

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 liability.
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	05/10/2018 11:48
Date Of Accident	04/10/2018 17:05
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY7272H
Insured/Policyholder	
Name Of Registered Owner	NYEO LING LING CLARICE (YANG LINGLING CLARICE)
NRIC No	S8435454F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94767711
Alternative Phone No	OFFICE-94767711

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1812441800
Cover Note Number	

Driver

Name of Driver	NYEO LING LING (YANG LINGLING)
NRIC No	S8435454F
Date Of Birth	03/11/1984
Occupation	INDOOR
Date Of Driving Pass	10/03/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94767711
Fax Number	
Contact Number	OFFICE-94767711
Email Address	NOEMAIL

Address	85 YISHUN AVENUE 11 #11-31
Postcode	768865
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20181006/7003.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ443Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	WONG HO HON KEITH
NRIC/Passport Number	S8409456J
Contact Number	948787988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NYEO LING LING (YANG LINGLING)
Approximate Age	
Injuries Sustain	LOWER BACK
Injured person in which vehicle?	SFY7272H
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:



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

Accident Sketch Plan

SKETCH PLAN

Mandai
Rd



DOA: 4/10/18

A: SFY 7272 H

B: SLQ 443 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mandai Rd. suddenly veh
B cut into my lane & collided onto my veh
RH portion.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20181006/7003

1 of 2

POLICE REPORT (NP299)

Report No. F/20181006/7003

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 06/10/2018 07:49	Vide Report No.	Station Diary No.
Name Of Informant NYEO LING LING CLARICE	Address 85 YISHUN AVENUE 11 #11-31 SINGAPORE 768865	
ID Type / ID No. NRIC NO / S8435454F	Contact No. Home/Office:	Mobile: 94767711
Nationality SINGAPORE CITIZEN	Email Address lingling_nyeo@yahoo.com.sg	
Occupation Teacher	Sex Female	Age 33
	Date of Birth 03/11/1984	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 04/10/2018 17:00 - 04/10/2018 18:00	Location Of Incident Car accident at the intersection between BKE and Mandai Road (the road turning into Mandai Road).	

Brief details.

It was a car accident involving my car, SFY7272H and another car, SLQ443Z. SLQ443Z was at the extreme right lane at red light. I was turning into the second lane. All of a sudden, I noticed SLQ443Z attempting a sudden lane change (due to impatience to wait for the traffic light to turn green), but as there were two vehicles behind (a taxi and a lorry), and fearing for my children's safety (two children are with me in my vehicle) should there be a rear-end accident, I decided to try and clear SLQ443Z. But I did not expect that SLQ443Z to accelerate into my car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2018 07:49
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20181006/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181006/7003

After the accident, it seemed that driver did not want to come out from his car. I came out, checked the damage and he when driver was finally out, driver insisted to leave the accident scene to drive to the nearest bus stop. That was where we exchanged particulars and driver seemed to be very urgent and rushing off.

I suffered from severe backache after the accident (due to the side impact at the driver's side), went to an orthopaedic, had my x-rays done and got 2 weeks mc. I will be attaching the mc in this report and I had retained the video clips of the accident for further investigations. Should you need these clips, I can send these via email.

Subjects Involved			
Victim			
Person Name	NYEO LING LING CLARICE		
ID Type	NRIC NO	ID No	S8435454F
Gender	Female	Age	33
Race	Chinese	Language	English
Occupation	Teacher	Address Type	
Address	85 YISHUN AVENUE 11 #11-31 SINGAPORE 768865	Mobile No	94767711
Is Informant A Victim?	Yes		
Person Name NYEO LING LING CLARICE (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2018 07:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



6 Raffles Quay #18-00 Singapore 048540
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S465500206 / GST Reg. No.: MA00017735

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: MVA18129316 Vehicle Registration No: 5F-12272H
Name (as shown on NRIC): Nigro Ling Ling Cherie (Ying Ling Ling Cherie) NRIC/FIN/Passport No: S8435454F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 85 Yishun Avenue 11 #11-31 Singapore (768865)
Contact (Tel): _____ Mobile No.: 94267711
Email Address: _____
Date of Accident: 4/2/18 Time of Accident: 17:05
Place of Accident: Manda: 2d.
Insurance Company: C71

(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:

1. Add in police report - P/2018100617003.

Policyholder / Driver's Signature
Date:

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