

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 | 14/04/2018 11:48 |
| Date Of Accident | 13/04/2018 14:45 |
| Exact Location Of Accident | JUNC OF MANDAI RD & MANDAI LAKE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP873X |
| Insured/Policyholder | |
| Name Of Registered Owner | MDM CHIN HUI LAN |
| NRIC No | S1551758A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96275811 |
| Alternative Phone No | OFFICE-96275811 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8X CVT |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN1737671700 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MDM CHIN HUI LAN |
| NRIC No | S1551758A |
| Date Of Birth | 21/12/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/07/1981 |
| Driving Experience | 36 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96275811 |
| Fax Number | |
| Contact Number | OFFICE-96275811 |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 682 CHOA CHU KANG CRES #09-526 |
| Postcode | 680682 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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) | 1 |

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? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SGT7271A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | OO CHOON PENG |
| NRIC/Passport Number | S7320740A |
| Contact Number | 96737560 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKJ8065C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG WAN JING ANGELINE

NRIC/Passport Number S8709473A

Contact Number 96413028

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name CHIN HUI LAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLP873X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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6. The 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 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:


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

Accident Sketch Plan

SKETCH PLAN

Mandalay Lake Rd

A = SLP 873X
B = SGT 7271A
C = SKJ 8065C


Mandalay Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180414/2029

1 of 4

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

Report No. T/20180414/2029

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 14/04/2018 09:27 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: CHIN HUI LAN | Address: APT BLK 682 CHOA CHU KANG CRES #09-526 HDB-CHOA CHU KANG SINGAPORE 680682 | | |
| ID Type / ID No.: NRIC NO / S1551758A | Contact No.: | Mobile: 96275811 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: | |
| Sex: Female | Age: 55 | Date of Birth: 21/12/1962 | Type of Informant: Driver |
| Race: Chinese | Language: | Institution / School Name: | |
| Occupation: Shop sales assistant | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---|-----------------------|---|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/04/2018 14:45 | Type of Location: X-Junction |
| Location: Along Road 1 Traveling Toward Road 2 MANDAI ROAD SEBBAWANG ROAD | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: | Traffic Control: Traffic Light - Working | | Traffic Volume: Light | |
| Type of Collision: CHAIN COLLISION | Anyone conveyed by ambulance: No | | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|-----------------------------|-------|-----------|-----------------|
| SGT7271A | Car | MITSUBISHI | LANCER 1.6 M | Blue | | 0 |
| SKJ8065C | Car | MERCEDES BENZ | A200 BLUE EFFICIENC Y | Black | | 0 |
| SLP873X | Car | TOYOTA | WISH 1.8X CVT | Grey | | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180414/2029

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

2 of 4

Report No. T/20180414/2029

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|----------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLP873X | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSN17376717 00 | 25/05/2017 | 24/05/2018 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | OO CHOON PENG | ID No. | S7320740A | |
| Related Vehicle | SGT7271A (Car) | Contact No. | 96737560 | |
| 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 | NIL | Degree of Injury | NIL | |
| Driver | | | | |
| Name | NG WAN JING, ANGELINE | ID No. | S8709473A | |
| Related Vehicle | SKJ8065C (Car) | Contact No. | 96413028 | |
| 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 | NIL | Degree of Injury | NIL | |
| Driver | | | | |
| Name | CHIN HUI LAN | ID No. | S1551758A | |
| Related Vehicle | SLP873X (Car) | Contact No. | 96275811 | |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL | |
| Date Treatment | 13/04/2018 | Date Discharge | 13/04/2018 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL | |

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180414/2029

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

3 of 4

Report No. T/20180414/2029

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG MANDAI ROAD TOWARDS SEMBAWANG ROAD ON THE SECOND LANE OF FOUR LANES, THE TRAFFIC LIGHT WAS GREEN WHEN ALL OF A SUDDEN SKJ8065C CUT INTO THE SECOND LANE AND BRAKED. THIS CAUSED ME TO EMERGENCY BRAKE AS WELL. HOWEVER THE CAR BEHIND ME SGT7271A COULD NOT BRAKE IN TIME, AS SUCH HE COLLIDED ONTO MY REAR, CAUSING MY CAR TO SHIFT FORWARD AND COLLIDE WITH THE SKJ8065C. THE DRIVER OF SGT7271A CALLED FOR POLICE ASSISTANCE. TRAFFIC POLICE CAME DOWN AND TOOK DOWN OUR PARTICULARS, THEY ALSO TOLD US CLAIM INSURANCE. HOWEVER I GOT A 5 DAY MC FROM THE HOSPITAL AND NEEDED TO MAKE A POLICE REPORT.

I HAVE VIDEO FOOTAGE AND PHOTOS OF THE INCIDENT HAPPENING. I DO NOT WISH FOR THE DRIVER OF SKJ8065C TO MAKE AN INSURANCE CLAIM AGAINST ME AS SHE WAS THE ONE THAT CAUSED THE INCIDENT.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180414/2029

4 of 4

Report No. T/20180414/2029

Police Station Of Origin:
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Tel No: 65470000

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:

TP /
TAN KIN WAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/04/2018 09:27

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

DRIVING DOC



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1551758A



CHIN HUI LAN

陳慧蘭

Race: CHINESE

Date of Birth: 21-12-1962

Country of Birth: SINGAPORE



Identity Card No. S1551758A



Valid Until: 09-06-2000

Address:
APT BLK 682 CHOA CHU KANG CRESCENT
#09-528
SINGAPORE 680682

3162305

Accident Photo



KAYONG TO PANGKALAN ROADWORKING

CEI

CEI

KAYONG

KAYONG TO PANGKALAN

100

100

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



