: 98769886 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: AILEENTWS@GMAIL.COM | | |
| Sex: Female | Age: 39 | Date of Birth: 06/01/1982 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Private hire driver. | | | Driving Licence Information: Class: 3,3A,3C | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 03/10/2021 23:05 | Type of Location: X-Junction |
| Location: MOULMEIN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 60 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Moving taxi hit stationery car | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|-------------|-------|-------------------|-------|
| SHC3783T | Car | | | Blue | No Damage | 1 |
| SNB2677H | Car | TOYOTA | Noah Hybrid | Black | Seriously Damaged | 0 |

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20211004/7030

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

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Report No. T/20211004/7030

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNB2677H | ETIQA INSURANCE BERHAD | M0017733 | 10/08/2021 | 22/07/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|-----|-----------------------------------|---------------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | CHUA SIAK LING | | ID No. | S1361712J |
| Related Vehicle | SHC3783T (Car) | | Contact No. | 94758850 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3,3A,3C Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |
| Driver | | | | |
| Name | TAN WEISHI, AILEEN | | ID No. | S8202020I |
| Related Vehicle | SNB2677H (Car) | | Contact No. | 98769886 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry | Class: 3,3A,3C Date of Expiry: NIL |
| Date | 04/10/2021 | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | Serious |

Brief Details.

At around 11.05pm at moulmein road junction, i am turning left to balestier road. I travelled upon green light and stopped before pedestrian crossing as there is a pedestrian crossing the road on the left turn crossing. While my car is stationery waiting for pedestrian to cross finish, vehicle SHC3783T hit onto my rear and i was swung forward and backward hitting my head/neck and upper body against the seat hard with my seat belt fastened. I was blackout for seconds and the driver of SHC3783T came out to my car. I was in pain as the impact was huge. SHC3783T driver refused to provide driving licence and only willing to exchange identity card and phone number. He proposed to let me claim through insurance. I am admitted in hospital. I have photos of the accident. Taxi front no damage but my car rear badly damage. At the point of accident, i do not have any passenger on board. But taxi have passenger on board.



SINGAPORE
POLICE FORCE

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



T/20211004/7030

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Report No. T/20211004/7030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20211004/7030

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Report No. T/20211004/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/10/2021 16:55

Classification Of Case:

