

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	23/03/2019 10:53
Date Of Accident	21/03/2019 19:40
Exact Location Of Accident	ANAK BUKIT TWDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8346A
Insured/Policyholder	
Name Of Registered Owner	JULLEE ANG
NRIC No	S1570962F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90299273
Alternative Phone No	OFFICE-90299273

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105932844
Cover Note Number	

Driver

Name of Driver	JULLEE ANG
NRIC No	S1570962F
Date Of Birth	02/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90299273
Fax Number	
Contact Number	OFFICE-90299273
Email Address	NOEMAIL

Address	BLK 815 TAMPINES AVENUE 4 #10-239
Postcode	520815
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	WET

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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190322/2162.

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	GBD4616C
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)

DETAILS OF INJURED PERSON 1	
Name	JULLEE ANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJY8346A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


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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 (a) 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.

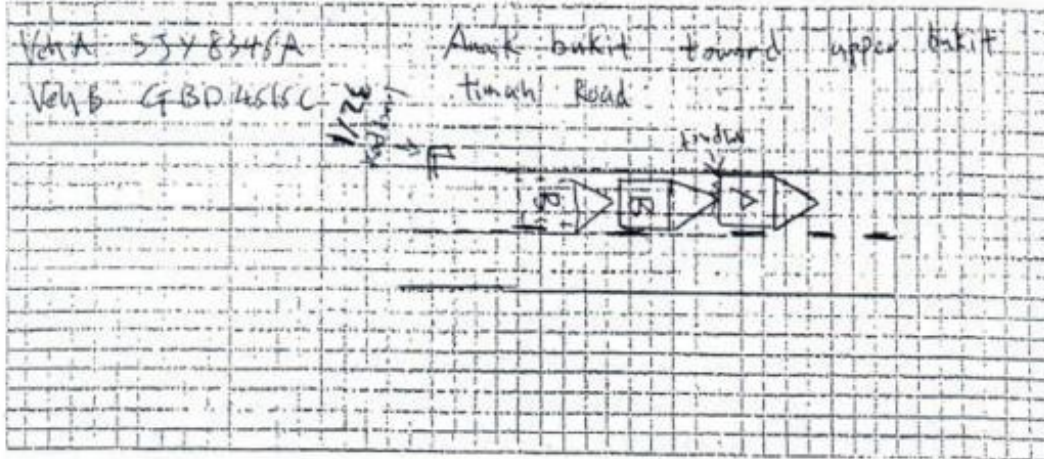

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on - Police report T/20190322/2162

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/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190322/2162

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190322/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 18:03	Vide Report No.:	Station Diary No.: 145
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Informant's Particulars			
Name of Informant: JULLEE ANG		Address: APT BLK 815 TAMPINES AVENUE 4 #10-239 SINGAPORE 520815	
ID Type / ID No.: NRIC NO / S1570962F		Contact No.: Home/Office: Mobile: 90299273	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 57	Date of Birth: 02/02/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2019 19:40	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD				
TOWARDS PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
GBD4616C	Van	NISSAN		White		0
SJY8346A	Car	MITSUBISHI	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR	Grey		1

Police Report



**SINGAPORE
POLICE FORCE**



T/20190322/2162

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190322/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY8346A	NTUC Income Insurance Co-Operative Limited	5105932844	29/11/2018	28/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JULLEE ANG	ID No.	S1570962F
Related Vehicle	SJY8346A (Car)	Contact No.	90299273
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/03/2019	Date Discharge	21/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 21/03/2019 , at about 7:40pm , I was driving my car (SJY8346A) along Bukit Timah Road towards Pan-Island Expressway (PIE) on the left lane of the slip road. It is a two lane slip road and I have a passenger on board.

As I was driving on the slip road towards PIE , I had noticed that the traffic was congested as such I had came to a complete stop behind a car. After a few seconds , I had felt an impact from the rear and realised that a Van (GBD4616C) had collided onto the rear of my car. I had alighted to take a look of the damages but I was not feeling well. As such , I had went to seek medical consultation immediately and did not manage to exchange particulars. There is no in-car camera recording my car. No traffic police or ambulance attended to us.

After seeking medical consultation , I was given three days medical certificate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190322/2162

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190322/2162

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:

G /

Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2019 18:03

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

