

### 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	16/01/2018 16:44
Date Of Accident	13/01/2018 20:45
Exact Location Of Accident	JUNCTION OF COMPASSVALE DR & PUNGGOL ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR2108E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHUA PUAY KIANG
NRIC No	S7001779B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822838
Alternative Phone No	OFFICE-96696323

#### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095703797
Cover Note Number	

#### Driver

Name of Driver	ONG BEE LAY
NRIC No	S7035009B
Date Of Birth	09/10/1970
Occupation	INDOOR
Date Of Driving Pass	29/09/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93822838
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 297B COMPASSVALE STREET #05-10
Postcode	542297
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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)	4

Passenger 1	NAME: : PHUA JIA WEN JANETTE
	GENDER: : FEMALE
Passenger 2	NAME: : PHUA JIA NING JANELLE
	GENDER: : FEMALE
Passenger 3	NAME: : PHUA PUAY KIANG
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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	GW2487L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	

Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF INJURED PERSON 1

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

ONG BEE LAY  
48  
  
SCR2108E  
NO  
YES  
BLK 297B COMPASSVALE STREET  
#05-16  
542297

DETAILS OF INJURED PERSON 2

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

PHUA JIA WEN JANETTE  
  
  
SCR2108E  
NO  
YES  
BLK 297B COMPASSVALE STREET  
#05-16  
542297

DETAILS OF INJURED PERSON 3

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

PHUA JIA NING JANELLE  
  
  
SCR2108E  
NO  
YES  
BLK 297B COMPASSVALE STREET  
#05-16  
542297

DETAILS OF INJURED PERSON 4

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this Injured conveyed to hospital by ambulance?  
Address

PHUA PUAY KIANG  
48  
  
SCR2108E  
NO  
YES  
BLK 297B COMPASSVALE STREET  
#05-16

Postcode

542297



Sketch Plan

SKETCH PLAN

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7. By the lodging 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 agent/s (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417883  
Tel: 6747 7397  
Email: leesheng@singnet.com.sg  
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

Sketch Plan #2

Describe Circumstances of the Accident

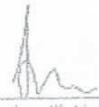
pls refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-00  
Singapore 417863  
Tel: 6742 2097  
Email: leesheng@singast.com.sg

  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





SINGAPORE  
POLICE FORCE



T/20180115/7015

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Report No. T/20180115/7015

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG BEE LAY	ID No.	S7035009B
Related Vehicle	SCR2108E (Car)	Contact No.	96696323
Hospital/Clinic	GOODHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Phua Jia Wen Janette	ID No.	T0615767F
Related Vehicle	SCR2108E (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2018	Date Discharge	14/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	Phua Jia Ning Janelle	ID No.	T0421996H
Related Vehicle	SCR2108E (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2018	Date Discharge	14/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight





SINGAPORE  
POLICE FORCE



T/20180115/7015

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Report No. T/20180115/7015

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

CONTINUATION OF REPORT

Passenger			
Name	Phua Puay Kiang	ID No.	S7001779B
Related Vehicle	SCR2108E (Car)	Contact No.	93822838
Hospital/Clinic	GOODHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 13/01/2018 at about 2045hrs, I was driving my car (SCR2108E/Honda City/Blue Colour) along Punggol Road towards Punggol (TPE). I was driving my husband and my two daughters whom were my passengers and we were on our way home. I was on the middle lane and was driving straight past the traffic light when a van (GW2487L) which was making a right turn collided onto my car's right side. Apparently, I had the right of way however I believed the van driver did not see our car approaching which caused the accident.

The collision caused my car to spin and stop at the opposite side of Compassvale Drive. We got out of the car and noticed that the car was badly damaged. A passerby helped to call for ambulance and the traffic police officers attended the scene and conducted their investigations.

My daughters were both in pain and luckily a ambulance arrived and conveyed both my daughters to KKH A&E. I also followed the ambulance while my husband stayed back at accident scene. I wish to state that we do not have a in-car camera.

My elder daughter was 2 days MC while my younger daughter was given 5 days MC.

On the 15/01/2018 at about 1500hrs, both my husband and me went to a clinic and was given three days MC each.

I am lodging this report for insurance claims.