

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	11/10/2021 15:22 (SGT)
Date of Accident	07/10/2021 18:05 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	ALONG RACE COURSE ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8476T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	1XXXXX194N
Email Address	rental@skyway.com.sg
Mobile Phone No	(Phone) +65-63336333
Alternative Phone No	(Office) +65-63336333

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	1242

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SPMF1000000474
Cover Note Number	-

DRIVER

Name of Driver	CHEW TIANG KWANG
NRIC No	SXXXX424H

Date Of Birth	04/07/1975
Occupation	Outdoor
Date Of Driving Pass	14/11/1997
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93265566
Alt. Phone Number	-
Email Address	rental@skyway.com.sg
Address	BLK 302 JURONG EAST STREET 32 #10-12 SINGAPORE
Address complement	-
Postcode	600302
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	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)	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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN (POLICE REPORT NO. T/20211008/2037)

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	SHC2986G
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	CHEW TIANG KWANG
Gender	Male
Phone No	(Phone) +65-93265566
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON SHOULDER AND BACK.
Injured person in which vehicle?	SMU8476T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT 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

DT TUMAH

TAXI STAND

RACE COURSE ROAD

A: SMU8476T

B: SHC2986G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT - 7/20211008/2037

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.:

By ARABIC, Secretariat of the, 10/3

DING AUTO PTE LTD
UEN No.
2013117862


**SINGAPORE
POLICE FORCE**


T/20211008/2037

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20211008/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2021 13:36	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: CHEW TIANG KWANG	Address: APT BLK 302 JURONG EAST STREET 32 #10-12 SINGAPORE 600302		
ID Type / ID No.: NRIC NO / S7520424H	Contact No.:	Mobile: 93265566	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 46	Date of Birth: 04/07/1975	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2021 18:05	Type of Location: Straight Road
Location: RACE COURSE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHC2986G	Car				Slightly Damaged	0
SMU8476T	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211008/2037

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20211008/2037

CONTINUATION OF REPORT

Driver			
Name	CHEW TIANG KWANG	ID No.	S7520424H
Related Vehicle	SMU8476T (Car)	Contact No.	93265566
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	08/10/2021	Date Discharge	08/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/10/2021 at about 1805hrs, I was driving a rental car which was a blue Suzuki Swift bearing registration plate number SMU8476T, along Race Course Road towards Bukit Timah Road on the right of a two lane road. There was a taxi stand on the left side of the road. As I drove closer to the yellow box, a blue comfort taxi bearing registration plate number SHC2986G, suddenly came out from the taxi stand and turned right in to the yellow box. As it was so sudden, there was no chance for me to stop in time. I jammed my brakes and collided into the right side of the taxi near the front right tire. During that time, I saw that the taxi driver was not checking for traffic from the right as I saw him looking towards the left when he drove out.

I then got out of my car and took photos of the accident. No one was injured during the accident. There were no passengers in my car and the taxi. The taxi driver refused to exchange particulars and told me to just get his vehicle plate number. My rental car has in-vehicle camera. After the accident in the evening, I felt pain on my shoulder and back. Therefore I went to Koo & Choo Medical Clinic Pte Ltd on 08/10/2021 at about 1200hrs located at Bukit Batok and was given 3 days of MC from 08/10/2021 to 10/10/2021. There was slight damage on my rental car front left bumper.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurohg East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20211008/2037

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Report No. T/20211008/2037

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

D /
Sgt 3 MUHAMMAD
ZAINULARIFFIN BIN MOHD
ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/10/2021 13:36

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

SN 34

SIGNATURE