

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	30/05/2018 09:27
Date Of Accident	28/05/2018 11:50
Exact Location Of Accident	KOVAN RISE JUNCTION SIMON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8336M
Insured/Policyholder	
Name Of Registered Owner	YEW MAY FONG JACQUELINE (YAO MEIFENG)
NRIC No	S7523551H
Email Address	JACYEW8336@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86879984
Alternative Phone No	OFFICE-86879984

Vehicle Particulars

Manufacturer	MINI
Model	ONE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087209617-01
Cover Note Number	

Driver

Name of Driver	YEW MAY FONG JACQUELINE (YAO MEIFENG)
NRIC No	S7523551H
Date Of Birth	06/08/1975
Occupation	INDOOR
Date Of Driving Pass	20/10/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86879984
Fax Number	
Contact Number	OFFICE-86879984
Email Address	JACYEW8336@GMAIL.COM

Address	42 FLORENCE ROAD #05-05 FIORENZA
Postcode	549576
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	COLLISION - ROUNDABOUT
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

Details of Witness 1

Name	PEI SHAN
Phone Number	81805667
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU6334U
Vehicle Make/Model/Colour	HONDA FREED / WHITE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LOUIS YAK
NRIC/Passport Number	S7804125J

Contact Number	96872258
Address	BLK 277A COMPASSVALE LINK #08-314
Postcode	541277
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEW MAY FONG JACQUELINE (YAO MEIFENG)
Approximate Age	42
Injuries Sustain	ABDOMINAL PAIN - 8 MONTHS PREGNANT
Injured person in which vehicle?	SKB8336M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	42 FLORENCE ROAD #05-05 FIORENZA
Postcode	549576

Sketch Plan Pg. 1

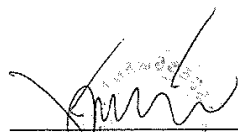
SKETCH PLAN

IMPORTANT NOTICE

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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:

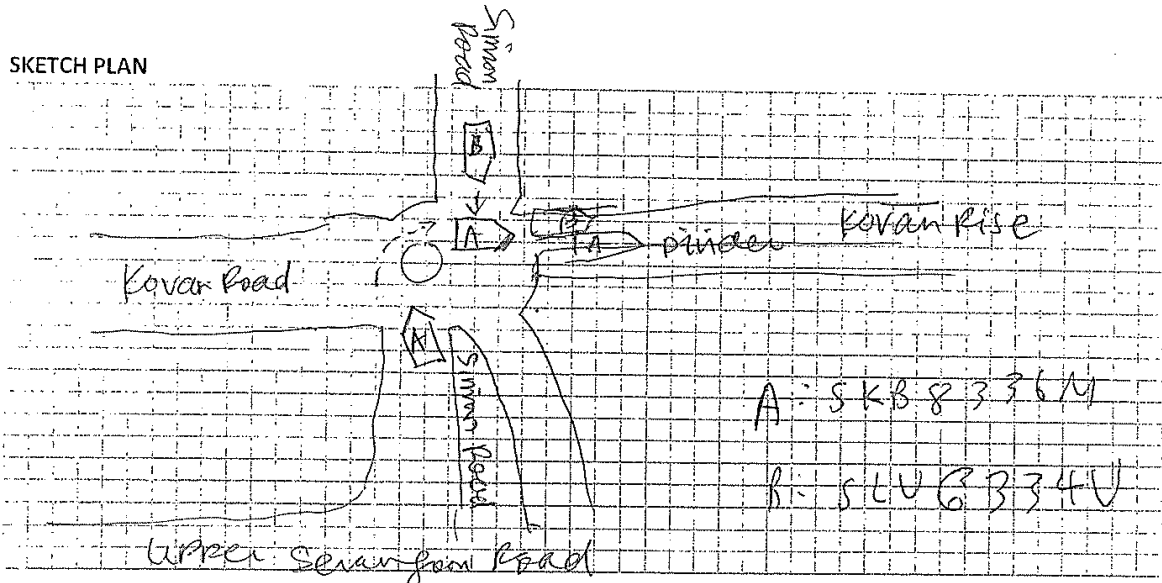
30 MAY 2018

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



Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report.

DECLARATION

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

Policyholder's Signature

Date & Time:

30 MAY 2016

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES
S7927881E





**SINGAPORE
POLICE FORCE**



T/20180528/2107

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 4

Report No. T/20180528/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 17:55		Vide Report No.: F/20180528/0137		Station Diary No.: 473	
Informant's Particulars					
Name of Informant: YEW MAY FONG JACQUELINE			Address: 42 FLORENCE ROAD #05-05 SINGAPORE 549576		
ID Type / ID No.: NRIC NO / S7523551H			Contact No.: Home/Office: Mobile: 8687 9984		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 06/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FREELANCE EDUCATOR			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: 28/05/2018 11:50	Type of Location: Roundabout
Location: Along Road 1 SIMON ROAD KOVAN RISE JUNC SIMON RD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB8336M	Car	MINI	ONE 1.6 AT ABS D/AIRBAG 2WD 3DR	Red		0
SLU6334U	Car	HONDA	FREED 1.5G HYBRID AUTO	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



1720180528/2107

Police Station Of Origin:
Kampung Java N.P.C
21 Kampung Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. 1720180528/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKB8336M	NTUC Income Insurance Co-Operative Limited	5087209617-01	02/02/2018	29/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEW MAY FONG JACQUELINE		ID No.	S7523551H
Related Vehicle	SKB8336M (Car)		Contact No.	8687 9984
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Glass of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/05/2018		Date Discharge	28/05/2018
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Passenger				
Name	Pei Shan		ID No.	NIL
Related Vehicle	SLU6334U (Car)		Contact No.	81805667
Hospital/Clinic	NIL		Glass 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	Louis Yak		ID No.	S7804125J
Related Vehicle	SLU6334U (Car)		Contact No.	96872258
Hospital/Clinic	NIL		Glass 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



SINGAPORE
POLICE FORCE



T/20180528/2107

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20180528/2107

CONTINUATION OF REPORT

Brief Details.

