

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	03/12/2018 16:58
Date Of Accident	03/12/2018 15:45
Exact Location Of Accident	BT TIMAH RD & FOURTH AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4810X
Insured/Policyholder	
Name Of Registered Owner	WEE LEK LYE
NRIC No	S1570920J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94552208
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	
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	DMPCSN3119991701
Cover Note Number	

Driver

Name of Driver	OO NANCY
NRIC No	S1436860D
Date Of Birth	29/06/1960
Occupation	INDOOR
Date Of Driving Pass	14/02/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91868446
Fax Number	
Contact Number	
Email Address	ALNAN88@HOTMAIL.COM

Address	363 BT BATOK ST 31 #10-305
Postcode	650363
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO: T/20181204/2062

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8185E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM SHEE KHAY
NRIC/Passport Number	S1785464Z
Contact Number	93263809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	OO NANCY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKX4810X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

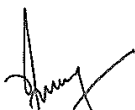
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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:

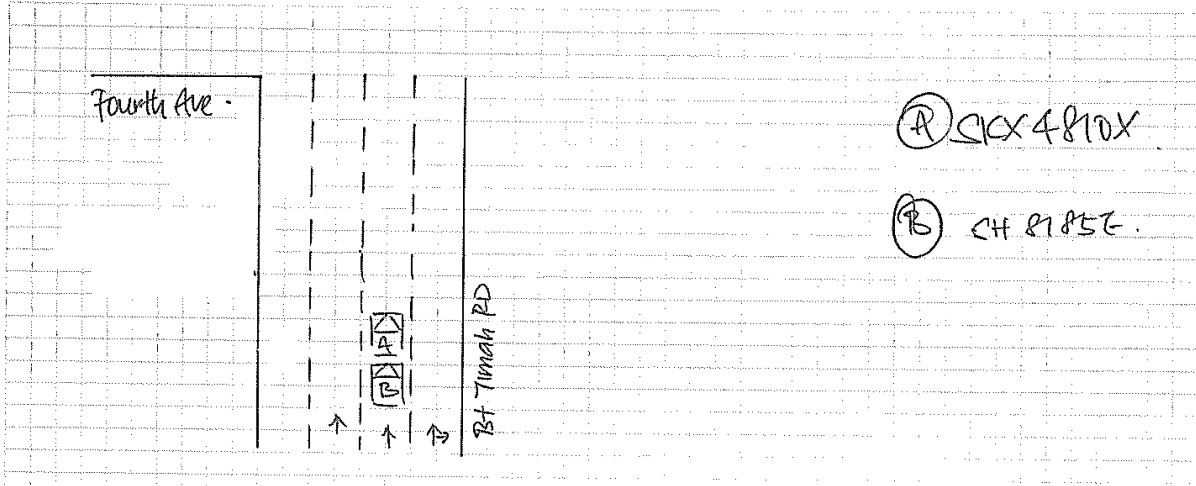


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Acc Circumstances.

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.:

☐ Claim own policy
☐ Claim third party
☒ Claim OD TP at other works hop Perfect Power
☐ For record purpose
Policy No. DMPCN314991701
Insurer China Veh. No. SCX4810X



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3119991701
Account	AN0420A	Issued on 01/12/2017 in SINGAPORE	Replacing Policy no.	DMPCSN3119991600
Client	3166348	Acceptance Date	01/12/2017		

Period of Insurance from 15/12/2017 to 14/12/2018 , both dates inclusive

Insured's Name.... WEE LEK LYE
Address..... BLK 363 BUKIT BATOK STREET 31
#10-305
SINGAPORE 650363

Business/Occupn... INTERIOR DESIGNER
Financial interest MAYBANK AS HP OWNER

Premium	Base Annual Premium.....	S\$2,328.70		
	Less 5% Loyalty Discount.....	S\$116.44-		
	Less 35% Autosafe Scheme.....	S\$774.29-		
	No Claim Discount50.00%	S\$718.99-		
	Promotion Discount.....	S\$150.00-		
	Total Annual Premium	S\$568.98	Premium Due	S\$568.98
			Premium GST	S\$39.83
			Total Due	S\$608.81

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 15-12-2015
1. Registration SKX4810X Make/Model .. HONDA VEZEL 1.5 (A)
Type of Cover Comprehensive No. of seats 5 Body Type SUV
Engine No. .. L15B4026473 Capacity cc's 1496 Yr of Manuf/Regn 2015/2015
Chassis No... RU11106470

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss
Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25..... S\$3,000.00
Ex Sect. I - Age >= 26..... S\$500.00
* Age as at date of accident
EX ON WINDSCREEN S\$100.00
Named Drivers THE INSURED

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W) - PARALLEL IMPORT VEHICLE


In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop, CAR CITY AUTO CENTRE PTE. LTD. or SNG AH TEE MOTOR & PANEL SERVICE for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause-Own Damage Claim (Insured & Named Drivers only)-FOR FI VEHICLES ONLY
Notwithstanding anything contained to the contrary, we will waive up to the first S\$500.00 (for

Continued on page 2


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1436860D**
 Name: **OO NANCY**
 Birth Date: **29 Jun 1960**
 Issue Date: **14 May 2003**

1000484933J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1436860D



Name: **OO NANCY**
 Race: **CHINESE**
 Date of Birth: **29-06-1960** Sex: **F**
 Country of Birth: **SINGAPORE**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Feb 1992


Licence No: **S1436860D**

NP 428A

2678514



NRIC No: **S1436860D**



Blood Group: **B+** Date of issue: **07-08-1995**

APT BLK 363 BUKIT BATOK STREET 31 #10-305
SINGAPORE 650363
 NRIC No: **S1436860D** Date: **27-03-2004** No: **1091842**

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181204/2062

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20181204/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2018 13:36		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: OO NANCY			Address: APT BLK 363 BUKIT BATOK STREET 31 #10-305 SINGAPORE 650363		
ID Type / ID No.: NRIC NO / S1436860D			Contact No.: Home/Office: Mobile: 91868446		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 29/06/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Civil Servant (MINDEF)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/12/2018 15:30	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD Towards Fourth Avenue				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8185E	Car					0
SKX4810X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181204/2062

2 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20181204/2062

CONTINUATION OF REPORT

Driver			
Name	LIM SHEE KHAY	ID No.	S1785464Z
Related Vehicle	SH8185E (Car)	Contact No.	93263809
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
Driver			
Name	OO NANCY	ID No.	S1436860D
Related Vehicle	SKX4810X (Car)	Contact No.	91868446
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/12/2018	Date Discharge	04/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/12/2018 at about 1530hrs, my car (SKX4810X) was stationary at a traffic light junction along Bukit Timah Road towards Fourth Avenue. Ahead of me was about 4 to 5 cars before the traffic junction. Just as I was about to move off, I felt an impact from the rear and went out to check. A taxi (SH8185E) had collided into the rear of my car, causing dents on the rear of my car and the rear bumper. At that moment, both myself and the taxi driver did not complain of any injuries. After exchanging particulars, both cars left.

Earlier today, I went over to seek medical attention due to pain on my back and the back of my neck. I had already feel pain since after the accident which got worse today. I was granted with 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20181204/2062

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20181204/2062

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: J / Staff Sgt MUSHAWWIR BIN ADRUS
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

 Authentication Stamp NP168 Signature : Singapore Police Force	SN 116
--	--------

Signature Of Informant:
Date/Time: 04/12/2018 13:36
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Police Report



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM

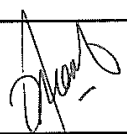
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSA118156394 Vehicle Registration No: SKX 4A10X
Name(as shown in NRIC) : WEE LEE LEE NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 08/11/18 Time of Accident : 1545
Place of Accident : Bt Timah RD
Insurance Company: China太平

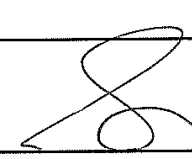
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach owner signature & police report



Policyholder / Driver's Signature
Date: _____



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