

## 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	26/07/2018 15:26
Date Of Accident	26/07/2018 11:20
Exact Location Of Accident	ALONG JALAN ADAT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7625Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	MERVIN.PAN@BLAZEMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	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	5097296239
Cover Note Number	

### Driver

Name of Driver	PANG SU FANG
NRIC No	S1673835B
Date Of Birth	25/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98737713
Fax Number	
Contact Number	
EEmail Address	FLORENCE_PANG2003@YAHOO.COM

Address	BLK 33 BEDOK SOUTH AVE 2 #12-351
Postcode	460033
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	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	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 15 BEDOK SOUTH ROAD #01-117 , <b>POSTCODE:</b> 460015 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2419999 - <b>FAX NO:</b> 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180726/2084

### 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	SJP8677S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS WONG SHIAO YUN
NRIC/Passport Number	S1382042B
Contact Number	96747100
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PANG SU FANG

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SLG7625Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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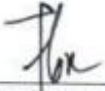
#### 8. **Consent under the Personal Data Protection Act (PDPA)**

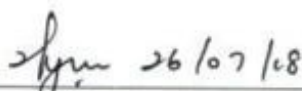
I understand, acknowledge, agree and consent that:

- (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.



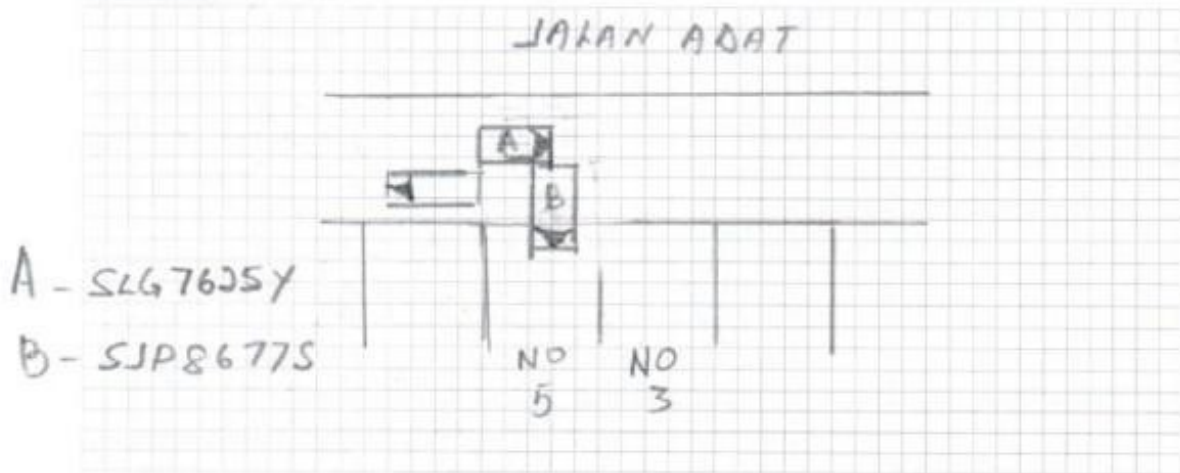
Policyholder's Signature  
Date & Time:

  
26 July 2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
26/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



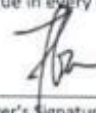
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

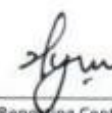
P/s refer to the police report: T/20180726/2084

DECLARATION

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

  
Police Holder's Signature  
Date & Time:

 26 July 2018  
Driver's signature  
(If driver is not the policyholder)  
Date & Time:

 26/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180726/2084

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20180726/2084

CONTINUATION OF REPORT

Driver			
Name	PANG SU FANG	ID No.	S1673835B
Related Vehicle	SLG7625Y (Car)	Contact No.	98737713
Hospital/Clinic	BEDOK MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

I am a GRAB Car driver driving a silver in color Toyota Corolla Axio with bearing plate number SLG7625Y.

On 26/7/2018 at about 1120hrs, I was driving the said vehicle along Jalan Adat and was about to pick up a female passenger residing at 11 Jalan Adat. After I picked up the said female passenger at the said location, I then made a three point turn to exit and was on the way driving out to University Road.

Suddenly, a silver in color Lexus with bearing plate number SJP8677S reversed out recklessly from 5 Jalan Adat and collided on to my front portion of my vehicle. I did not see the said vehicle coming out from the said unit as there was a white in color Nissan vehicle with bearing plate number SJD3335A that was parked in front of 7 Jalan Adat on the right which block my view.

After the accident occurred, I managed to exchange particulars with the Lexus driver. The Lexus driver is one Mrs Wong Shiao Yun, S1382042B, residing at 5 Jalan Adat, c/n: 96747100. My vehicle's damages were front portion of the vehicle damaged.

When the accident occurred, Traffic Police and Ambulance were not at scene. After I exchanged particulars with the Lexus driver and was on the way to my vehicle workshop, I then started to felt pain on my rear neck portion thus I headed down to BEDOK MEDICAL CENTRE located at Blk 18 Bedok South Road #01-57 to seek for medical assistance. I was then given 7 days of medical leave starting from 26/7/2018 till 1/8/2018.

I would like to state that I do not have a built-in cctv inside my vehicle.

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/20180726/2084

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

1 of 3

Report No. T/20180726/2084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2018 14:13		Vide Report No.:	Station Diary No.: 37
<b>Informant's Particulars</b>			
Name of Informant: PANG SU FANG		Address: APT BLK 33 BEDOK SOUTH AVENUE 2 #12-351 SINGAPORE 460033	
ID Type / ID No.: NRIC NO / S1673835B		Contact No.:	Mobile: 98737713
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 53	Date of Birth: 25/12/1964	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 Others	Drink Drive: No	Date/Time of Accident: 26/07/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 JALAN ADAT  Along Jalan Adat				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8677S	Car					1
SLG7625Y	Car				Seriously Damaged	1

**Details of Person Involved**

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180726/2034

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

2 of 3

Report No. T/20180726/2034

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PANG SU FANG		ID No. S1673835B
Related Vehicle	SLG7625Y (Car)		Contact No. 98737713
Hospital/Clinic	BEDOK MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/07/2018	Date Discharge	26/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

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Police Report



SINGAPORE  
POLICE FORCE



T/20180726/2084

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

3 of 3

Report No. T/20180726/2084

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 / Sr Staff Sgt GOH QI FAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2018 14:13
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No: 65478404	Classification Of Case: 

Authentication Stamp  
NP166

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / 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 : MNA118096687 Vehicle Registration No: SLG7625Y
Name(as shown in NRIC) : PANG SU FANG NRIC/FIN/Passport No : S1673835B
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : BLK 33, BEDOK SOUTH AVE2, #12-351, Singapore 460033
Contact (Tel) : - Mobile No. : 98737713
Email Address : florence\_pang2003@yahoo.com
Date of Accident : 26/07/2018 Time of Accident : 11:20
Place of Accident : Along Jalan Adat
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(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:

Amend the Driver Male to Female.
[Multiple blank lines for additional amendments]

[Signature]
Policyholder / Driver's Signature
Date:

[Signature] 30/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: