SN0921CR000G / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 27/12/2021 17:21 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 1 (27/12/2021 17:21 (SGT))

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.
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	27/12/2021 17:21 (SGT)
Date of Accident	26/12/2021 12:00 (SGT)
Exact Location of Accident	Sheares Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3278U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	201718381N
Email Address	tiaoonhuat46@gmail.com
Mobile Phone No	(Phone) +65-69807818
Alternative Phone No	(Office) +65-69807818

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MFL0005172
Cover Note Number	-

DRIVER

Name of Driver	TIA OON HUAT
NRIC No	S1259627H

Date Of Birth	29/09/1957
Occupation	Outdoor
Date Of Driving Pass	13/07/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91056746
Alt. Phone Number	-
Email Address	tiaoonhuat46@gmail.com
Address	46 SPRINGSIDE LINK
Address complement	-
Postcode	786660
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211227/2007

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	SHD95K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	REVEENDRAN VIJAYAN
Contact Number	(Phone) +65-90055120
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	TIA OON HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNB3278U
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**.
6. 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.
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

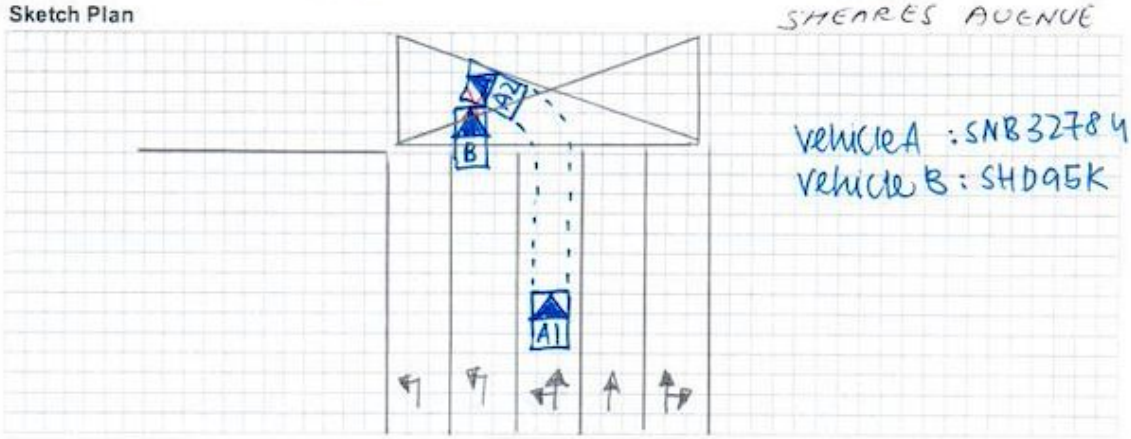
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CRAFT LEASING PTE LTD Co. Reg. No.: 201715381N

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		27/12/21

Sketch Plan

SHEARES AVENUE



Describe Circumstances of the Accident

Refer To Police Report.
(T|20211227|2007)

Declaration

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

CRAFT LEASING PTE LTD
Co. Reg. No.: 201718381N

Policyholder's Signature / Date & Time

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

27/12/21

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20211227/2007

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	REVEENDRAN VIJAYAN		ID No.	S0121884J
Related Vehicle	SHD95K (Car)		Contact No.	90055120
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	TIA OON HUAT		ID No.	S1259627H
Related Vehicle	SNB3278U (Car)		Contact No.	91056746
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2021	Date Discharge	27/12/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 26/12/2021 at about 1200hrs, I was travelling along Lane 3 (Turn Left and Go Straight Lane) Marina Boulevard towards Gardens by the Bay in my vehicle (SNB3278U, Mazda 3) and the traffic light was green. As such, I proceeded to perform a left turn at the said traffic light junction when another vehicle (SHD95K, Renault Transcab) who was travelling along Lane 4 ("Turn Left only lane") proceeded to go straight after the traffic junction, thus causing a collision between my vehicle and his vehicle. The front bumper of the Renault Transcab had collided against the front left fender of my vehicle.

While I was exchanging particulars with the driver of the Renault Transcab, a patrolling police resource attended to us and instructed us to promptly move off after we have completed exchanging particulars as there was a traffic congestion. The police officer then gave me a case card reference A/20211226/0093 under TP SIO Roizman and instructed me to lodge a police report thereafter.

I wish to state that while exchanging particulars with the other party, I am unable to locate the passengers which I was ferrying. I am unsure if the other party is injured however, I was also attended by ambulance however I refused to be conveyed and went to Khoo Teck Puat Hospital on my own, to check for any injuries and I was given 3 days MC from 27/12/2021 to 29/12/2021 by Doctor Adam Camille Rustum Aman Akbar Bin.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


mazda
MODEL : 型式
PAINT
- -
46V
JM6BP2SAAM1106751
VEHICLE ID.NO. : 車台番号
マツダ株式会社
Mazda Motor Corporation
Made in Japan
(B38N)

IMAGES #9


50
km/L
40
20
0
11493km
x1000r/min
0
1
2
3
4
5
6
7
8
km/h
20
40
60
80
100
120
140
160
180
200
220
240
260
P

SINGAPORE POLICE FORCE

T/20211227/2007

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20211227/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/12/2021 02:39	A/20211226/0093	24

Informant's Particulars

Name of Informant: TIA OON HUAT			Address: 46 SPRINGSIDE LINK SINGAPORE 786660	
ID Type / ID No.: NRIC NO / S1259627H			Contact No.: Home/Office:	Mobile: 91056746
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 29/09/1957	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2021 12:00	Type of Location: X-Junction
Location: SHEARES AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SHD95K	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	1
SNB3278U	Car	MAZDA	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC	Red	Slightly Damaged	2

SINGAPORE POLICE FORCE

T/20211227/2007

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32 Yishun Street 81 SINGAPORE 768456
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CONTINUATION OF REPORT

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Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TIA OON HUAT		ID No.	S1259627H
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SINGAPORE
POLICE FORCE

T/20211227/2007

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20211227/2007

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20211227/2007

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 / Sgt 2 CHONG WAN HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2021 02:39
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

Authentication Stamp
NP168

SN 130

Signature

Singapore Police Force

PRIVATE HIRE