

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 Actual 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 12/12/2022 14:04 (SGT)
Reported by Driver
Date of Accident 12/12/2022 05:15 (SGT)
Exact Location of Accident Penang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK6366S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HEALTHY WHEELZ PTE LTD
Company Reg No 2XXXXX744K
Email Address den.goldencharter@gmail.com
Mobile Phone No (Phone) +65-97736360
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model NOAH HYBRID 1.8X CVT
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5116571231-02

DRIVER

Name of Driver TANG SAI TAT
NRIC No SXXXX654G
Date Of Birth 10/12/1973
Occupation Outdoor

| | |
|--|--------------------------------|
| Date Of Driving Pass | 11/12/1997 |
| Driving experience | 25 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-87480100 |
| Alt. Phone Number | - |
| Email Address | mak.auburnauto@gmail.com |
| Address | BLK 461B YISHUN AVE 6 #12-1045 |
| Address complement | - |
| Postcode | 762461 |
| 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 - Change/cross lane |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUBURN AUTO

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD9046T |
| 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) | - |

SKETCH PLAN

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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")


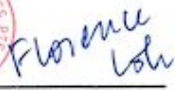
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

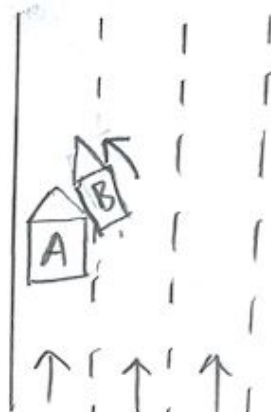


 Policyholder's Signature / Date & Time


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



 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Vehicle A - SKK6366S
 Vehicle B - SHD9046T

Describe Circumstance of the Accident

Refer to police report.

1pax - clean / dry

Declaration

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







Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

HEALTHY WHEELZ PTE LTD

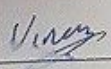
176 SIN MING DRIVE #04-18 SIN MING AUTOCARE S(575721)
UEN: 202004744K

ANNEX A

CAR RENTAL TERMS AGREEMENT

| | |
|-------------------------|---|
| Car Registration Number | : SKK 6366 S |
| Make & Model | : Toyota Noah hybrid |
| Rental Rate | : \$750 + \$42 = \$792 per week. |
| Deposit | : \$1000 - Cash / Transfer |
| iPlus+ | : Silver / Gold |
| Excess | : \$800 + \$800 |
| Date of Collection | : 12/9/2022 |
| Date to Return | : 12/9/2023 |
| Duration Term | : _____ year(s) 36 month(s) |
| Hirer Details | : (MAIN / RELIEF) |
| Name (as per NRIC) | : Tang Sai Tat |
| NRIC/License No. | : S 7346654 G |
| Address | : 461B Yishun Ave 6 # 12-1045, 5762461. |
| Date of Birth | : 10-12-1973 |
| Contact Number | : 8748 0100 |
| E-Mail | : Tangice man@gmail.com |
| Bank A/C | : 109-97100-6 |
| Next of Kin Details | |
| Name (as per NRIC) | : Loh Kim Lan |
| Relationship | : mother |
| NRIC/License No. | : as above |
| Address | : as above |
| Date of Birth | : 9389 2888 |
| Contact Number | : as above |

Refer to ANNEX B – Hirer's Obligations & Use of Vehicle


Signature of Hirer

Date:

Updated as at 07 April 2021.




