

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	21/06/2018 19:12
Date Of Accident	20/06/2018 11:30
Exact Location Of Accident	ALONG JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6442G
Insured/Policyholder	
Name Of Registered Owner	ONG SWEE BOON MATTHEW
NRIC No	S1794392H
Email Address	OSBMATTHEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97383850
Alternative Phone No	OTHERS-81820774

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
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	REPORTING ONLY
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	5072777813-02
Cover Note Number	

Driver

Name of Driver	CHIEW CHING MUI TIFFANY MRS.ONG SWEE BOON
NRIC No	S6816359E
Date Of Birth	26/04/1968
Occupation	INDOOR
Date Of Driving Pass	23/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97383850
Fax Number	
Contact Number	OTHERS-97383850
Email Address	OSBMATTHEW@GMAIL.COM

Address	BLK 117 JURONG EAST STREET 13 #17-147
Postcode	600117
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180621/2054

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	SJK3172R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOFIAH BINTE SALLEH
NRIC/Passport Number	S6821944B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	CHIEW CHING MUI TIFFANY MRS.ONG SWEE BOON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJM6442G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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: 21/6/2018
1430hrs

Driver's Signature

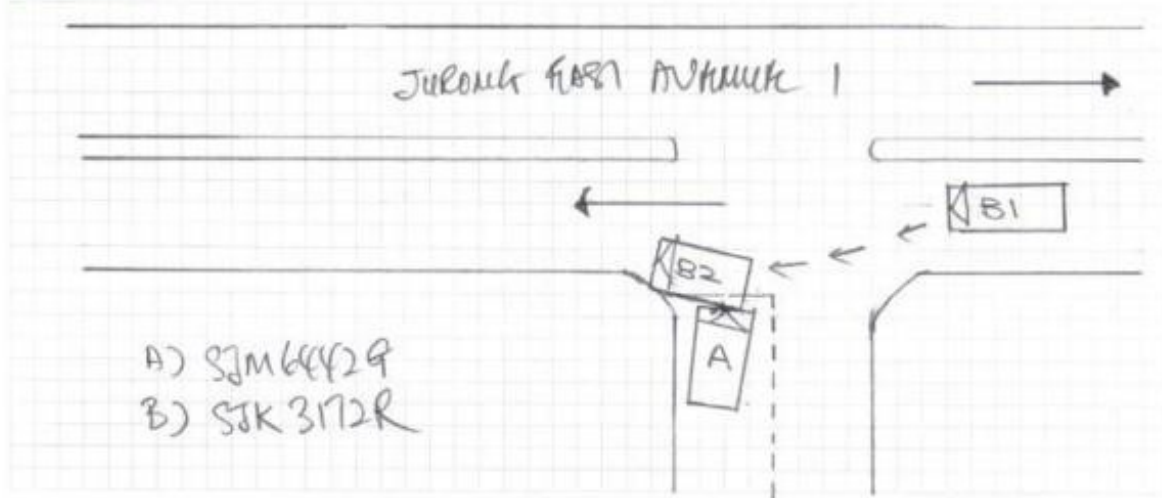
(If driver is not the policyholder)
Date & Time: 21/6/18
1430hrs

Reporting Centre Personnel's Signature

Name: ROSE WATSON
NRIC/FIN No.: 2106/2018

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PL REFER TO POLICE REPORT
7/20180621/2054

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 21/6/18
1430hrs

SAURAM Suresh Kumar

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/6/18
1430hrs

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/6/2018
[Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180621/2054

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180621/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 12:04	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: CHIEW CHING MUI TIFFANY		Address: APT BLK 117 JURONG EAST STREET 13 #17-147 SINGAPORE 600117	
ID Type / ID No.: NRIC NO / S6816359E		Contact No.: Home/Office: Mobile: 81820774	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 50	Date of Birth: 26/04/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Homemaker		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: 20/06/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 JURONG EAST AVENUE 1 Outside Yu Hua Place				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK3172R	Car				Slightly Damaged	3
SJM6442G	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180621/2054

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180621/2054

CONTINUATION OF REPORT

Brief Details.

On 20/6/2018 at about 1130hrs, after ending my exercise work out and grocery shopping at Yu Hua Place and was planning to drive my vehicle bearing license plate SJM6442G back home at Jurong East Street 13. While waiting to exit to join the main road along Jurong East Avenue 1, a vehicle bearing license plate SJK 3172 R had hit the side swipe onto the front right side of my vehicle with their left rear side.

