

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	20/02/2018 15:34
Date Of Accident	16/02/2018 07:40
Exact Location Of Accident	JUNCTION OF XILIN AVE & CHANGI SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7248P
Insured/Policyholder	
Name Of Registered Owner	GOH SIEW HOON
NRIC No	S2199568A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91298843
Alternative Phone No	OTHERS-91298843

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MX000854-R03
Cover Note Number	

Driver

Name of Driver	HENG HUI-SHAN
NRIC No	S9134522F
Date Of Birth	20/09/1991
Occupation	INDOOR
Date Of Driving Pass	19/03/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91298843
Fax Number	
Contact Number	
Email Address	HUI_SHAN91@HOTMAIL.COM

Address	54 JALAN ANGIN LAUT
Postcode	489257
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180217/2000

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	SHB7981S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HENG HUI-SHAN
Approximate Age	
Injuries Sustain	CHEST PAIN, NECK STRAIN, ABRASIONS
Injured person in which vehicle?	SJN7248P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7981S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

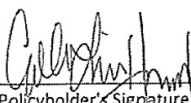
SKETCH PLAN


IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
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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: 19 Feb 2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19 Feb 2018


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

[illegible]

Pls refer to attached police report.

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

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



**SINGAPORE
POLICE FORCE**



T/20180217/2000

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180217/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2018 00:27		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: HENG HUI-SHAN		Address: 54 JALAN ANGIN LAUT SINGAPORE 489257		
ID Type / ID No.: NRIC NO / S9134522F		Contact No.: Home/Office: Mobile: 9129 8843		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 26	Date of Birth: 20/09/1991	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: INVESTOR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/02/2018 07:40	Type of Location: T-Junction
Location: Along Road 1 XILIN AVENUE CHANGI SOUTH AVENUE 1 Junction of Xilin Avenue and Changi South Avenue 1.				
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 - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7981S	Taxi	CHEVROLET	EPICA	Red		0
SJN7248P	Car	HONDA	STREAM	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN7248P	TOKIO MARINE INSURANCE SINGAPORE LTD.			



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Report No. T/20180217/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HENG HUI-SHAN	ID No.	S9134522F
Related Vehicle	SJN7248P (Car)	Contact No.	9129 8843
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/02/2018	Date Discharge	16/02/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 16/02/2018 at 0740hrs, I was driving along Xilin Avenue towards ECP. As I was reaching the junction of Xilin Avenue and Changi South Avenue 1, the traffic light was green and in my favour. Thus, I continued driving. However, there was a taxi from the opposite road turning right onto Changi South Avenue 1 that collided into my car. I did not manage to avoid collision.

I alighted from the car and sat in the rear of my car. I was assisted by another motorist (Namely Noor, Tel: 9626 1267) who happened to be driving behind my car. He called for the ambulance as I suffered chest pain, abrasions my right outer arm, bruising on both my knees and hip area due to the whiplash of the accident. I met with the taxi driver and asked why he made right turn. However, he did not respond and just shook his head.

Moments later, the taxi driver and I were conveyed to Changi General Hospital together. I underwent an x-ray. However, I did not suffer any fracture. I did not request for any medical leave. I will be seeing the doctor on 17/02/2018 as I still feel pain on my chest area.

My mother subsequently came to the accident scene and met up with the traffic police officers. I wish to state that Noor had provided me with the footage of the accident and it is currently in my possession.



**SINGAPORE
POLICE FORCE**



T/20180217/2000

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Report No. T/20180217/2000

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 / Staff Sgt MUZAINAH BINTE LATIFF <i>amp</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2018 00:27
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	<div style="text-align: center;">  SINGAPORE POLICE FORCE <i>amp</i> _____ SIGNATURE </div>

Accident Photo



Accident Photo



Accident Photo



Accident Photo

