

## 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	01/10/2018 18:58
Date Of Accident	21/09/2018 22:30
Exact Location Of Accident	MANDAI LAKE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6922H
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#### Insured/Policyholder

Name Of Registered Owner	THE WHEEL PRINTS
Co Reg No	53383758L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO 1.4AT 5DR T255
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102322113
Cover Note Number	

#### Driver

Name of Driver	KOK YIN YIN JASMINE
NRIC No	S9112502A
Date Of Birth	13/04/1991
Occupation	INDOOR
Date Of Driving Pass	18/06/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97418860
Fax Number	
Contact Number	OFFICE-97418860
Email Address	NOEMAIL

Address	BLK 422 CHOA CHU KANG AVENUE 4 #13-232
Postcode	680422
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	COLLISION - CHANGE/CROSS LANE
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?	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: : ALLAN TANG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180922/2073.

#### 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 Witness 1

Name	ANG CHEE KEONG
Phone Number	83336785
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2001Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	LAY ENG KIAN
NRIC/Passport Number	S1721884J
Contact Number	92371057
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	KOK YIN YIN JASMINE
Approximate Age	
Injuries Sustain	LEFT WRIST & SHOULDER
Injured person in which vehicle?	SJN6922H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

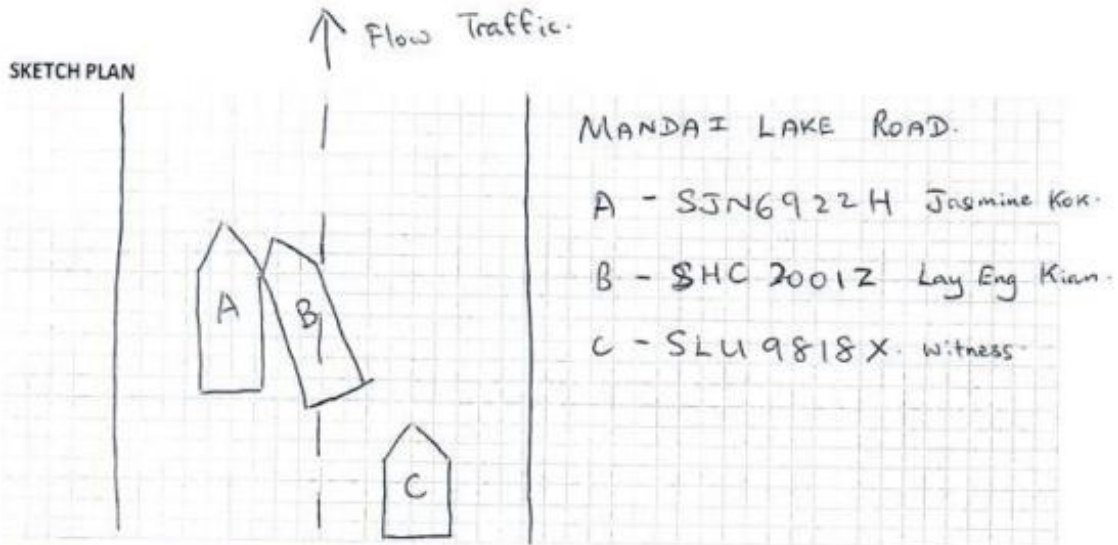
Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/9/2018  
11 am

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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/19/2018 at about 2215 hrs. I was driving my vehicle (SJN6922H) along Mandai Lake Road, near to Singapore Zoo bus stop. It was a 2 lane road; I was driving on the left lane. The accident happened after I drove past the traffic junction. While I was driving, suddenly a taxi (SHC 2001Z) collided with my vehicle on my right. The front right and right side of my vehicle was damaged.

After that, we got off and exchanged particulars. There was no police or ambulance at scene. There was a witness with black car (SLU 9818X), behind our car. The footage also showed (SHC 2001Z) did not signal before changing lane. My left wrist and shoulder was also injured. There is also a passenger, Allen Tong sitting in my car as well.

## 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: 22/9/2018  
11 am

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180922/2073

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No. T/20180922/2073

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 13:19	Vide Report No.:	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: KOK YIN YIN JASMINE			Address: APT BLK 422 CHOA CHU KANG AVENUE 4 #13-232 SINGAPORE 680422		
ID Type / ID No.: NRIC NO / S9112502A			Contact No.: Home/Office: Mobile: 97418860		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 13/04/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: MARKETING			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: 21/09/2018 22:15	Type of Location: Straight Road
Location: Along Road 1 MANDAI LAKE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2001Z	Car					0
SJN6922H	Car					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/20180922/2073

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No. T/20180922/2073

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LAY ENG KIAN	ID No.	S1721884J
Related Vehicle	SHC2001Z (Car)	Contact No.	92371057
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	NIL
<b>Passenger</b>			
Name	ALLAN TANG	ID No.	NIL
Related Vehicle	SJN6922H (Car)	Contact No.	94885407
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	NIL
<b>Driver</b>			
Name	KOK YIN YIN JASMINE	ID No.	S9112502A
Related Vehicle	SJN6922H (Car)	Contact No.	97418860
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
<b>WITNESS</b>			
Name	ANG CHEE KEONG	ID No.	NIL
Related Vehicle	NIL	Contact No.	83336785
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	NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180922/2073

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No. T/20180922/2073

### CONTINUATION OF REPORT

#### **Brief Details.**

On the 21/09/2018 at about 2215hrs, I was driving my vehicle (SJN6922H) along Mandai Lake Road, near to Singapore Zoo bus stop. It was a two lane road; I was driving on the left lane. The accident happened after I drove past the traffic junction. While I was driving, suddenly one taxi (SHC2001Z) collided with my vehicle from the right. The front right and right side of my vehicle was damaged.

After that, we got off and exchange particulars. There was no police or ambulance at scene. After that another person came over to me and told me that he has in car camera and asked me to get it from him. He was driving behind both our vehicle. The footage show that the vehicle SHC2001Z did not signalled before changing lane. I have yet to see the doctor, but my left wrist and shoulder felt weird. I am going to see a doctor. There was no passenger in the taxi. There is one passenger in my vehicle. I wish to add on that I was driving a rented vehicle.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180922/2073

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No. T/20180922/2073

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 3 TAN WEILUN, EUGENE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/09/2018 13:19

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo

