#### 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.	
	ACCIDENT STATEMENT
Date Of Report	04/12/2018 17:03
Date Of Accident	03/12/2018 18:00
Exact Location Of Accident	COMMONWEALTH AVE W BEFORE JUNC GHIM MOH LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU7217C
Insured/Policyholder	
Name Of Registered Owner	HUI WENG TAT
NRIC No	S1195065E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010941
Alternative Phone No	OFFICE-91010941
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101465324
Cover Note Number	
Driver	
Name of Driver	MICHELLE HUI SHIU YIN

Name of Driver MICHELLE HUI SHIU YIN

NRIC No S9019040G
Date Of Birth 29/05/1990
Occupation INDOOR
Date Of Driving Pass 24/04/2009

Driving Experience 9 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81259856

Fax Number

Contact Number OFFICE-81259856

EMail Address NOEMAIL

18 PINE GROVE Address

#03-07

Postcode 591001

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**CHAIN COLLISION** Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20181204/2091.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SFS9971S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver SUHAIMI BIN ALI S1430650A NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER:

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLP8068B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHARYL LEE WAN QIAN

S8520381I NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name MICHELLE HUI SHIU YIN

Approximate Age

**NECK & HEAD** Injuries Sustain Injured person in which vehicle? SGU7217C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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")
- (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
- 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
  - (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:

Tetale

Reporting Centre Personnel's Signature

NRIC/FIN No.:

#### **Accident Sketch Plan**

CLARATION Va declare the foregoin						
	/					
	/					
	/					
		/				
Refer to po			1/2091.			
SCRIBE CIRCUMST	ANCES OF THE	ACCIDENT	1			
		~	1			
				(smm		
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		11		>	A	J6472 17C
		M		3		

Date & Time:

NRIC/FIN No.:



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



1 of 4 Report No. T/20181204/2091

REPORT OF	A TRAFFI	C ACCIDENT
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Date/Time Report Made: 04/12/2018 15:20			Vide Report No.: D/20181203/0098	Station Diary No.:	
Informant's	Particul	ars	THE PERSON NAMED IN COLUMN		
Name of Inf		UYIN	Address: 18 PINE GROVE #03-07 PIN	NE GROVE SINGAPORE 591001	
ID Type / I		og	Contact No.: Home/Office: Mobile: 81259856		
Nationality SINGAPO	RE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Female 28 29/05/1990			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class:	Date of Expiry:	

General Inform	nation of the Accident	COLUMN TO SERVICE	一門に 一分がたちはない	THE RESIDENCE OF THE PARTY OF
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 03/12/2018 18:00	Type of Location:
	ALTH AVENUE WEST			
Weather: Clear	F	Road Surface:		Road Speed Limit:
Traffic Flow:		raffic Control:		Traffic Volume:
Type of Collisi	on:			Anyone conveyed by ambulance: Yes

Details of V	ehicle Invo	lved	SAN TERM		Market St.	是從是問題的
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SFS9971S	Car	TOYOTA	WISH 1.8 AUTO			0
SGU7217C	Car	TOYOTA	COROLLA ALTIS 1.6		Seriously Damaged	0
SLP8068B	Car	HONDA	AUTO AIRWAVE 1.5M A		9 5 1	0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



CONTINUATION OF REPORT

Report No. T/20181204/2

Details of Person	Invoived	H. Son in the sale		in mr NIA	
Any Pedestrian In	volved: NO	Use of Pedestrian Crossing: NA			
No. of Pedestrians	s Injured; NIL	SELECTIFICATION OF	31 8 3 ( 35 2 ( 3 ) 4	044000504	
Driver	THE PINIALL	THE RESERVE	ID No.	S1430650A	
Name	SUHAIMI BIN ALI	247年中世纪以			
	05000746 (Cod)		Contact No.	97247641	
Related Vehicle	SFS9971S (Car)	The state of			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIII	Date Dis	charge NIL		
Vo. of Days grant	ed Medical Leave NIL	Degree o		2007年18年18月	
Oriver	od modiodi Eddyo   Mic	A STATE OF THE PARTY.		NO STATE OF THE ST	
Name	MICHELLE HUI SHIU YIN		ID No.	S9019040G	
Related Vehicle	SGU7217C (Car)		Contact No.	81259856	
Hospital/Clinic	NATIONAL UNIVERSITY HOS	SPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/12/2018	Date Dis		22018	
No. of Days grant	ed Medical Leave NIL	Degree o	of Injury NHC	1 rappe poice	
Driver		Degree of	Injury : Shight	- Muderak	
Name	CHAYRL LEE WAN QIAN		ID No.	S8520381I	
Related Vehicle	NIL		Contact No.	97267827	
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Expiry Date	ENERGISE ENLEY	
	COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE	Date Die	scharge NIL		

#### Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS STATIC AT THE SAID LOCATON WITH OTHERS VEHICLES WAITING AS THE TRAFFIC
LIGHT WAS RED.AFTER 30 SECONDS LATER, ALL OF SUDDEN, THE VEHICLE BEHIND ME
COLLIDED ONTO MY BACK PART OF MY CAR. I WAS SHOCKED. THE IMPACT OF THE COLLISION
WAS SO GREAT THAT MY CAR COLLIDED ONTO ANOTHER VEHICLE INFRONT OF ME. I THEN
CAME OUT FROM MY VEHICLE TO CHECK AND EXCHANGED PARTICULARS. I CALLED MY
PARTNER TO CAME DOWN AT THE SCENE. MY PATNER HELP ME TO CALL FOR AMBULANCE
AND I WAS CONVEYED TO THE SAID HOSPITAL. I SUFFERED HEAD AND NECK INJURIES.

### Police Report



lice Station Of Origin: Iraffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20181204/2091

miphO 10 notes 8 a 3 of 4

Report No. T/20181204/2091

CONTINUATION OF REPORT

#### **Police Report**



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20181204/2091

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: TP /

MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Authentication Stamp

Signature Of Informant:

Date/Time:

04/12/2018 15:20

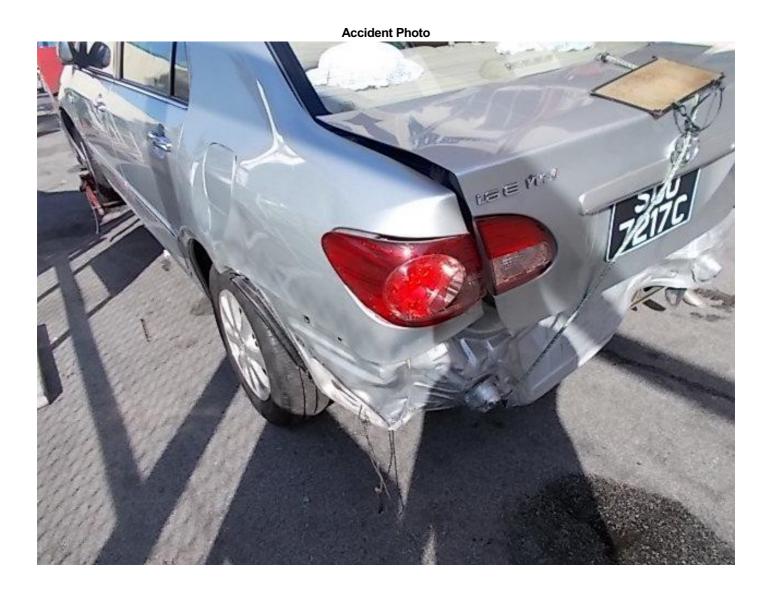
Classification Of Case:

SINGAPORE POLICE FORCE

Signature:





























#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Ruffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / G5T Reg. No.: M400017735

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

		ADDEND	UM			
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMENDMENT	S:			
	Original Report No	MNA118157028	Vehicle Registration No: SGU7217C			
	Name(as shownin NRIC)	MICHELLE HUI SHIU YIN	NRIC/FIN/Passport No : \$9019040G			
	(*Vehicle Driver/Ve	hicle Owner) (*) Please delete as a				
	Address	18 PINE GROVE #03-07	Singapore (591001)			
	Contact (Tel)		Mobile No.: <u>81259856</u>			
	Email Address					
	Date of Accident	03/12/2018	_Time of Accident : 18:00			
	Place of Accident	COMMONWEALTH AVE W BEFORE JUNC GHIM MOH LINK				
	Insurance Company	NTUC Income Insurance Co-o	perative Ltd			
(B)		MATION / AMENDMENTS:				
	AMEND WAS ANY	INJURED CONVEYED TO HO	SPITAL BY AMBULANCE. (YES)			
	Policyholder / Driver's Date:	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:			