

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 First Submission	09/09/2024 13:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 16:25 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	SLE TOWARDS BKE (BEFORE MANDAI ROAD EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1885R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EDNA CHUNG KAH LAI
NRIC No	SXXXX310Z
Email Address	EDNANA0211@GMAIL.COM
Mobile Phone No	(Phone) +65-90022996
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108136693-05

DRIVER

Name of Driver	EDNA CHUNG KAH LAI
NRIC No	SXXXX310Z
Date Of Birth	02/03/1972
Occupation	Outdoor
Driving Pass Date	14/10/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90022996
Alt. Phone Number	-
Email Address	EDNANA0211@GMAIL.COM
Address	BLK 730 WOODLANDS CIRCLE #11-21
Address complement	-
Postcode	730730
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 - 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
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 T/20240909/7008

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	SDT10T
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	EDNA CHUNG KAH LAI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Declaration

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

Wright

Policyholder's Signature / Date & Time

clipt

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



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

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.

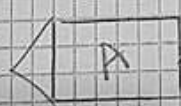
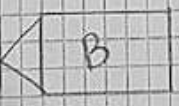




Policyholder's Signature / Date & Time


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



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

Sketch Plan

			(A) SDT 10T (B) SLN 1885R
			
			
BKE	←	SLE	



**SINGAPORE
POLICE FORCE**



T/20240909/7008

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

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Report No. T/20240909/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 10:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: EDNA CHUNG KAH LAI			Address: 730 WOODLANDS CIRCLE #11-21 SINGAPORE 730730		
ID Type / ID No.: NRIC NO / S7207310Z			Contact No.: Home/Office: Mobile: 90022996		
Nationality: SINGAPORE CITIZEN			Email: EDNANA0211@GMAIL.COM		
Sex: Female	Age: 52	Date of Birth: 02/03/1972	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2024 16:25	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDT10T	Motor car	MAZDA		Black	Seriously Damaged	0
SLN1885R	Motor car	HONDA	VEZEL 1.5X CVT	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLN1885R	NTUC Income Insurance Co-Operative Limited	5108136693-05	25/04/2024	24/04/2025



**SINGAPORE
POLICE FORCE**



T/20240909/7008

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

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Report No. T/20240909/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DENON LIM ZHENG JIE	ID No.	S9741468H
Related Vehicle	SDT10T (Motor car)	Contact No.	96504150
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	EDNA CHUNG KAH LAI	ID No.	S7207310Z
Related Vehicle	SLN1885R (Motor car)	Contact No.	90022996
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	EDNA CHUNG KAH LAI	ID No.	S7207310Z
Related Vehicle	SLN1885R (Motor car)	Contact No.	90022996
Hospital/Clinic	A&M MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/09/2024	Date Discharge	08/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

On 7 Sep 2024 (Sat) at about 4.25pm, I was driving my car bearing registration number plate: SLN 1885R straight on lane 1 out of three lanes along SLE towards BKE before Mandai Road exit

Suddenly, my car in front slowed down and braked. I also slowed down and braked without hitting any car. Just then, I heard a loud bang from my rear. I came down from my car and saw that it was another car (B) bearing registration number plate: SDT 10T that had hit onto my rear causing damages to my rear portion.

We exchanged particulars and left the scene. The next day I went to see a doctor at Norwood Medical Clinic as the pain persist since Sat and was given 5 days mc.



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



T/20240909/7008

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Report No. T/20240909/7008

CONTINUATION OF REPORT

Car A: SLN 1885R

Car B: SDT 10T



**SINGAPORE
POLICE FORCE**

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



T/20240909/7008

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Report No. T/20240909/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

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

Date/Time:
09/09/2024 10:24

Classification Of Case: