

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	07/09/2018 09:08
Date Of Accident	02/09/2018 06:30
Exact Location Of Accident	TOA PAYOH LOR 4 TWDS TOA PAYOH LOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2785B
Insured/Policyholder	
Name Of Registered Owner	LEONG SAI MUN
NRIC No	S7716902D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92991984
Alternative Phone No	OTHERS-92991984

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496678
Cover Note Number	

Driver

Name of Driver	NYIO SHU FENG
NRIC No	S9216873E
Date Of Birth	16/05/1992
Occupation	INDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98581235
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 58 LOR 4 TOA PAYOH #10-55
Postcode	310058
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	LAMP POST
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NYIO SHU FENG
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SJU2785B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

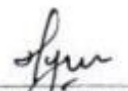
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

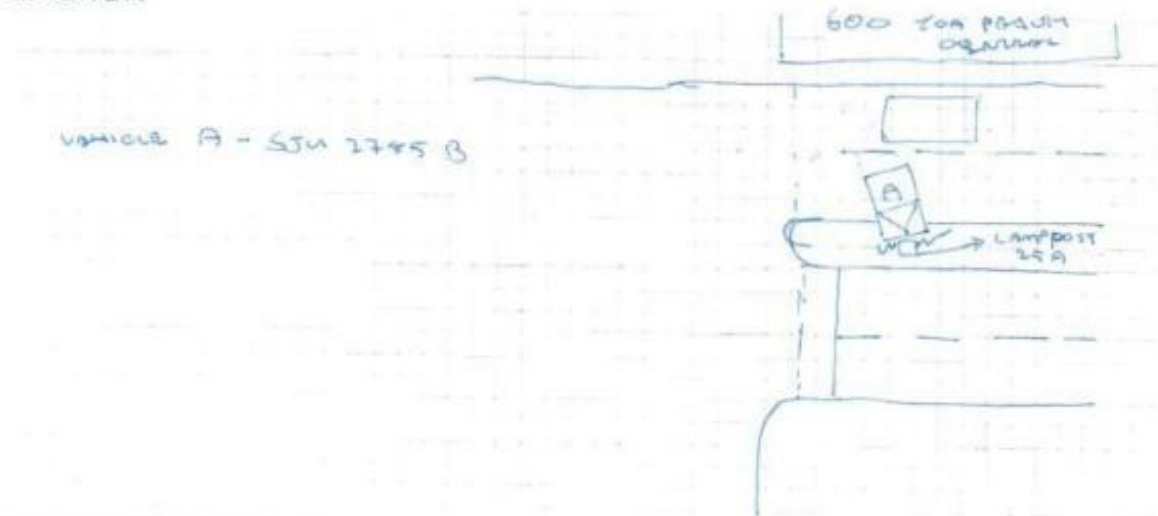

Policyholder's Signature
Date & Time:


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

 07/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ALONG THE ROAD FOR 4 TOWARDS
FOR 1 TO A POINT DIRECTION.

WHILE DRIVING STRAIGHT SUDDENLY MY VEHICLE LOST
CONTROL AND MY VEHICLE SWERVED RIGHT AND HIT THE
THE CURB AND HIT ONTO THE LAMP POST.


VEHICLE A - 334 2795 B

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/20180904/2137

2 of 3

Report No. T/20180904/2137

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

ON 2/9/2018 AT ABOUT 0630HRS I WAS TRAVELLING ALONG LOR 4 TOA PAYOH TOWARDS MY HOUSE. WHILE I WAS DRIVING I WAS SUDDENLY DISTRACTED BY A BRIGHT LIGHT. I THEN ACCIDENTLY SWERVED TOWARDS TO THE RIGHT. I LOST CONTROL AND BANGED AT LAMP POST AND THE RAILING. I WAS THEN LATER CONVEYED TO HOSPITAL BY AMBULANCE. I WAS GIVEN 8 DAYS OF HOSPITALIZATION LEAVE.
DAMAGE TO MY CAR : TOTAL LOSS TO MY CAR

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE POLICE FORCE



T/20180904/2137

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569784
Tel No: 1800-4849999

1 of 3

Report No. T/20180904/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2018 19:01	Vide Report No.: E/20180902/0074	Station Diary No.: 111
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Informant's Particulars

Name of Informant: NYIO SHU FENG			Address: APT BLK 58 LORONG 4 TOA PAYOH #10-55 SINGAPORE 310058	
ID Type / ID No.: NRIC NO / S9216873E			Contact No.: Home/Office: Mobile: 98581235	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 26	Date of Birth: 16/05/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			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: 02/09/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU2785B	Car			Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU2785B	INDIA INTERNATIONAL INSURANCE PTE LTD			

Police Report

**SINGAPORE
POLICE FORCE**



T/20180904/2137

2 of 3

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DAMAGE TO MY CAR: TOTAL LOSS TO MY CAR

Police Report

POLICE FORCE



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20180904/2137

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report: SN035
F /
Insp HENDRA BARMAN MOHD ISMAIL
Signature: _____

Signature Of Informant:

Signature Of Interpreter _____
Not applicable _____

Date/Time: 04/09/2018 19:01

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 93285045

Classification Of Case:

Authentication Stamp