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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ion to the dronwing of this report at the sente and to copies of the report being made available
	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 (YANG LINGLING)
NDIC No	\$8/35/5/F

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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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)

NO

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?

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

WONG HO HON KEITH Name of Driver

NRIC/Passport Number S8409456J Contact Number 948787988

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NYEO LING LING (YANG LINGLING) Name

Approximate Age

Injuries Sustain LOWER BACK Injured person in which vehicle? SFY7272H Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

1

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- The 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.
- 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:
 - 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")
- 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:
 - 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

Sicyholder)

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & fime:

Driver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

25.12.10.40.10.12.10.10.11	
TCH PLAN	- 1 1 1 1 x
	DOA: 4/10/18
	A: SFY 7272H
	The second of th
	1 0 8: SLQ 443 Z
	$\triangle \langle 3 \rangle$
Manda	. 1 9
Ro	↑ · · · · · · · · · · · · · · · · · · ·
27 41 41	THE ACCIDENT
SCRIBE CIRCUMSTANCES OF T	
I was driving	along Manda Rd. sudderly veh
3 cut into m	y lone I collicted as to my uch
DECLARATION	
DECLARATION I/We declare the foregoing particu	lars are true in every respect.
DECLARATION I/We declare the foregoing particu	lars are true in levery respect.
DECLARATION I/We declare the foregoing particular policyholder's Signature	

Police Report





1 of 2

10.148.627

Report No. F/20181006/7003

POLICE REPORT (NP299)

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

Vide Rep	ort No.		Station Diary No.
Address			
85 YISHUN AVENUE 11 #11-31 SINGAPORE 76886			GAPORE 768865
0.57(8) 77(5)		Mobile: 94767711	
Email Address lingling_nyeo@yahoo.com.sg			
Sex	Age	Date of Birth	Race
Female	33	03/11/1984	Chinese
Language English			
Location Of Incident Car accident at the intersection between BKE and Manda			
	Address 85 YISHU Contact N Home/Off Email Add lingling_n Sex Female Language English Location (Car accid	85 YISHUN AVENU Contact No. Home/Office: Email Address lingling_nyeo@yah Sex Age Female 33 Language English Location Of Inciden Car accident at the	Address 85 YISHUN AVENUE 11 #11-31 SING Contact No. Home/Office: Mobile: 94767711 Email Address lingling_nyeo@yahoo.com.sg Sex Age Date of Birth Female 33 03/11/1984 Language English Location Of Incident

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:	Signature Of Informant:
Not applicable	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





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.

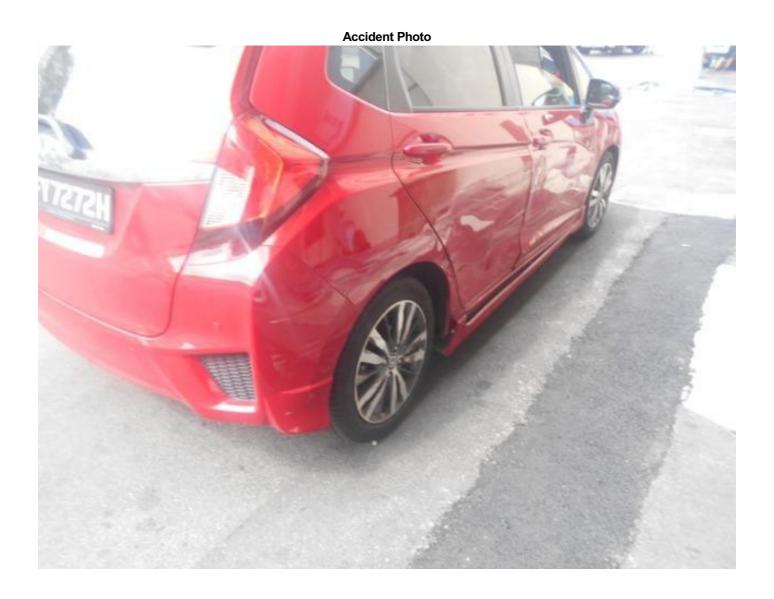
I suffered from severe backache after the accident (due to the side impact at the driver's side), went to an orthopaedic, had my x-rays done and got 2 weeks mc. I will be attaching the mc in this report and I had retained the video clips of the accident for further investigations. Should you need these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

Victim		THE PERSON NAMED IN	MATTER STATE OF THE STATE OF TH
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	Mobile No	94767711
	SINGAPORE 768865		
Is Informant A	Yes		
Victim?			
Victim?			
Person Name	NYEO LING LING CLARICE (Inf	ormant)	

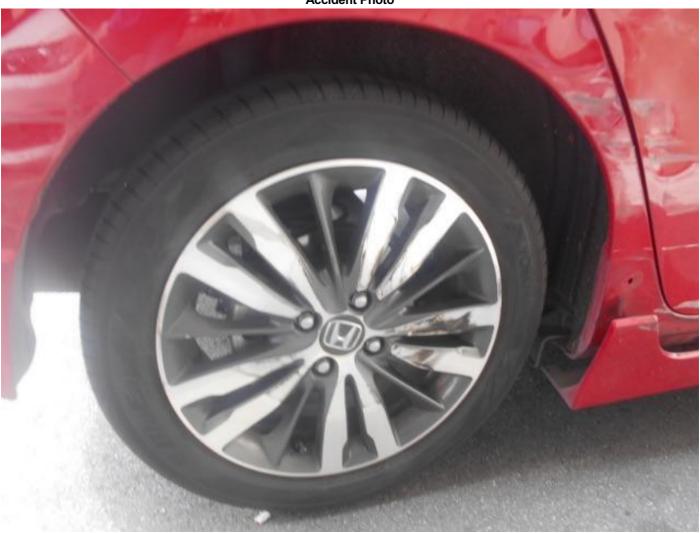
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2018 07:49
Officer In-Charge Of Case:	Classification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







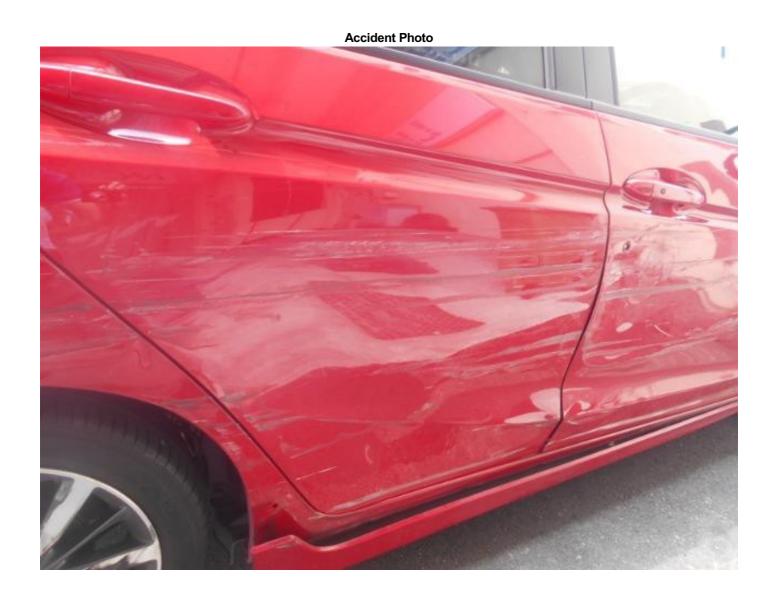




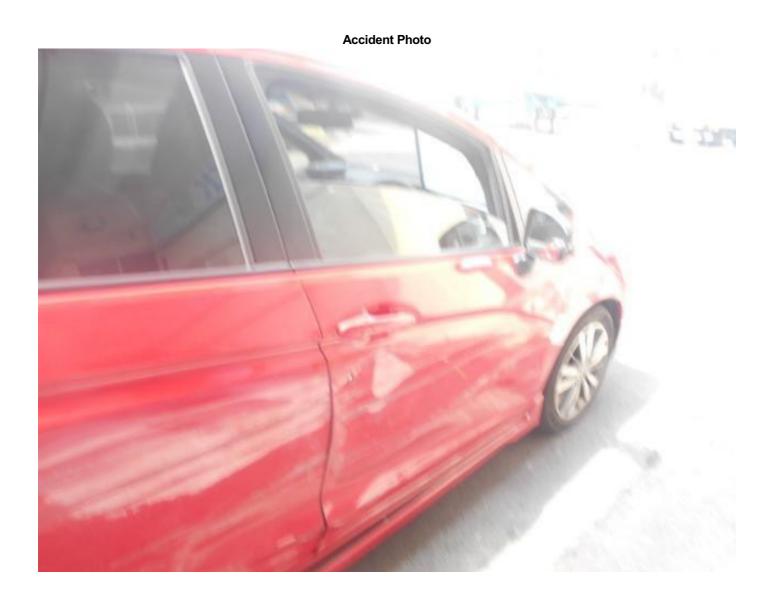


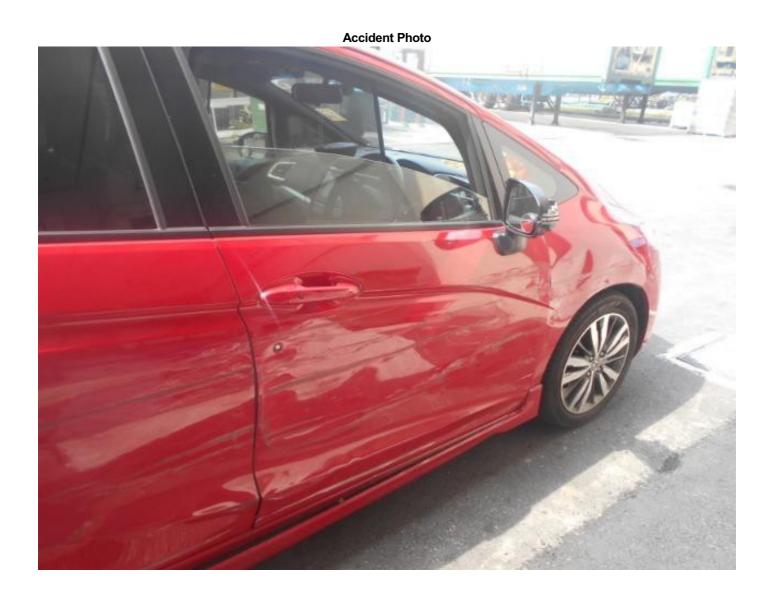


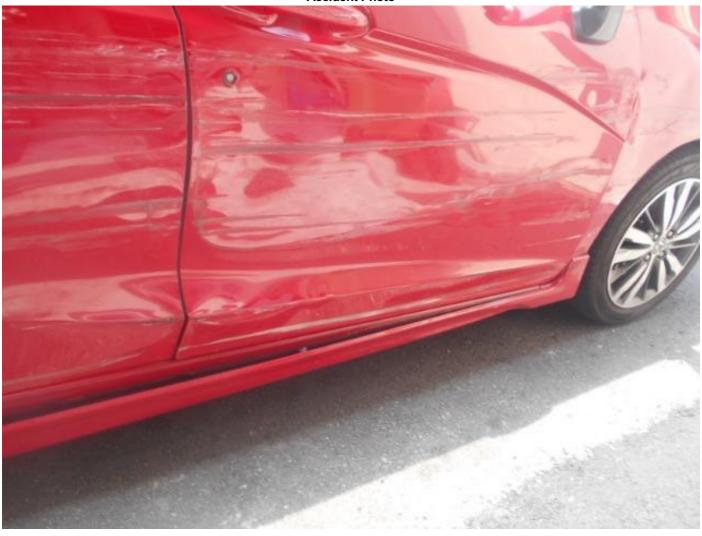


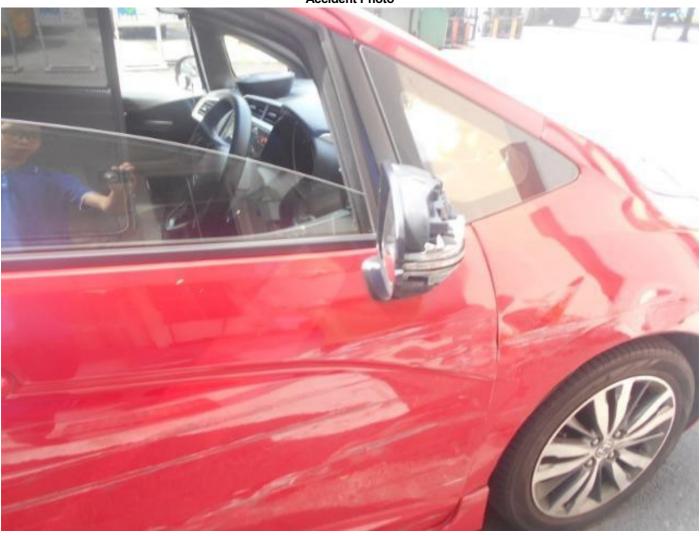


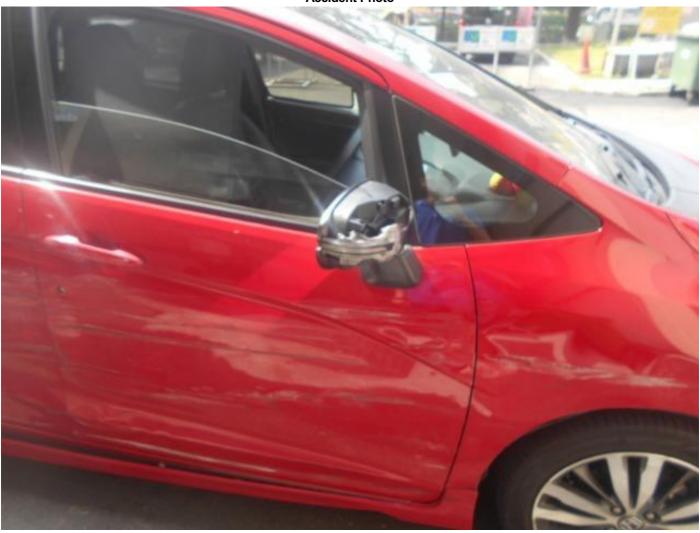






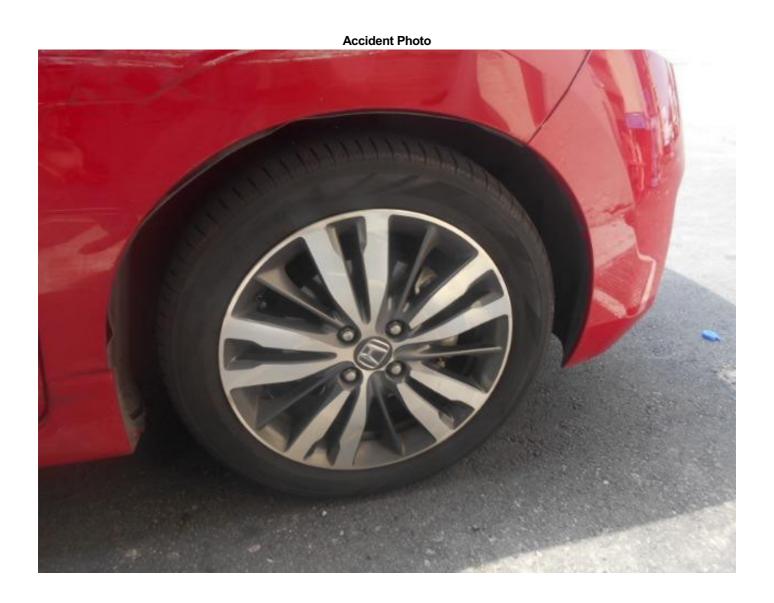
















Addendum Sheet



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			DENDUM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
		MHATISTANIL		la Resistant	***************************************
	Name (a. character paris)	Nyro king ling ch	[Years on	le Registration No	The second secon
	(*Vehicle Driver / Ve	chicle Owner) (*) Please del	ete as appropria	FIN/Passport No	Stystyruf
	Address	85 Y. Jhun Avenu	E 11 11 11-1		
	Contact (Tel)				Singapore(762765
	Email Address		wiodiii	No.: 947644	1
	Date of Accident	8/6/4	Time		_
1	Place of Accident		Iime o	fAccident: 13	01
	nsurance Company:				
		MATION / AMENDMENTS:			
_					
-					
-					
-					
-					
-					
-					
-					
	M			7	1