

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	29/11/2024 15:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/11/2024 19:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6633E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FELISA CHUA JIA XUAN
NRIC No	S9706266H
Email Address	FELISACJX@OUTLOOK.COM
Mobile Phone No	(Phone) +65-97956633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	2000
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	5146119249

DRIVER

Name of Driver	FELISA CHUA JIA XUAN
NRIC No	S9706266H
Date Of Birth	13/02/1997
Occupation	Indoor
Driving Pass Date	26/12/2015
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	8 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97956633
Alt. Phone Number	-
Email Address	FELISACJX@OUTLOOK.COM
Address	BLK 230 HOUGANG AVENUE 1
Address complement	#10-220
Postcode	530230
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADVICE OI TO SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU4068P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEOH KEOH KIET
NRIC No	S8583545I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMV2088P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SALUDEZ SHARIFF BAYAU
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FELISA CHUA JIA XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	7 DAYS MC
Injured person in which vehicle?	SLZ6633E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

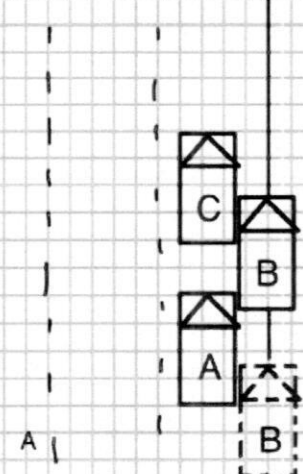
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 29/11/2024
 1419HRS
 Policyholder's Signature / Date & Time

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


 NUR ASYRAF BIN ZAINAL
 S997042
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan

	 <p style="margin-top: 20px;">A: SLZ6633E B: SMV2088P C: SMU4068P PIE TOWARDS CTE</p>
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Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



29/11/2024
1419HRS

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)
NUR ASYRAF BIN ZAINAL
S997042

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20241128/2048

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Report No. T/20241128/2048

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 AFIF FIKRI BIN
ABDULLAH JUNAIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
28/11/2024 16:42

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20241128/2048

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20241128/2048

CONTINUATION OF REPORT**Brief Details.**

On 27/11/2024 at about 1908hrs, I was driving along PIE towards Changi near Toa Payoh Exit on the most right lane. My car vehicle (SLZ6633E) was stationary when a private ambulance (SMV2088P) was approaching the rear of my car vehicle.

The ambulance swerved to the right side of my car and hit the road divider. The ambulance had also scraped the right side of my vehicle affecting the right-side mirror, doors, tyres and rims. It then proceeded to hit the rear right side of the car vehicle in front of mine (SMU4068P).

The impact from the collision between the ambulance and my car vehicle caused me to hit the back of my head, neck and back to my seat very forcefully. I felt pain at the said areas. On top of that, I also felt nauseous and light-headed.

I was in shock for a while. I then exchanged particulars with the drivers and inspect the damages on my vehicle.

On 28/11/2024 at about 0000hrs, I felt more pain and aching at the back of my head, neck, and lower back. I could not sleep well and drive because of the trauma the accident had caused.

On 28/11/2024 at about 0849hrs, I went to see a doctor at Mount Elizabeth Novena and was given a 7-day MC. I had also done X-ray for the back of my neck and my back. I was told by the doctor to see a specialist if the pain and numbness on the said areas persists.

I would like to add that I have the particulars of both drivers involved in the accident and video footages captured from my vehicle camera.

Police and Ambulance did not attend to the incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20241128/2048

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20241128/2048

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV2088P		TOYOTA	HIACE COMMUTER GL 2.8 AUTO	Silver	Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FELISA CHUA JIA XUAN		ID No. S9706266H
Related Vehicle	SLZ6633E		Contact No. 97956633
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date Treatment	28/11/2024		Date Discharge 28/11/2024
No. of Days granted Medical Leave	07	Degree of	NIL
Driver			
Name	TEOH KEOH KIET		ID No. S8583545I
Related Vehicle	SMU4068P		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SALUDEZ SHARIFF BAYAU		ID No. G8571635U
Related Vehicle	SMV2088P		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20241128/2048

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20241128/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2024 16:42	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: FELISA CHUA JIA XUAN		Address: 230 HOUGANG AVENUE 1 #10-220 SINGAPORE 530230	
ID Type / ID No.: NRIC NO / S9706266H		Contact No.: Home/Office: Mobile: 97956633	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 27	Date of Birth: 13/02/1997	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: FINANCIAL ADVISOR		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2024 19:05	Type of Location: EXPRESSWAY
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLZ6633E		MERCEDES BENZ	C200 A/T ABS D/AIRBAG 2WD	Black	Seriously Damaged	0
SMU4068P		VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	White	Seriously Damaged	0