### 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.

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	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 HUISHAN)
NRIC No	S7125760F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96696471
Alternative Phone No	OTHERS-96696471
Vehicle Particulars	
Manufacturer	ТОУОТА
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 HUISHAN)
NRIC No	S7125760F

 NRIC No
 \$7125760F

 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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Number of Passengers (Including Driver)

**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,

ress **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?

**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 HUISHAN)

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

ambalanco

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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)

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)
  - (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
- (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
- 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 Personnel's Signatur

NRIC/FIN No.:

### Sketch Plan #2

SKETCH PLAN	CENTRAL CAT	B = B	ų⊆	
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	43	1	
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DECLARATION				
We declare the foregoing part	ticulars are true in every respe	ct.	1	
Du	on		1-72/5/2	019
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the pol Date & Time:	licyholder) N	eporting Centre Personnel's Signature ame: RIC/FIN No.:	



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 Perso		1000 700	E PART	II USA BEN	2 12 20 20	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Crock	ting: NIA
Driver	A STATE OF THE PARTY OF	THE RESERVE THE	0000110	uestria	Ciuss	sing. NA
Name	TAY HUI SAN			ID No		S7125760F
Related Vehicle	SGX4872P (Car)		Conta	ect No.	96696471	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class Drivin Licen Expin	g.	Class: 3 Date of Expiry: NIL	
Date Treatment	22/05/2019 Date Dis		Date Disc			/2019
No. of Days gran	ted Medical Leave	06	Degree of		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 Genreal 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.



