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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/03/2019 16:10
Date Of Accident	29/03/2019 18:50
Exact Location Of Accident	JUNC ORCHARD BLVD & TOMLINSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ197X
Insured/Policyholder	
Name Of Registered Owner	CASSABELL
Co Reg No	53315421M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83663377
Alternative Phone No	OFFICE-83663377
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5086402034-02
Cover Note Number	
Driver	

Name of Driver LEE LIN XIAO, CASSANDRA

NRIC No S8334112B
Date Of Birth 27/10/1983
Occupation OUTDOOR
Date Of Driving Pass 11/07/2003

Driving Experience 15 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83663377

Fax Number

Contact Number OFFICE-83663377

EMail Address NOEMAIL

BLK 661A JURONG WEST STREET 64 Address

#05-404 641661

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

YES Was any other material or property damaged?

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 TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190330/7004.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN8996H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

MUHAMMAD KHALID BIN MOHAMAD Name of Driver

NRIC/Passport Number

Contact Number

Vehicle Category

Address Postcode

Page 2 of 23

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LEE LIN XIAO, CASSANDRA

Approximate Age

Name

Injuries Sustain **NECK & BACK**

Injured person in which vehicle? SLJ197X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

1

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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)

Lunderstand, 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 "...
 - 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:
 - 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.

Driver's Signature (If driver is mattere policyholder) Date & Time: Reporting Centre (Assonnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

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Police Report





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

1 of 3 Report No. T/20190330/7004

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 30/03/2019 14:11		Vide Report No.:	Station Diary No.:			
Informan	t's Partic	ulars	Visit College				
Name of Informant: LEE LIN XIAO, CASSANDRA			Address: APT BLK 661A JURONG WEST STREET 64 #05-404 SINGAPORE 641661				
ID Type / ID No.: NRIC NO / S8334112B			Contact No.: Home/Office:	Mobile: 83663377			
Nationality: SINGAPORE CITIZEN		EN	Email: CASSLEELX@GMAIL.COM				
Sex: Age: Date of Birth: 27/10/1983			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2019 18:50	Type of Location X-Junction
	OULEVARD			
		Daniel Confession		0 10 111 11
		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way			rking	

Details of Vehicle Involved						MARKET COMME
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLJ197X	Car					0
SLN8996H	Car	MAZDA	MAZDA 3	Blue		0

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

Police Report



T/20190330/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190330/7004

CONTINUATION OF REPORT

Driver	Contract Constitution	-	101-201	15000	BAN I	
Name	LEE LIN XIAO, CASSANDRA			ID No		S8334112B
Related Vehicle	SLJ197X (Car)			Contact No.		83663377
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2019 Date Disc			harge	30/03	3/2019
			Degree of	ee of Injury Slight		
Driver						AND DESCRIPTION OF THE PARTY OF
Name	MUHAMMAD KHALID BIN MOHAMAD			ID No		NIL
Related Vehicle	SLN8996H (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	No. of Days granted Medical Leave NIL			egree of Injury NIL		

Brief Details.

ON 29/03/19 AT @1849HRS, I WAS TRAVELLING IN MY VEHICLE (SLJ 197 X) ALONG ORCHARD BOULEVARD ON THE SECOND LANE FROM THE RIGHT HEADING STRAIGHT WITHIN MY LANE. UPON CROSSING THE JUNCTION OF TOMLINSIN ROAD, A VEHICLE (SLN 8996 H) ON MY LEFT, SUDDENLY CUT INTO MY PATH AND MAKE A RIGHT TURN INTO TOMLINSIN ROAD, AS A RESULT, MY VEHICLE COLLIDED ONTO THE RIGHT SIDE OF THE SAID VEHICLE. I SUBSTAIN INJURY ON MY NECK AND BACK. I WAS GIVEN 4 DAYS MC BY MOUNT ALVERNIA HOSPITAL.

Police Report





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

3 of 3 Report No. T/20190330/7004

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	pla

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2019 14:11
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	





























