

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	23/07/2018 14:37
Date Of Accident	21/07/2018 15:20
Exact Location Of Accident	SEMBAWANG ROAD NEAR TO SUN PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6734S
Insured/Policyholder	
Name Of Registered Owner	M/S SAN LIAN DENG TEMPLE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97322326
Alternative Phone No	OFFICE-97322326

Vehicle Particulars

Manufacturer	RENAULT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3074481700
Cover Note Number	

Driver

Name of Driver	ALISON NG YA QIN
NRIC No	S1761135F
Date Of Birth	17/02/1966
Occupation	INDOOR
Date Of Driving Pass	28/11/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97322326
Fax Number	
Contact Number	OTHERS-97322326
EEmail Address	NOEMAIL

Address	27 ROSEWOOD DRIVE #09-20
Postcode	737920
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRUSTEE
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 PEDESTRIAN
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180723/2081

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

SAN LIAN DENG TEMPLE
SAN LIAN DENG TEMPLE

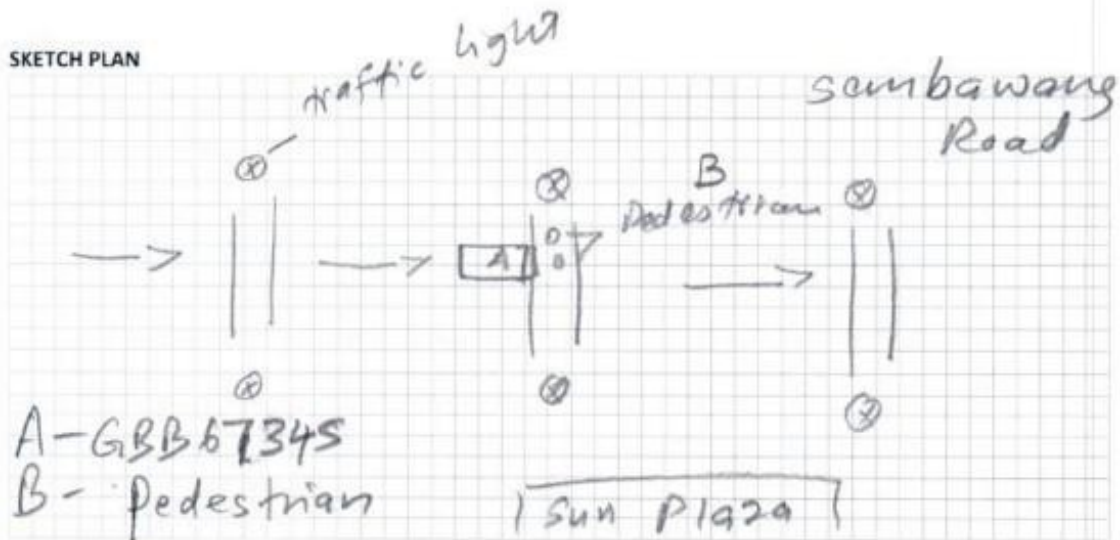
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180723/2081

DECLARATION

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

SAN LIAN DENG TEMPLE

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.:

Signature: [Signature]

23/7/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180723/2081

CONTINUATION OF REPORT

Driver			
Name	ALISON NG YA QIN	ID No.	S1761135F
Related Vehicle	GBB6734S (Van)	Contact No.	97322326
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
Pedestrian			
Name	Ilham Zikri Bin Faizal	ID No.	T0536393J
Related Vehicle	NIL	Contact No.	NIL
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
Pedestrian			
Name	Faizal Bin Farouk	ID No.	S7428593G
Related Vehicle	NIL	Contact No.	91279755
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 21/7/2018 at about 1520hrs, I was driving along Sembawang Road near to Sun Plaza I would like to inform that there are about 3 traffic junctions along the road after I passed the first traffic junction as the traffic light was in my favor while passing on the second traffic junction I misjudged the second traffic junction for the third one as the distance was very close as it was very sunny as well I attempted to adjust sun visor, while attempting I saw two pedestrians who began crossing road as such I jammed the brakes to avoid hitting them.

My vehicle then slightly hit onto them as there was no sufficient distance between me and the two pedestrians. Shortly after, I immediately went out of my vehicle and made a check on them. Based on what I could see, the adult who is the father of the younger pedestrian have a swelling on his right forearm and the son had several scratches on his right palm. The father then informed that they will go to

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180723/2081

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180723/2081

CONTINUATION OF REPORT

the hospital to seek medical attention.

We then exchanged contacts and particulars and went on our ways, the father also informed that he will be doing an insurance report and we both agreed on a private settlement in the first place after which later on the 23/7/2018 both of us agreed to make a traffic police report instead.