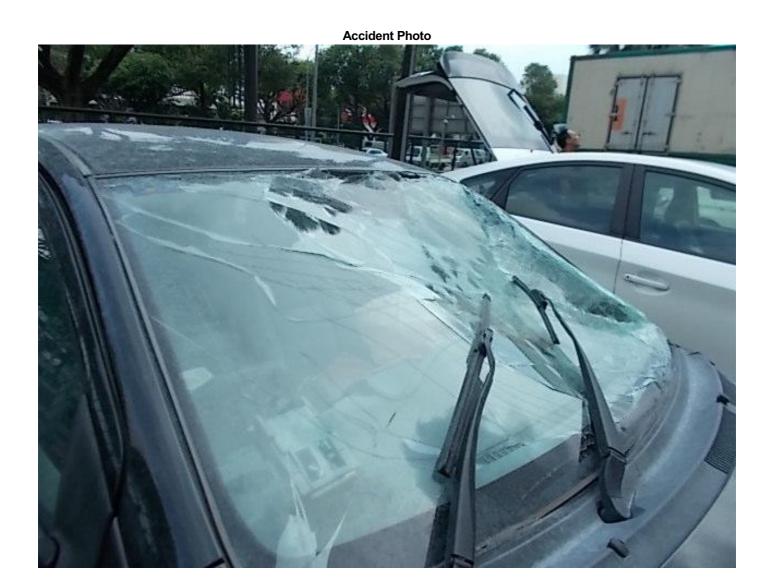




















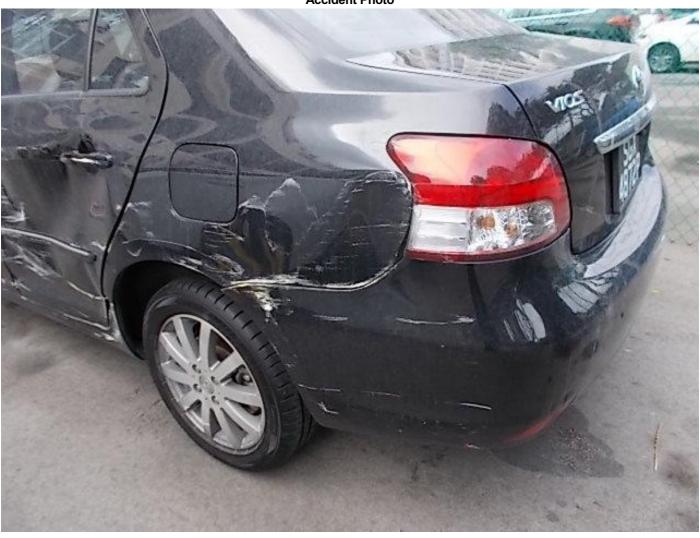








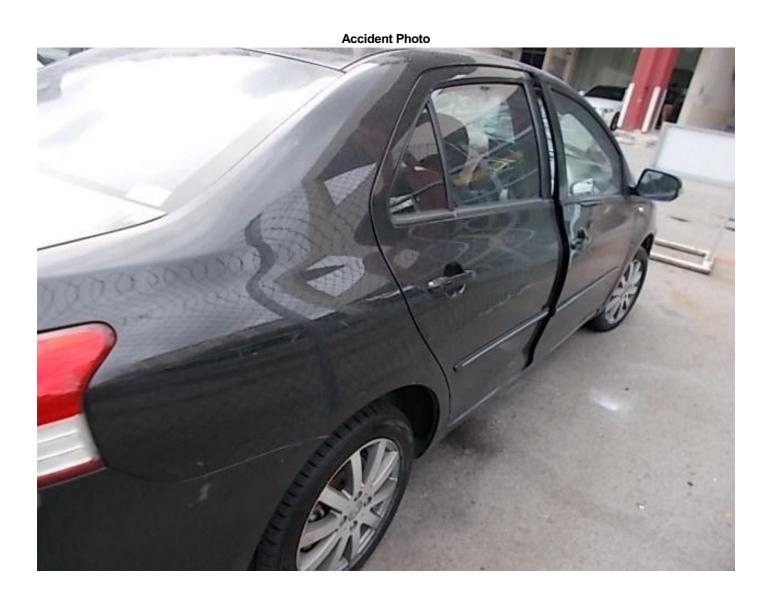
















Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

1 of 3 Report No. T/20190522/2092

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2019 14:30		Made:	Vide Report No.:	Station Diary No.	
Informar	t's Partic	ulars		10	
Name of Informant: . TAY HUI SAN			Address: APT BLK 409A FERNVALE F 791409	ROAD #13-48 SINGAPORE	
ID Type / ID No.: NRIC NO / S7125760F Nationality: SINGAPORE CITIZEN		60F	Contact No.: Home/Office:	Mahila opposite	
		EN	Home/Office: Mobile: 96696471 Email:		
Sex: Female	Age: 47	Date of Birth: 03/08/1971	Type of Informant:		
Race: - Chinese			Language:	Institution / School Name:	
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location	
Location:		No	22/05/2019 08:10	A-Junction	
UPPER SER/ HOUGANG A Junction of Up Weather: Clear		ad and Hougang Avenue Road Surface: Dry	7	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collisi	on;			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				Harden Commence of the Commenc
Vehicle No.	Туре	Make	Model	Color	Condition	
SGX4872P	Car	TOYOTA	VIOS G	T STATE OF THE PARTY OF THE PAR	Condition	No of Passenger
303183911007,003127		. I STOTA	AUTO	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Fer 11	the free states
SGX4872P NTUC Income Insurance Co-Opera Limited	The second secon	modrance No	Effective	26/08/2019
	Limited	5102185423	20/07/2018	

### **Police Report**



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 Perso		THE PARTY OF THE P	The State of the State of	10000	1-51-52	The second second
Any Pedestrian I	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of Pe	doctria	Cross	ring: NA
Driver	AND AND RESERVED.	DAGGER BOOK	USC OF FE	uesulai	Closs	sing. NA
Name	TAY HUI SAN	The state of the s	AND REAL PROPERTY.	ID No	).	S7125760F
Related Vehicle	SGX4872P (Car)			Conta	act No.	96696471
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licend Expin	g.	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2019 Date Die		Date Disc		- Contraction of the Contraction	/2019
No. of Days gran	ted Medical Leave	06	Degree o			

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### **Police Report**





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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2019 14:30
Officer In Charge Of Case: TP / AEIT / SI Staff SquanG YONG HOCK SN 085 Contact 200 8476436	Classification Of Case:
Au hand attoristimp  NP 168 Signature:  Singapore Police Force	