

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	14/05/2018 17:32
Date Of Accident	14/05/2018 10:15
Exact Location Of Accident	CTE NEAR UPP CROSS ST TWDS AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3549Y
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97547573

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5083187969-01
Cover Note Number	

Driver

Name of Driver	PAN XINXUAN WENDY
NRIC No	S1824143I
Date Of Birth	27/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98528406
Fax Number	
Contact Number	
EEmail Address	WENDY.SINGAPORE.REALTOR@GMAIL.COM

Address	BLK 195 KIM KEAT AVE #03-328
Postcode	310195
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	COLLIDED INTO PROPERTY
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : AARON GENDER: : MALE
Passenger 2	NAME: : LI SIN GENDER: : FEMALE
Passenger 3	NAME: : EDDIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180514/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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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:

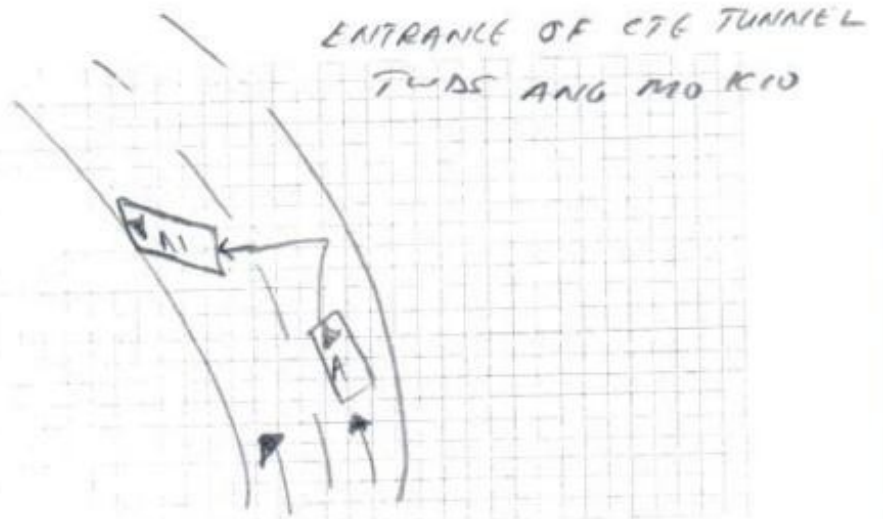
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A-SIN35494



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180514/2115

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180514/2115

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180514/2115

CONTINUATION OF REPORT

Driver			
Name	PAN XINXUAN WENDY	ID No.	S1824143I
Related Vehicle	SJN3549Y (Car)	Contact No.	98528406
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

Brief Details.

On 04/05/2018 at around 1015hrs, I was entering CTE via upp cross st towards Ang Mo Kio. While I was in the tunnel, there was a bend and I steered my steering wheel towards the bend direction.

I felt that my wheel was not very responsive to my steering wheel thus I turned more. After turning more, my car went out of control and when I hit the brake, my car skid and knocked into the road divider.

I am unsure about the injuries of the 3 passengers I had at that time. I am not injured as of now however I will go and see a doctor if I feel unwell.

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/20180514/2115

Police Station Of Origin:
Orchard N.P.C.
51 Killy Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20180514/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 15:21		Video Report No.: A/20180514/0059		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: PAN XINXUAN WENDY			Address: APT BLK 195 KIM KEAT AVENUE #03-328 SINGAPORE 310185		
ID Type / ID No.: NRIC NO / S16241431			Contact No.: Home/Office: Mobile: 98528406		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 27/08/1967	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

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2018 10:15	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY CTE, near upp cross street towards AMK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3549Y	Car				Seriously Damaged	3

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/2115

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 238572
Tel No: 1800-7359899

Report No: T/20180514/2115

CONTINUATION OF REPORT

Driver			
Name	PAN XINXUAN WENDY	ID No.	S1824143I
Related Vehicle	SJN3549Y (Car)	Contact No.	98528405
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
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No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/2115

Police Station Of Origin:
Orchard N.P.C
51 Kalliney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20180514/2115

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:

E /

Sgt 1 CHUA ZHENG XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2018 15:21

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No: 65476232

Classification Of Case:

Authentication Stamp

NP168