

## 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             | 23/01/2019 11:52                        |
| Date Of Accident           | 22/01/2019 15:20                        |
| Exact Location Of Accident | SLIP RD BUANGKOK DR TWDS BUANGKOK GREEN |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLE8755J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN WING LEE         |
| NRIC No                     | S7413149B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97987779 |
| Alternative Phone No        | OFFICE-97987779      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | HONDA           |
| Model  | CITY 1.5 SV CVT |
| 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             | 5093058162-01                          |
| Cover Note Number         |  |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | TAN SIMONE (CHEN SIMONE) |
| NRIC No              | S7902550Z                |
| Date Of Birth        | 07/02/1979               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 04/08/2016               |
| Driving Experience   | 2 YEARS AND 5 MONTHS     |
| Gender               | FEMALE                   |
| Mobile Number        | (LOCAL) +65-97997779     |
| Fax Number           |                          |
| Contact Number       | OFFICE-97997779          |
| EEmail Address       | NOEMAIL                  |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 135 RIVERVALE STREET<br>#16-726 |
| Postcode  | 540135                              |
| 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 | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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: : CAIUS TAN<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | SENGKANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190123/2004.

#### 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 | SKT3035U                    |
| Vehicle Make/Model/Colour   |                             |
| Details Of Properties       |                             |
| Vehicle Category            | PRIVATE CAR                 |
| Name of Driver              | NG LU DE, RUTH (HUANG LUDE) |
| NRIC/Passport Number        | S8708151F                   |
| Contact Number              | 96735307                    |

GENDER: :

## Postcode

## Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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#### **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.

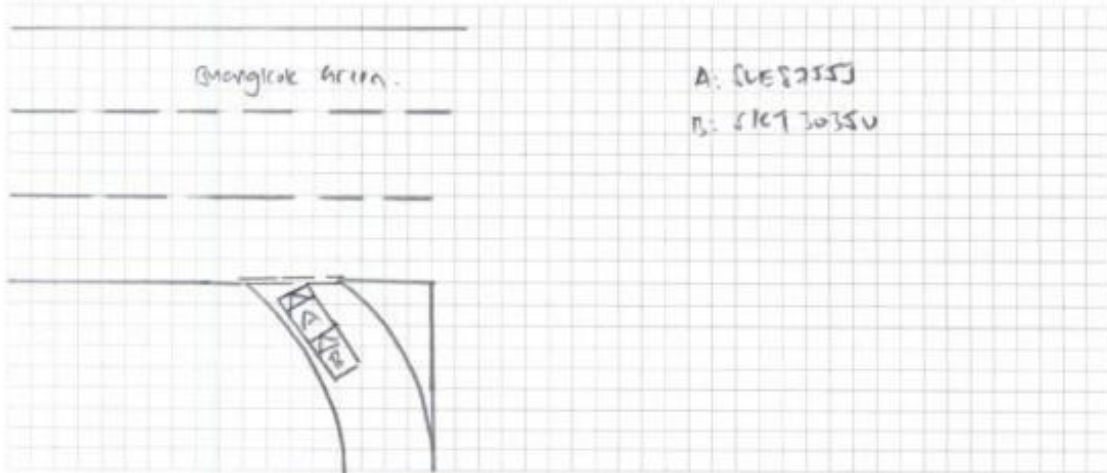
Policyholder's Signature  
Date & Time:

  
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

Refer to police report - 7/20190123/2001.

### 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 Person's Signature  
Name:  
NRIC/FIN No.:

FORM 14 (2019/2020) - 1/20



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190123/2004

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20190123/2004

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>23/01/2019 01:32 | Vide Report No.: | Station Diary No.:<br>16 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>TAN SIMONE         |            |                              | Address:<br>APT BLK 135 RIVERVALE STREET #16-726 SINGAPORE<br>540135 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7902550Z |            |                              | Contact No.:<br>Home/Office: Mobile: 97997779                        |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Female                           | Age:<br>39 | Date of Birth:<br>07/02/1979 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>UNEMPLOYED                |            |                              | Driving Licence Information:<br>Class: Date of Expiry:               |  |                            |

### General Information of the Accident

|  |                  |                                    |  |                                  |
|--|------------------|------------------------------------|--|----------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>22/01/2019 15:20 | Type of Location:<br>Filter Lane |
| Location:<br>Along Road 1<br>BUANGKOK GREEN                  |                  |                                    |  |                                  |
| Left Filter Lane ( After Zebra Crossing )                    |                  |                                    |  |                                  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                                  |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                  |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                  |

### Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SKT3035U    | Car  |      |       |       | Slightly Damaged | 1               |
| SLE8755J    | Car  |      |       |       | Slightly 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/20190123/2004

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20190123/20

## CONTINUATION OF REPORT

|                                   |                                     |  |                                   |
|-----------------------------------|-------------------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                                     |  |                                   |
| Name                              | NG LU DE, RUTH                      | ID No.                                 | S8708151F                         |
| Related Vehicle                   | SKT3035U (Car)                      | Contact No.                            | 96735307                          |
| Hospital/Clinic                   | NIL                                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                 | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                                 | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                                     |  |                                   |
| Name                              | TAN SIMONE                          | ID No.                                 | S7902550Z                         |
| Related Vehicle                   | SLE8755J (Car)                      | Contact No.                            | 97997779                          |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 22/01/2019                          | Date Discharge                         | 22/01/2019                        |
| No. of Days granted Medical Leave | 04                                  | Degree of Injury                       | Slight                            |
| <b>Passenger</b>                  |                                     |  |                                   |
| Name                              | CAIUS TAN                           | ID No.                                 | T1335436C                         |
| Related Vehicle                   | NIL                                 | Contact No.                            | 97997779                          |
| Hospital/Clinic                   | HEALTHWAY HOUGANG CENTRAL CLINIC    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                 | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 01                                  | Degree of Injury                       | Slight                            |

### Brief Details.

On the 22/01/2019 at about 1520hrs. I was driving my husband vehicle bearing SLE8755J on my way to my son school that is located at Hougang B/660. During that point of time my 5 years old son was sitting in the child seat. The child seat was placed at the left rear passenger seat area. My vehicle entered a left filter lane towards Hougang green before proceeding further, I made a check on the oncoming traffic ( main road ) before accelerating further.

As I was gauging the speed of the vehicle on the right, my vehicle then came to a complete stopped to avoid any accident. As soon as my vehicle came to a full stopped, suddenly a vehicle bearing SKT3035U, came head on and collided on my rear portion of my vehicle. Due to the impact my chest hit onto the steering wheel of the car. Immediately, I made a check on my son, and his response to me is " Bad person!". I also discovered that my son managed to unlock the child seat by himself and he crawled to the



## Police Report



**SINGAPORE  
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T/20190123/2004

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Report No: T/20190123/2004

### CONTINUATION OF REPORT

front to pick up some item that has fallen down and went back to his seat.

I came out from my car and understand from the said driver of SKT3035U, that she was focusing her attention on the oncoming vehicle on the main road and did not realize my vehicle that was in front of her. We exchange particulars and took pictures of the damages of our vehicle and left shortly. I still proceeded to send my son to his school that is located at Hougang. Subsequently, I called my insurance regarding the accident and they advised me to proceed to IDAC to report the accident.

Right after making the IDAC report, I felt some dizziness and vomited soon after. I felt pain on my neck and shoulder as such I decided to proceed to seek medical attention. I was then advised to proceed to SKGH for medical check up and the doctor diagnose that I have a mild fever and neck sprain that causes the vomit. Doctor gave me some medication and advised me to return back to the hospital if my condition still doesn't improve.

My workshop inform that the damaged cause by the accident was reverse sensor faulty, bumper, camera and lock system.

During the accident no traffic police or ambulance was at scene. No other vehicle was involved and no government property was damaged.



Police Report



**SINGAPORE  
POLICE FORCE**



T/20190123/2004

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20190123/2004

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 /

Staff Sgt MUHAMMAD FADHLULLAH BIN  
SHARIFFUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
23/01/2019 01:32

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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