

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	25/06/2019 14:41
Date Of Accident	25/06/2019 09:05
Exact Location Of Accident	ONE NORTH LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4814H
Insured/Policyholder	
Name Of Registered Owner	FAST RENTAL CAR PTE LTD
Co Reg No	201617492M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5101258436-01
Cover Note Number	

Driver

Name of Driver	WONG MEI YUEN
NRIC No	S7540681I
Date Of Birth	26/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93882485
Fax Number	
Contact Number	OFFICE-93882485
Email Address	NOEMAIL

Address	BLK 165 GANGSA ROAD #10-74
Postcode	670165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190625/2051.

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	SLZ2139S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	WONG MEI YUEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA4814H
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:

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

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

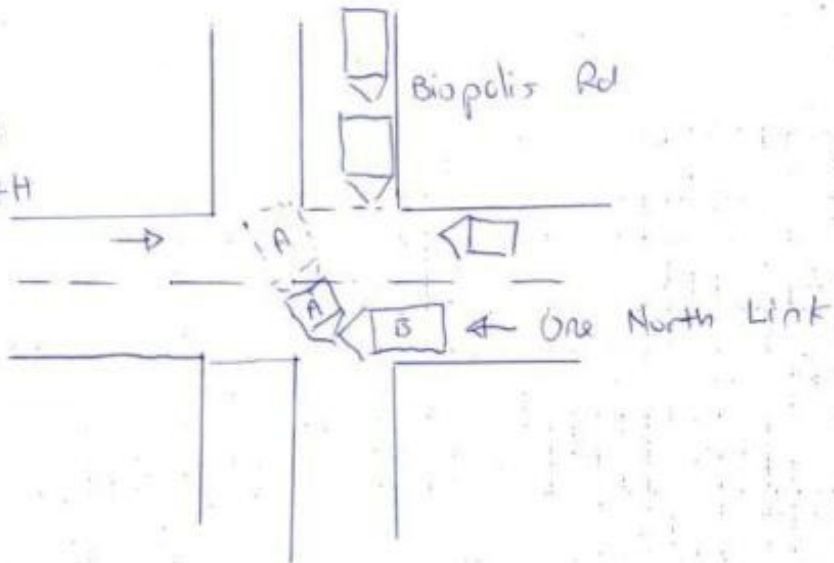
Accident Sketch Plan

SKETCH PLAN

DOA: 25/6/19

A: SMA 4814H

B: SLZ 21395



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190625/2051

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3
Report No. T/20190625/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 13:31		Vide Report No.: D/20190625/0039		Station Diary No.: 78
Informant's Particulars				
Name of Informant: HEATHERJEN WONG MEI YUEN		Address: APT BLK 165 GANGSA ROAD #10-74 SINGAPORE 670165		
ID Type / ID No.: NRIC NO / S75406811		Contact No.: Home/Office: Mobile: 93882485		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 44	Date of Birth: 26/03/1975	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/06/2019 09:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BIOPOLIS ROAD ONE-NORTH LINK CROSS JUNCTION BETWEEN ONE NORTH LINK AND BIOPOLIS ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ2139S	Car	TOYOTA	WISH	Grey	Seriously Damaged	0
SMA4814H	Car	HONDA	SHUTTLE	White	Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190625/2051

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No: T/20190625/2051

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Driver			
Name	HEATHERJEN WONG MEI YUEN	ID No.	S75406811
Related Vehicle	SMA4814H (Car)	Contact No.	93882485
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 25/6/19 at about 0900hrs, I am working as a GOJEK driver driving car (SMA4814H), driving my 1 passenger along Biopolis Road. While driving along that road, I had noticed that the road is a two way lane, and the road of my direction was all parked with big construction lorries. Hence, after ensuring that the traffic was clear, I overtake these lorries and approached the Cross Junction of Biopolis Road and One North Link. However, while I am crossing the junction at a very slow speed after ensuring the traffic was clear, suddenly a car (SLZ2139S) came at a high speed and hit onto the left side of my car.

Traffic police and ambulance attended to this accident vide D/20190625/0039. The male driver was subsequently conveyed to the hospital by the ambulance. No government property was damaged. I also noticed at his front portion of his car was badly damaged, with both the front airbag being deployed. I also noticed my left portion of my car was also badly damaged. Both cars were towed away afterwards. My car doesn't have an in car camera. I had also asked my passenger and she informed that she wasn't injured.

I wish to state that my kneecap was suffering pain right now, and I will be seeking medical attention after this report.



**SINGAPORE
POLICE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central
Community Building
Tel No: 1800-2519999

Sk

Police Report



SINGAPORE
POLICE FORCE



T/20190625/2051

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Report No. T/20190625/2051

Police Station Of Origin:

Toa Payoh N.P.C.

63 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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

E /

Sgt 2 LIN XUETONG, TOM

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
25/06/2019 13:31

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN MOHAMMAD

Contact No.: 65476220

Classification Of Case:

SN 168

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



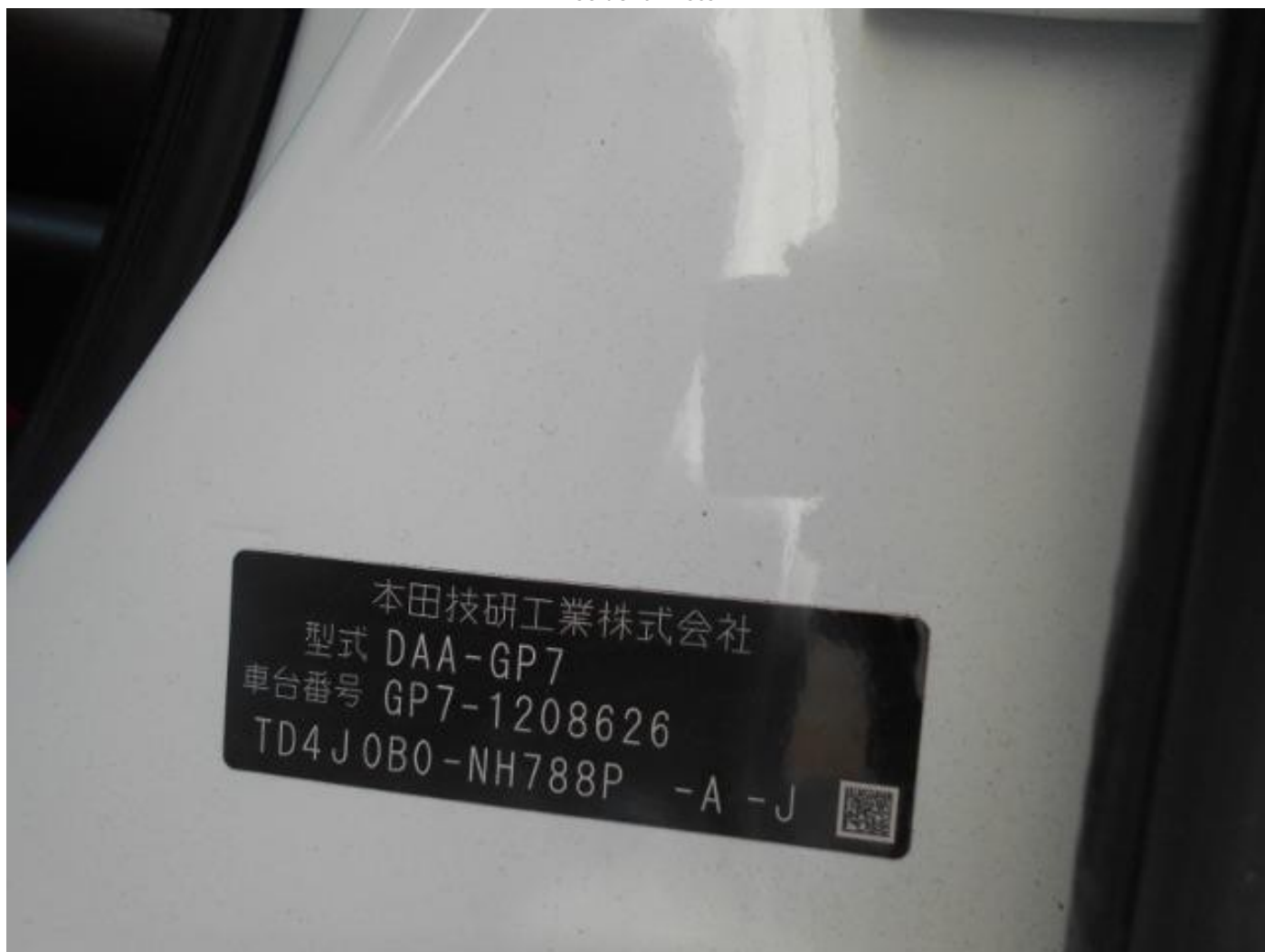
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