

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	08/05/2019 17:26
Date Of Accident	07/05/2019 14:10
Exact Location Of Accident	6 LINCOLN RD PARK INFANIA @ WEE NAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4387K
Insured/Policyholder	
Name Of Registered Owner	SHIEH WEI SIAN, ALLAN
NRIC No	S8515969J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009312
Alternative Phone No	OTHERS-91009312

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
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	5100786119
Cover Note Number	

Driver

Name of Driver	SOH LU XIN, BETINA MARIA
NRIC No	S9118995Z
Date Of Birth	08/06/1991
Occupation	INDOOR
Date Of Driving Pass	29/06/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91702341
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 661B EDGEDALE PLAINS #02-632
Postcode	822661
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 - 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: : MOTHER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20190507/2166

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8021B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SOH LU XIN,BETINA MARIA
Approximate Age	
Injuries Sustain	WAS PREGNANT
Injured person in which vehicle?	SLA4387K
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 (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:

B

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

flyu 08/05/19

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

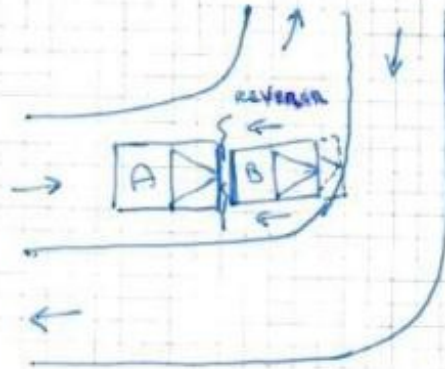
Accident Sketch Plan

SKETCH PLAN

6 LINCOLN RD PARK INFANIA
@ WEE NAM

VEHICLE A - SLA 4387K

VEHICLE B - SHC 8021B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT :

REPORT NUMBER
F/20190507/2166

VEHICLE A - SLA 4387K

VEHICLE B - SHC 80213

DECLARATION

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.: _____

Individual Statement



**SINGAPORE
POLICE FORCE**



F/20190507/2166

1 of 2

POLICE REPORT (NP299)

Report No. F/20190507/2166

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Date/Time Report Made 07/05/2019 21:21	Vide Report No.	Station Diary No. 24
Name Of Informant SOH LU XIN, BETINA MARIA	Address APT BLK 661B EDGEDALE PLAINS #02-632 SINGAPORE 822661	
ID Type / ID No. NRIC NO / S9118995Z	Contact No. Home/Office Mobile 91702341	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation UNEMPLOYED	Sex Female	Age 27
Institution/School Name	Date of Birth 08/06/1991	Race Chinese
	Language	
Date/Time Of Incident 07/05/2019 14:05 - 07/05/2019 14:05	Location Of Incident 6 LINCOLN ROAD PARK INFANIA AT WEE NAM SINGAPORE 308345 Security Post	

Brief details.

On 07/05/2019 at around 1415hrs, I was driving and I came into a stop before exiting out from the mentioned location. There was a car in front of me at that point of time, suddenly the car reverse and it continues to move despite me honking at the car. As such, the car collided onto the front of my vehicle. As such, I came down from the vehicle to made a check and exchange particulars with the driver. We then left.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 085

Individual Statement



**SINGAPORE
POLICE FORCE**



F/20190507/2166

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190507/2166

No police & ambulance were at scene as it was a minor accident.

Subsequently, I went to see a doctor as I was pregnant. I did not request for medical leave certificate as I am not working.

I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:
Authentication Stamp	SN 085



Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20190507/2166

1 of 2

POLICE REPORT (NP289)

Report No. F/20190507/2166

Police Station Of Origin
Hougang NPP
367 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1900-2889999

Date/Time Report Made 07/05/2019 21:21	Vide Report No.	Station Diary No. 24
Name Of Informant SOH LU XIN, BETINA MARIA	Address APT BLK 661B EDGEDALE PLAINS #02-832 SINGAPORE 822661	
ID Type / ID No. NRIC NO / S91188962	Contact No. Home/Office Mobile 91702341	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation UNEMPLOYED	Sex Female	Age 27
Institution/School Name	Date of Birth 08/08/1991	Race Chinese
Date/Time Of Incident 07/05/2019 14:05 - 07/05/2019 14:05	Location Of Incident 6 LINCOLN ROAD PARK INFANIA AT WEE NAM SINGAPORE 308345 Security Post	

Brief details.

On 07/05/2019 at around 1415hrs, I was driving and I came into a stop before exiting out from the mentioned location. There was a car in front of me at that point of time, suddenly the car reverse and it continues to move despite me honking at the car. As such, the car collided onto the front of my vehicle. As such, I came down from the vehicle to made a check and exchange particulars with the driver. We then left.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI DIO SIVACHANDRA Contact No : 84890999	Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



F/20190507/2188

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190507/2188

No police & ambulance were at scene as it was a minor accident.

Subsequently, I went to see a doctor as I was pregnant. I did not request for medical leave certificate as I am not working.

I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:
Authentication Stamp:	SN 085