9. 1

Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1761135F



Name

ALISON NG YA QIN

黄雅勤

Race

CHINESE

Date of birth

17-02-1966

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

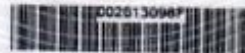


Licence No. S1761135F

ALISON NG YA QIN

Birth Date: 17 Feb 1966

Issue Date: 26 Sep 2016



0026130987

5619711



NRIC No. S1761135F



Date of issue

08-07-2016

Address

27 ROSEWOOD DRIVE
#09-20
SINGAPORE 737920

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 26 Nov 1995

NP 428A



Licence No. S1761135F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



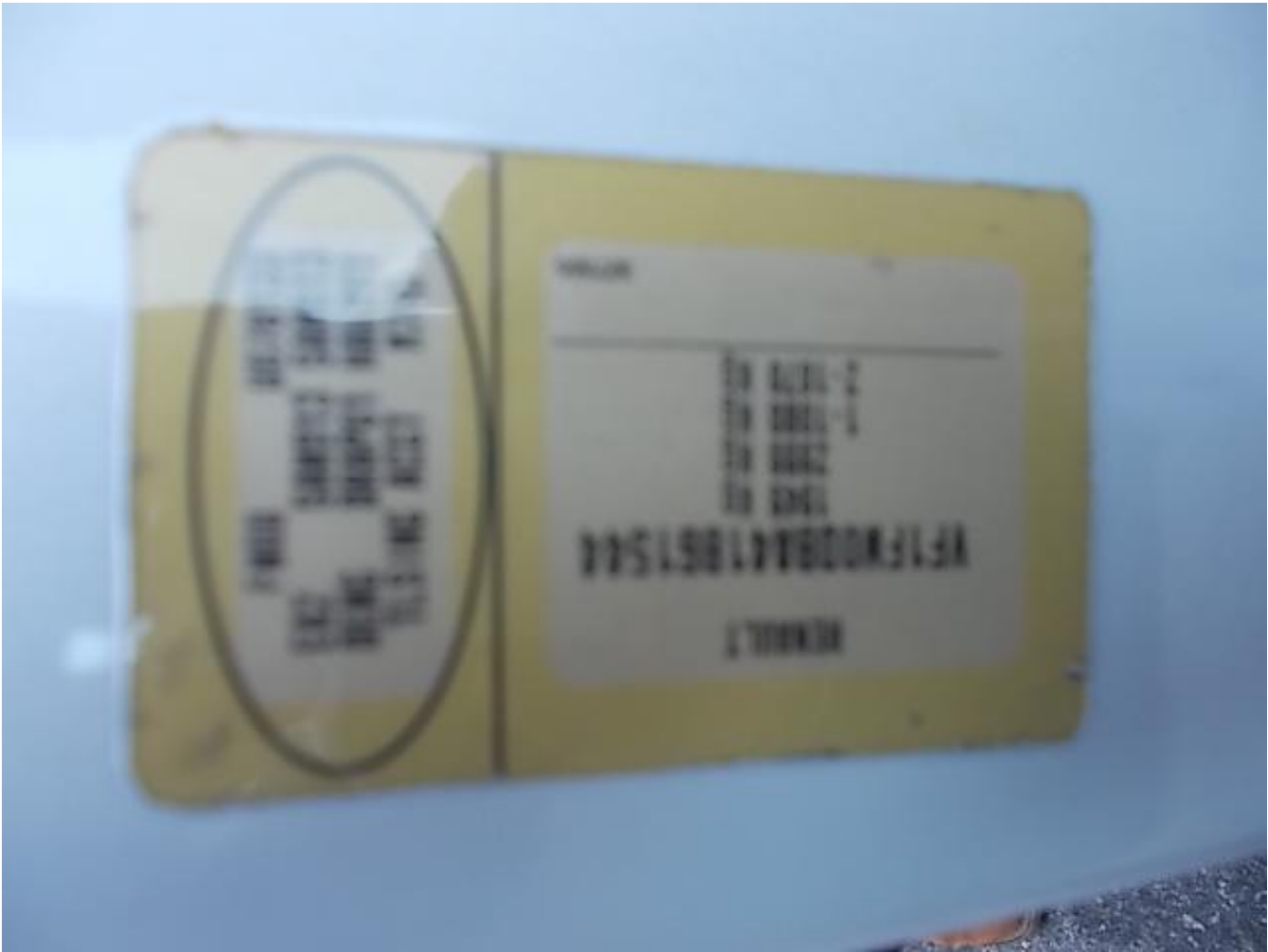
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180723/2081

1 of 4

Report No. T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2018 14:08		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: ALISON NG YA QIN			Address: 27 ROSEWOOD DRIVE #09-20 SINGAPORE 737920		
ID Type / ID No.: NRIC NO / S1761135F			Contact No.: Home/Office: Mobile: 97322326		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 17/02/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 21/07/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD				
Near to Sun Plaza				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6734S	Van	RENAULT	KANGOO EXPRESS II 1.6L AT ABS AB 2WD 6DR	Yellow	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 2	Use of Pedestrian Crossing: Not Available

Police Report



**SINGAPORE
POLICE FORCE**



T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
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Tel No: 1800-7479999

2 of 4

Report No. T/20180723/2081

CONTINUATION OF REPORT

Driver			
Name	ALISON NG YA QIN	ID No.	S1761135F
Related Vehicle	GBB6734S (Van)	Contact No.	97322326
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
Pedestrian			
Name	Ilham Zikri Bin Faizal	ID No.	T0536393J
Related Vehicle	NIL	Contact No.	NIL
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
Pedestrian			
Name	Faizal Bin Farouk	ID No.	S7428593G
Related Vehicle	NIL	Contact No.	91279755
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180723/2081

3 of 4

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Report No. T/20180723/2081

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T/20180723/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20180723/2081

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:

G /

Sgt 2 ANG YI FENG, ELSON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/07/2018 14:08

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168