

## 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	08/05/2018 10:43
Date Of Accident	07/05/2018 20:00
Exact Location Of Accident	WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1576Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE.LTD.
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085700497-01
Cover Note Number	

### Driver

Name of Driver	CECILIA LOW
NRIC No	S6971834E
Date Of Birth	22/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	+65-97774629
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 11 WOODLANDS DRIVE 72 #05-32
Postcode	738094
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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)	3
Passenger 1	NAME: : CHINESE PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : FATHIN (MALAY PASSENGER) GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Police Report No. T/20180508/2001

#### 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 Witness 1

Name	FATHIN
Phone Number	91692660
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE2300Y
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH WEI HAN

NRIC/Passport Number	S9738037F
Contact Number	97571870
Address	BLK 873 WOODLANDS ST 81 #09-264
Postcode	730873
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	FATHAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKW1576Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CECILIA LOW
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKW1576Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 11 WOODLANDS DRIVE 72 #05-32
Postcode	738094

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

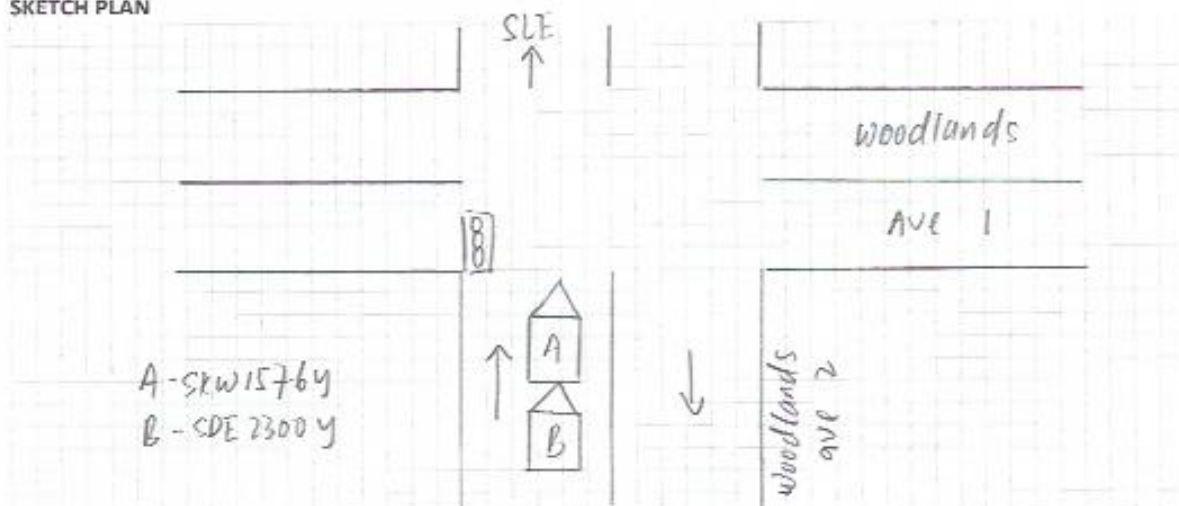


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report NO: 7/20180508/2001

## 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.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





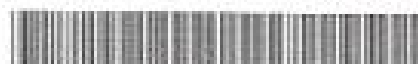
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180508/2001

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No: T/20180508/2001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 00:10		Vide Report No.:		Station Diary No.: 1	
<b>Informant's Particulars</b>					
Name of Informant: CECILIA LOW			Address: APT BLK 11 WOODLANDS DRIVE 72 #05-32 SINGAPORE 738094		
ID Type / ID No.: NRIC NO / S6971834E			Contact No.: Home/Office: Mobile: 97774629		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 49	Date of Birth: 22/02/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			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: 07/05/2018 20:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 2 WOODLANDS AVENUE 1 Lane 3 towards SLE near to bus-stop of Blk 511				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SDE2300Y	Car				Slightly Damaged	1
SKW1578Y	Car				Slightly Damaged	2

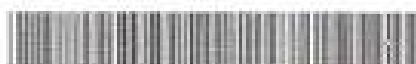
## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180508/2001

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20180508/2001

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEH WEI HAN		ID No. S9738037F
Related Vehicle	SDE2300Y (Car)		Contact No. 97571870
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A, Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CECILIA LOW		ID No. S8971834E
Related Vehicle	SKW1576Y (Car)		Contact No. 97774629
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3, Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	FATHIN		ID No. NIL
Related Vehicle	SKW1576Y (Car)		Contact No. 91682660
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	Slight

### Brief Details.

On the 07/05/2018 at about 2000hrs, I was travelling on lane 3 along Woodlands Avenue 2 towards SLE. I was sending my passenger. Subsequently, I stopped my vehicle at the junction of Woodlands Avenue 1 as the traffic light was red. Out of a sudden, one vehicle collided onto the rear portion of my vehicle. The driver of the vehicle then came out and we exchanged particulars and left.

At about 2100hrs, I called my passenger to check if she was okay. However I was told that she had a stiff neck due to the accident. I also feel pain on my lower back and neck area but I have not seen a doctor yet. Therefore I decided to make a police report first.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180508/2001

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 83 SINGAPORE 737890  
Tel No: 1800-7678999

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Report No. T/20180508/2001

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180508/2001

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7678999

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Report No. T/20180508/2001

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:

J /

Staff Sgt TOH ZI GUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

08/05/2018 00:10

Classification Of Case:

Authentication Stamp

NP168



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
ULN: S66520020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAMT18059737 Vehicle Registration No: SEW1576Y  
Name (as shown in NRIC) : TANG CHAI YEE NRIC/FIN/Passport No : G 2554703P  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 25 DEFU LANE 9 Singapore (539266)  
Contact (Tel) : 66791146 Mobile No. : \_\_\_\_\_  
Email Address : account5@allswellmotor.com.sg  
Date of Accident : 07/05/2018 Time of Accident : 20:00  
Place of Accident : WOODLANDS AVE 2  
Insurance Company : NTUC INCOME

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Police report as attached

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Chen  
Policyholder / Driver's Signature  
Date: 08/05/18



Chen  
Reporting Centre Personnel's Signature  
Name: Tang Chai Yee  
NRIC/FIN No.: \_\_\_\_\_  
Date: 08/05/18