I would like to add that there were a police car that happened to pass by the scene had assisted. Subsequently the other party had complaint of lower back pain and called for ambulance. When the ambulance arrived, I also informed that i also had lower back pain which they suggested to convey both of us by ambulance. Both me and the other party was then being conveyed, the traffic police came down and informed my husband to make a police report at any nearest police station.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180621/2054

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180621/2054

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:

D /
Sgt 2 LOW SI JIA, AMANDA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP166

SIGNATURE

Signature Of Informant:

Date/Time:
21/06/2018 12:04

Classification Of Case:

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



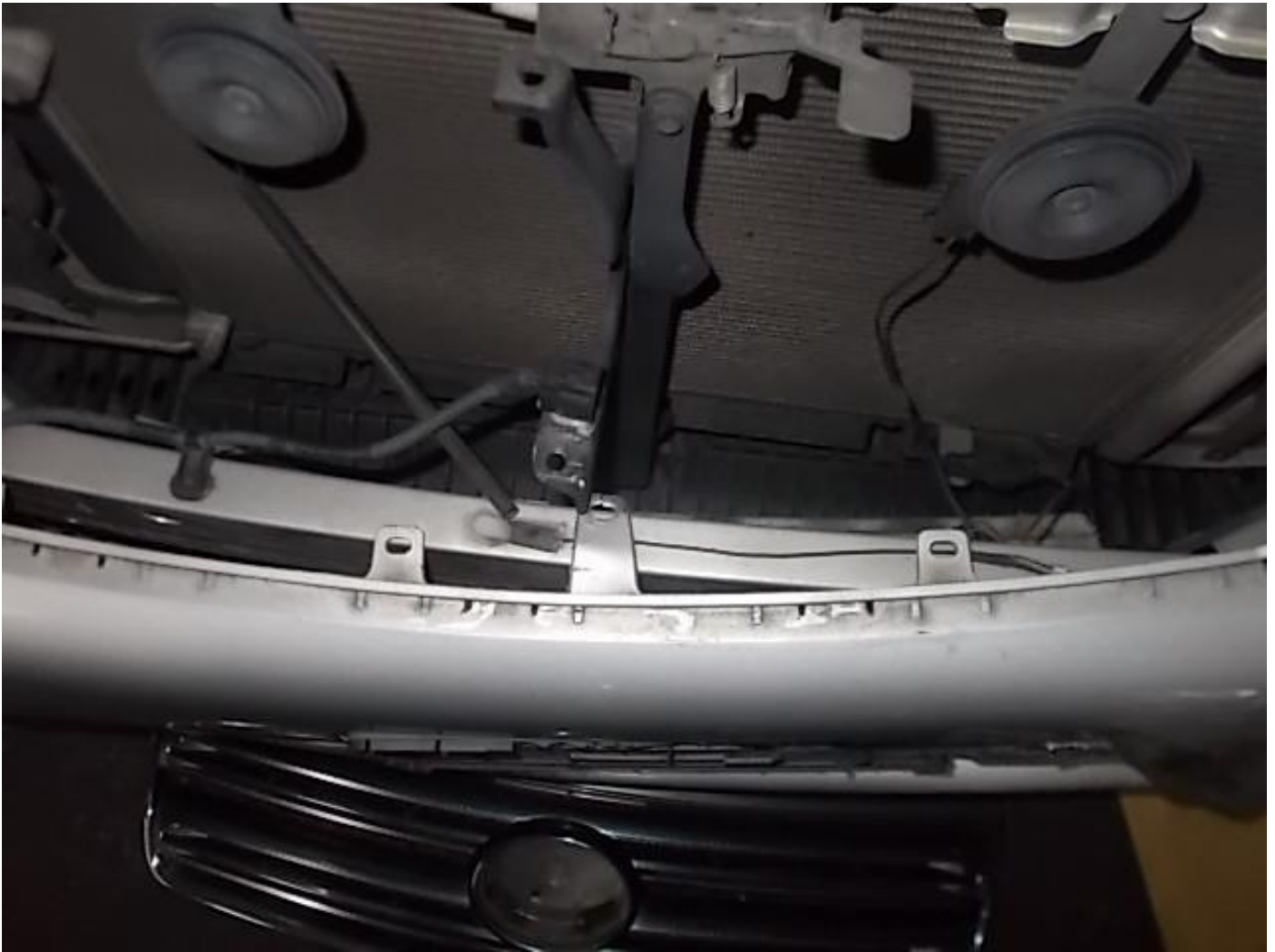
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