

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	22/05/2019 15:29
Date Of Accident	22/05/2019 08:10
Exact Location Of Accident	JUNC OF UPPER SERANGOON RD AND HOUGANG AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX4872P
Insured/Policyholder	
Name Of Registered Owner	TAY HUI SAN (ZHENG HUI SHAN)
NRIC No	S7125760F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96696471
Alternative Phone No	OTHERS-96696471

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G AUTO
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	5102185423
Cover Note Number	

Driver

Name of Driver	TAY HUI SAN (ZHENG HUI SHAN)
NRIC No	S7125760F
Date Of Birth	03/08/1971
Occupation	INDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96696471
Fax Number	
Contact Number	OTHERS-96696471
Email Address	NOEMAIL

Address	BLK 409A FERNVALE ROAD #13-48
Postcode	791409
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	SIDE SWIPE
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)	1

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 : T/20190522/2092

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	TAY HUI SAN (ZHENG HUI SHAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGX4872P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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. 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.
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)**

(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.

22/5/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A = Car SGX4872P B = Bus

Upper Serangoon Road

A - SGX4872P
B - Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190522/2092

DECLARATION

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

24
Policyholder's Signature
Date & Time:

24
Driver's Signature
(If driver is not the policyholder)
Date & Time:

22/5/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190522/2092

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

2 of 3

Report No. T/20190522/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY HUI SAN	ID No.	S7125760F
Related Vehicle	SGX4872P (Car)	Contact No.	96696471
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2019	Date Discharge	22/05/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On the 22/05/2019 at about 0810hrs, I was driving my vehicle - One black Toyota Vios (Registration Plate Number: SGX4872P) along Upper Serangoon Road (2nd lane from the right). I wish to state that the lane I was on permitted me to make a right turn. I had wanted to make a right turn towards Hougang Avenue 7. As such, I queued up at the junction of Upper Serangoon Road and Hougang Avenue 7. When the traffic light on the opposite side turned red and the green arrow appeared, I made a right turn. Upon making the right turn and almost reaching Hougang Avenue 7, One green bus (unknown Registration Plate Number, Bus Service 136) collided into the left side of my vehicle.

I recalled that after collision, someone had assisted me to get out of my vehicle and called for the ambulance. I recalled that another person had passed me tissue as my face was bleeding. They had accompanied me at the side of the road until the ambulance arrived. One passenger of the Bus involved was injured as well. I recalled 2 ambulance came to the accident location. Upon ambulance arrival, they made a check and conveyed me to Sengkang General Hospital. I was given 6 days MC for my injuries which is chest pain as well as abrasions on my face and left hand.

I wish to state that before I was conveyed the traffic police officer passed me my car key.

I do not know what the damages are to my vehicle or the bus. However, I do have an in-vehicle CCTV facing front and back which may capture footage of the accident. I am not aware if there is any CCTV securing the vicinity of the accident location. I was not able to obtain particulars of the driver of the said bus.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/2092

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

1 of 3

Report No. T/20190522/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 14:30	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TAY HUI SAN	Address: APT BLK 409A FERNVALE ROAD #13-48 SINGAPORE 791409		
ID Type / ID No.: NRIC NO / S7125760F	Contact No.:	Mobile: 96696471	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Female	Age: 47	Date of Birth: 03/08/1971	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: SALES EXECUTIVE	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2019 08:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD HOUGANG AVENUE 7 Junction of Upper Serangoon Road and Hougang Avenue 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX4872P	Car	TOYOTA	VIOS G AUTO	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX4872P	NTUC Income Insurance Co-Operative Limited	5102185423	20/07/2018	26/08/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/2092

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

2 of 3

Report No. T/20190522/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY HUI SAN	ID No.	S7125760F
Related Vehicle	SGX4872P (Car)	Contact No.	96696471
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2019	Date Discharge	22/05/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190522/2092

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

3 of 3

Report No. T/20190522/2092

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 /

Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN
MOHD ZULKEFLEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 26476436

SN 085

Authentication Stamp

NP166

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

22/05/2019 14:30

Classification Of Case: