

## 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	08/03/2019 15:25
Date Of Accident	07/03/2019 18:15
Exact Location Of Accident	TURNING OUT FROM CARPARK OF CYCLE & CARRIAGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4841R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PNG MARIA THERESE
NRIC No	S0426350B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92765766
Alternative Phone No	Others-92765766

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
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?	YES
If No, Please state action to be taken	
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	DMPCSN3065671800
Cover Note Number	

### Driver

Name of Driver	PNG MARIA THERESE
NRIC No	S0426350B
Date Of Birth	14/04/1940
Occupation	INDOOR
Date Of Driving Pass	21/08/1962
Driving Experience	56 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92765766
Fax Number	
Contact Number	OTHERS-92765766
EMail Address	NOEMAIL
Address	BLK 116 CLEMENTI ST 13 #10-80
Postcode	120116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SGU5096Y
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	CHOON JOOT CHYE
NRIC/Passport Number	S1638775D
Contact Number	91891828
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

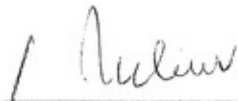
### SKETCH PLAN

#### IMPORTANT NOTICE

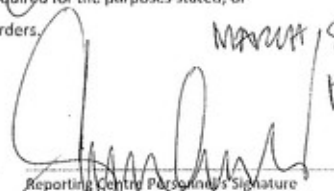
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

19/8/2019  
13:37

SKETCH PLAN

SEE POLICE REPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEE POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 8, 2011  
13:31

Reporting Officer's Signature  
Name:  
NRIC/FIN No.:

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POLICE REPORT

**POLICE FORCE**

T/20190307/2164

Police Station Of Origin:  
 Clementi N.P.C  
 20 Clementi Avenue 5 SINGAPORE 129858  
 Tel No: 1800-8729999

1 of 3

Report No. T/20190307/2164

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/03/2019 22:48	Vide Report No.:	Station Diary No.: 187
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Informant's Particulars			
Name of Informant: PNG MARIA THERESE		Address: APT BLK 116 CLEMENTI STREET 13 #10-80 SINGAPORE 120116	
ID Type / ID No.: NRIC NO / S0426350B		Contact No.: Home/Office: Mobile: 92765766	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 78	Date of Birth: 14/04/1940	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Secretary		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 18:15	Type of Location: Straight Road
Location: Along Road 1 LENG KEE ROAD  Along Leng Kee Road Near Lamp Post No. 16 Lamp Post Number: 16				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU5096Y	Car	TOYOTA	VIOS	Silver	Slightly Damaged	1
SLT4841R	Car	MAZDA	MAZDA2 5-DOOR HATCHBAC K 1.5L SP.6EAT	Red	Slightly Damaged	0

**POLICE FORCE**

T/20190307/2164

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190307/2164

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLT4841R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30656718 00	30/10/2018	29/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PNG MARIA THERESE		ID No. S0426350B
Related Vehicle	NIL		Contact No. 92765766
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/03/2019 at about 1815hrs, I was turning out from Cycle & Carriage Building Carpark. I was driving my vehicle a Red Mazda with registration number SLT4841R onto Leng Kee Road. I intended to turn right and had signalled right. I stopped at the junction to check if my right and left lane was clear to move out. When I was turning right onto the main road, a Silver Toyota Vios Car with registration plate number SGU5096Y had come from unknown direction hit onto me. I lost control and then hit onto the metal railings on the opposite side of the road.

Due to the impact of the accident, the whole front bumper of my car had totally came off, both headlights were damaged and right front tyre was punctured. The towing crew had towed away my car as it could not be driven.

For the other car, the right side mirror was broken and right side bumper is dented in. The other driver had called for the Police and traffic Police attended to us. The ambulance also came down to scene however it left after knowing no party was injured.

I have exchange particulars with the other driver whom is a GoJek driver together with a female passenger. I do not have any injury and I am unsure if the other party has any injury.

I have an in-vehicle camera and the officer had taken my memory card with him for investigation purpose.



**POLICE FORCE**



T/20190307/2164

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190307/2164

**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:

D /

Sgt 3 NURAISHAH BINTE OSMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/03/2019 22:48

Classification Of Case:

SN 37



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