Company Representative

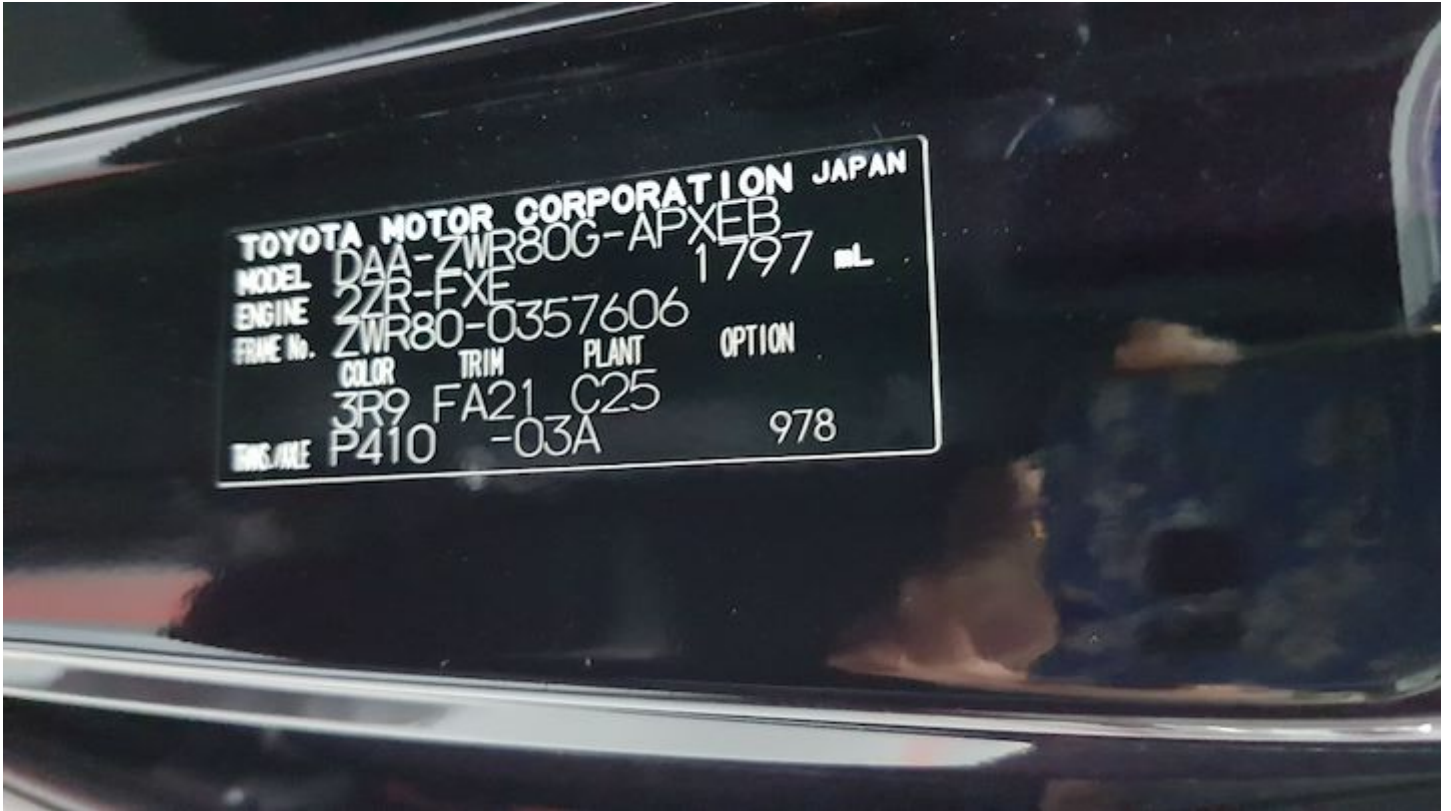














**SINGAPORE
POLICE FORCE**



T/20221212/7015

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

1 of 3

Report No. T/20221212/7015

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 12/12/2022 11:37 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TANG SAI TAT | | | Address: 461B YISHUN AVENUE 6 #12-1045 SINGAPORE 762461 | | |
| ID Type / ID No.: NRIC NO / S7346654G | | | Contact No.: Home/Office: Mobile: 87480100 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: mak.auburnauto@gmail.com | | |
| Sex: Male | Age: 49 | Date of Birth: 10/12/1973 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/12/2022 05:15 | Type of Location: Straight Road |
| Location: PENANG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: No Traffic |
| 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 | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SKK6366S | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221212/7015

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

2 of 3
Report No. T/20221212/7015

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Name | TANG SAI TAT | ID No. | S7346654G |
| Related Vehicle | SKK6366S (Car) | Contact No. | 87480100 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

On 12/12/2022 at around 05:15Hrs, I was driving my rental vehicle bearing SKK6366S along penang road. I was driving at the most left lane going straight when suddenly, a red taxi bearing SHD9046T swerve into my lane and collided into the front right side of my vehicle without any signals. Both cars sustained damages. I then alighted and asked him what happened. He wanted to pick a passenger that was flagging on the left side on the road. Before we left we agreed to settle through insurance amicably as my car is a rental vehicle.



**SINGAPORE
POLICE FORCE**



T/20221212/7015

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

3 of 3

Report No. T/20221212/7015

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
12/12/2022 11:37

Classification Of Case:

