

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	26/11/2018 14:31
Date Of Accident	22/10/2018 18:45
Exact Location Of Accident	MARINE CRESCENT TWDS MARINE PARADE AT THE SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3246S
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Insured/Policyholder

Name Of Registered Owner	TOH HWEE YONG, TENNY (DU WEIXIONG, TENNY)
NRIC No	S8203322Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90238284
Alternative Phone No	OFFICE-90238284

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084290198-02
Cover Note Number	-

Driver

Name of Driver	LIM KIAU ENG HELEN
NRIC No	S0175376B
Date Of Birth	01/02/1941
Occupation	INDOOR
Date Of Driving Pass	08/11/1965
Driving Experience	52 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97718767
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5000K MARINE PARADE RD #07-47
Postcode	449292
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	POLICE TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	GERLIE
NRIC/Passport Number	
Contact Number	91704855
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GERLIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

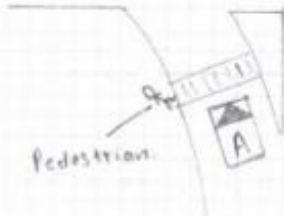

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Moring Parade

A = SJJ 3246 S.



Moring Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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**

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20181023/2064

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Report No. T/20181023/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 13:50	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: LIM KIAU ENG HELEN		Address: 5000K MARINE PARADE ROAD #07-47 SINGAPORE 449292	
ID Type / ID No.: NRIC NO / S0175376B		Contact No.: Home/Office: Mobile: 97718767	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 77	Date of Birth: 01/02/1941	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SCHOOL TEACHER/COUNSELLOR		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/10/2018 18:45	Type of Location: Straight Road	
Location: Along Road 1 Traveling Toward Road 2 MARINE CRESCENT MARINE PARADE Zebra- Crossing					
Weather: Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ3246S	Car					0

POLICE REPORT



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Report No. T/20181023/2064

CONTINUATION OF REPORT

Brief Details.

On 22/10/2018 at about 1840hrs, I was driving Honda vehicle bearing registration number SJJ3246S along Marine Crescent towards Marine Parade. Nothing was amiss.

At about 1845hrs, upon approaching a zebra crossing I make a safety check on both of my sides and affirm it was clear to proceed. Soon after I proceeded on, I make a stop as I spotted a Female in her early 30's was sitting the floor. I was in shocked. As such I then went out to make a check. There were few other passers-by offered help.

I then immediately asked her what happened as I did not felt any collision. The lady who addressed herself as Gerlie (Hp: 91704855) told me that she was not sure of what happened. Not long after one of the passer-by called for ambulance.

A few minutes later, Ambulance and Traffic police arrived at scene. The said lady was limping and as such she was conveyed Changi General Hospital. I did not sustain any injuries.

There were no damages found on my vehicle. There in an in-built CCTV installed in my vehicle. I wish to state that I have proceeded down to Traffic Police and was advised to make a Traffic accident report.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20181023/2064

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Report No. T/20181023/2064

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:

F /

Sgt 2 SYED NAFIS BIN SYED HUSSAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/10/2018 13:50

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