On 28/05/2018 at about 1150hrs, I was driving my vehicle, bearing registration plate number SKB8336M, along Simon Road the roundabout. I was supposed to exit at Kovan Rise. As I was driving within the roundabout, I slowed down along the bends and as I was approaching the other end of Simon Road, suddenly a white vehicle, bearing registration plate number SLU6334U collided into the left side of my vehicle. The impact of the collision cause me to swerve and mount the kerb of the center divider along Kovan Rise. I did not see the white vehicle approaching me.

Subsequently, I called for the police and was conveyed to KKH by ambulance. I was given 3 days outpatient sick leave from 28/05/2018 to 30/05/2018. The hospital informed me that I am fit for discharge and that if I do not feel well within the next few days, I am to go back to KKH.

I wish to state that there was another female passenger in the other vehicle (Grab car) at the point of accident. She informed that I can pass her particulars to the police if required. I am unsure if the Grab driver or passenger is injured. I also noticed that the grab driver had blood-shot eyes. I was advised by TP IO to lodge a traffic police report.

My vehicle is being towed to the workshop. The car is able to start. However, it is unable to move. While the grab car front bonnet is dented.



SINGAPORE
POLICE FORCE



T/20180528/2107

4 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180528/2107

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 2 TRICIA NG CHU ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/05/2018 17:55

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 167

Authentication Stamp

NP168

SIGNATURE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087209617-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKB8336M
 Chassis Number : WMWSR32000TY59291
2. Name of Policyholder : YEW MAY FONG JACQUELINE (YAO MEIFENG)
3. Effective Date of Insurance : 02 Feb 2018
4. Expiry Date of Insurance : 29 Dec 2018
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEW MAY FONG JACQUELINE (YAO MEIFENG)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)
 Date of Issue : 02 Feb 2018 18:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



KK Women's and
Children's Hospital
SingHealth

Reg No 198904227G

TAX INVOICE

ORIGINAL

GST REG NO : M90368910N

KFINCWF / FB / 28.05.2018 1621 hrs / Page 1 of 1

YEW MAY FONG JACQUELINE (YAO MEIFENG)	Tax Invoice Number: 7718124874D0001
42 FLORENCE ROAD	Bill Ref Number : 7718124874D-0001-01
#05-05 FIORENZA	Tax Invoice Date : 28.05.2018 1621 hrs
SINGAPORE 549576	Patient NRIC/HRN : S7523551H
	Visit Date : 28.05.2018 1258 hrs
Patient : YEW MAY FONG JACQUELINE (YAO MEIFENG)	Visit / Bill Location : KXLWT / KXLWT / OBS
	Payment Class : PRIVATE
	Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
	PROFESSIONAL FEES - DOCTOR	Subtotal	97.00
CONNOBWM	CONSULT - NEW VISIT, OG24H/DEL SUITE	1	97.00
	LABORATORY INVESTIGATIONS	Subtotal	24.00
BC0142A	GLUCOSE MONITORING BY PORTABLE	1	24.00
	X-RAY INVESTIGATIONS	Subtotal	126.00
XRP008A	U/S, OBS, SIMPLE(MULTIPLE REQ)	1	126.00
	SPECIALISED INVESTIGATIONS	Subtotal	51.00
VC0003	CARDIOTOGRAPHY (CTG)	1	51.00
	Subtotal Charges		298.00
	Total Charges Payable		298.00
AMOUNT PAYABLE BEFORE TAX			298.00
ADD : 7% GST			20.86
AMOUNT PAYABLE AFTER TAX			318.86
NET AMOUNT PAYABLE			318.86
MEDICAL CLAIMS PRORATION SYSTEM			318.86
YEW MAY FONG JACQUELINE (YAO MEIFENG)			0.00
PAYMENT			
MEDICAL CLAIMS PRORATION SYSTEM			0.00
YEW MAY FONG JACQUELINE (YAO MEIFENG)			0.00
AMOUNT DUE FROM			
MEDICAL CLAIMS PRORATION SYSTEM			318.86
YEW MAY FONG JACQUELINE (YAO MEIFENG)			0.00
MCPS	S7523551H		
FOB PM 28/05/2018 PTE (NB) S7523551H			
ST: P S7523551H			
First Consultation - without referral			
*** You are served by CHONG WEI FANG ***			



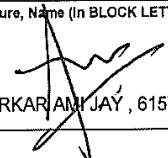
KK Women's and
Children's Hospital
SingHealth

Reg No 198904227G

ORIGINAL

MEDICAL CERTIFICATE

OBS2018157845

Name YEOW MAY FONG JACQUELINE (YAO, MEIFENG)		NRIC No. S7523551H
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>28-May-2018</u> to <u>30-May-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Obstetrics KK Women's and Children's Hospital Pte. Ltd.	Ward No. KKH-Women- Date 28-May-2018	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  UNARKAR AM JAY, 61571D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

