

## 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 ability.
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 Report	14/02/2018 13:49
Date Of Accident	13/02/2018 21:10
Exact Location Of Accident	T-JUNC OF NEW UPPER CHANGI RD AND CHAI CHEE AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA518A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	201713503C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84989583
Alternative Phone No	OFFICE-84989583

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093375113
Cover Note Number	

### Driver

Name of Driver	JOANNE SEAH JIA YING
NRIC No	S9304814H
Date Of Birth	05/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84989583
Fax Number	
Contact Number	OTHERS-84989583
EEmail Address	NOEMAIL

Address	BLK 67 CIRCUIT ROAD #09-241
Postcode	370067
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MS ONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180214/2072

#### 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	SJK2978P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93396833
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOANNE SEAH JIA YING  
Approximate Age  
Injuries Sustain MODERATE  
Injured person in which vehicle? SJA518A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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7. By the lodgment 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.
- (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:

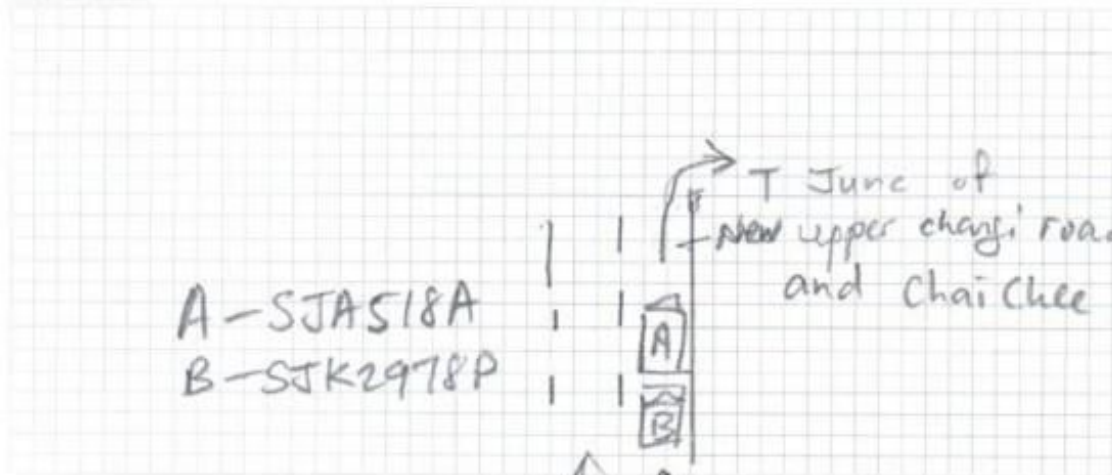
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Handwritten signature and date 14/2/2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Reports  
T/20180214/2072

## 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.:

Report Form No. 1

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180214/2072

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20180214/2072

#### CONTINUATION OF REPORT

Driver			
Name	JOANNE SEAH JIA YING	ID No.	S9304814H
Related Vehicle	SJA518A (Car)	Contact No.	84989583
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2018	Date Discharge	14/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

#### Brief Details.

On 13 February 2018 at about 2110hrs, I was driving along New Upper Changi Road. The road was dry and the traffic was light at that point of time. Subsequently, I approached a T-junction of New Upper Changi Road and Chai Chee Avenue. I was on the first lane ( Most Right Lane) intending to turn right. As the traffic light was red, I slowed down to a stop. Subsequently, I heard a loud bang on the rear of my car. There was a car bearing registration plate number SJK2978P ( White colored Hyundai Avante) behind me who just collided onto my rear. I came down to discuss the matter as this is the first time I encountered a traffic accident. I have some photos of the accident. The other party did not exchange particulars with me. My car was seriously damaged. The rear bumper was badly dented and one of the car parts slightly came out. Due to the accident, my car jerked forward for around one metre. Due to this, my forehead hit the steering wheel. I also suffered pain on my elbow due to the sudden jerk. I went to Mount Alvernia Hospital on 14 February 2018 for medical checkup and was given 5 days MC from 14 February 2018 to 18 February 2018. I wish to state that I got a passenger ( Ms Ong, 98227735) at that point of time. I also got a CCTV footage of the accident. That's all.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180214/2072

1 of 3

Report No. T/20180214/2072

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2018 13:06	Vide Report No.:	Station Diary No.: 14
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### Informant's Particulars

Name of Informant: JOANNE SEAH JIA YING			Address: APT BLK 67 CIRCUIT ROAD #09-241 SINGAPORE 370067	
ID Type / ID No.: NRIC NO / S9304814H			Contact No.: Home/Office:	Mobile: 84989583
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 25	Date of Birth: 05/02/1993	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2018 21:10	T-Junction
Location: Junction of Road 1 and Road 2 NEW UPPER CHANGI ROAD CHAI CHEE AVENUE T junction of New Upper change road and Chai Chee avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SJA518A	Car	TOYOTA	VIOS	Blue	Seriously Damaged	1
SJK2978P	Car	HYUNDAI	AVANTE	White	Slightly Damaged	0

### Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180214/2072

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629 Bedok Reservoir Road #01-1620  
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2 of 3

Report No. T/20180214/2072

### CONTINUATION OF REPORT

Driver			
Name	JOANNE SEAH JIA YING		ID No. S9304814H
Related Vehicle	SJA518A (Car)		Contact No. 84989583
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2018		Date Discharge 14/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

#### Brief Details.

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T/20180214/2072

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Tel No: 1800-4439999

3 of 3

Report No: T/20180214/2072

### 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:

G /

Sgt 2 AHMAD BIN HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/02/2018 13:06

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE