

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	18/01/2019 17:06
Date Of Accident	16/01/2019 16:15
Exact Location Of Accident	JUNC UPP CHANGI RD EAST & XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB230Z
Insured/Policyholder	
Name Of Registered Owner	HOE LEONG SENG HENRY
NRIC No	S0037523C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98792894
Alternative Phone No	OFFICE-98792894

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AVPCSB0321651801
Cover Note Number	

Driver

Name of Driver	VERONICA NG SUAY MUAY
NRIC No	S0118917D
Date Of Birth	09/05/1953
Occupation	INDOOR
Date Of Driving Pass	11/12/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98792894
Fax Number	
Contact Number	OFFICE-98792894
Email Address	NOEMAIL

Address	8 BUTTERFLY AVENUE
Postcode	349763
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : NG JOO KEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190117/7024.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ1271H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1	
Name	VERONICA NG SUAY MUAY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJB230Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	NG JOO KEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJB230Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

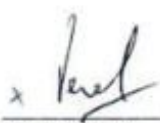
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

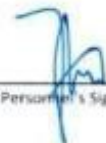
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



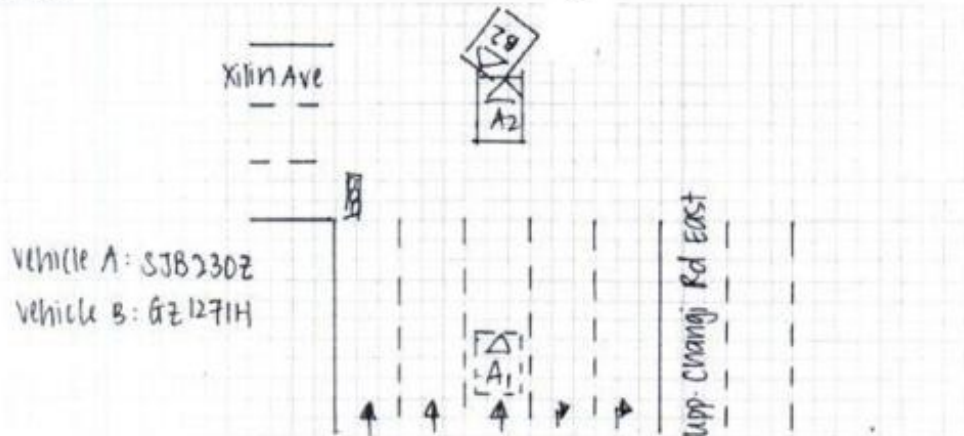
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SJB 230Z, was travelling straight along the stated venue as it was green light in my favour. suddenly, vehicle B, GZ1271H, turned out from the opposite direction, without the green arrow indication and collided onto my vehicle's front portion.

passenger: Ng Joo Kee 1/C: S05566254

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**



T/20190117/7024

1 of 4

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

Report No. T/20190117/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2019 21:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: HOE EE SZE, LORRAINE		Address: 8 BUTTERFLY AVENUE SINGAPORE 349763	
ID Type / ID No.: NRIC NO / S9035348I		Contact No.: Home/Office: Mobile: 96622855	
Nationality: SINGAPORE CITIZEN		Email: lorraine.hoe23@gmail.com	
Sex: Female	Age: 28	Date of Birth: 23/08/1990	Type of Informant: INFORMANT
Race: Chinese		Language: English	Institution / School Name:
Occupation: Lawyer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2019 16:15	Type of Location: X-Junction
Location: SIMEI AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1271H	Lorry				Seriously Damaged	2
SJB230Z	Car	MERCEDES BENZ	E200K		Seriously Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190117/7024

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

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Report No. T/20190117/7024

CONTINUATION OF REPORT

Driver			
Name	VERONICA NG SUAY MUAY		ID No. S0118917D
Related Vehicle	SJB230Z (Car)		Contact No. 98792894
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/01/2019	Date Discharge	16/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	NG JOO KEE		ID No. S0556625H
Related Vehicle	SJB230Z (Car)		Contact No. 97507907
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/01/2019	Date Discharge	16/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
INFORMANT			
Name	HOE EE SZE, LORRAINE		ID No. S9035348I
Related Vehicle	NIL		Contact No. 96622855
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

Brief Details.

ON 16/01/2019 AT ABOUT 16:15HR, MY MOTHER - VERONICA NG SUAY MUAY, NRIC: S0118917D, WAS DRIVING HER VEHICLE - SJB230Z, IN THE THIRD LANE ALONG UPPER CHANGI ROAD EAST, IN THE DIRECTION OF BEDOK. AT THE JUNCTION OF XILIN AVENUE & UPPER CHANGI ROAD EAST, THE GREEN LIGHT WAS IN HER FAVOR, THUS SHE PROCEEDED STRAIGHT. SUDDENLY, VEHICLE NUMBER - GZ1271H, TURNED RIGHT FROM THE OPPOSITE DIRECTION, TOWARDS XILIN AVENUE AND COLLIDED ONTO HER VEHICLE'S FRONT PORTION. I WISH TO STATE THAT THERE WAS NO GREEN ARROW INDICATION AT THE POINT OF IMPACT.

LATER THAT NIGHT, SHE & MY AUNT WENT TO SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL AND WERE BOTH GIVEN 3 DAYS MEDICAL LEAVE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190117/7024

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

Report No. T/20190117/7024

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190117/7024

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

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Report No. T/20190117/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/01/2019 21:34

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

