

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	26/06/2019 09:48
Date Of Accident	21/06/2019 09:30
Exact Location Of Accident	ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1584G
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	GRACEYSH93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96989428
Alternative Phone No	OFFICE-96989428

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103987921
Cover Note Number	

Driver

Name of Driver	GRACE YEO SHU HUI
NRIC No	S9305847Z
Date Of Birth	16/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96989428
Fax Number	
Contact Number	OTHERS-96989428
Email Address	GRACEYSH93@GMAIL.COM

Address	BLK 442 JURONG WEST AVENUE 1 #03-752
Postcode	640442
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 - 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: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190625/2097

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3143K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHOO TAN
NRIC/Passport Number	S0207232G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	GRACE YEO SHU HUI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	SJS1584G
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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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) 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 Personnel's Signature
Name: 
NRIC/FIN No.: 

Insurance Association of Singapore (GIA)

Accident Sketch Plan

SKETCH PLAN

ALONG EAST COAST PARKWAY NEAR MARINE
VISA EXIT

A) SJS 1584 G

B) SHD 3143K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to police report
7/20190625/2017

DECLARATION

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

Signature
Date & Time:



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

Signature
26/06/2017
Name:
NRIC/ETN No.:

Form 10-1 (1/12/2016) (Rev. 1.0)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190625/2097

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190625/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 15:54		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: GRACE YEO SHU HUI			Address: APT BLK 442 JURONG WEST AVENUE 1 #03-752 SINGAPORE 640442		
ID Type / ID No.: NRIC NO / S9305847Z			Contact No.: Home/Office: Mobile: 96989428		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 16/02/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARKWAY Along East Coast Parkway, near Marine Vista Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3143K	Car				No Damage	3
SJS1584G	Car				Seriously Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20190625/2097

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190625/2097

CONTINUATION OF REPORT

Driver			
Name	TAN CHOO TAN		ID No. S0207232G
Related Vehicle	SHD3143K (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GRACE YEO SHU HUI		ID No. S9305847Z
Related Vehicle	SJS1584G (Car)		Contact No. 96989428
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	25/06/2019
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 21.06.2019, at about 2130hrs, I was driving along East Coast Parkway on the first lane in my vehicle SJS1584G, subsequently, the car in front of me suddenly braked, causing me to effect e-brake, and my car came to a stop. At this point, the vehicle bearing license plate SHD3143K collided with the back of my car and my car juttred forward from the impact. I then alighted my vehicle, and we exchanged particulars with the driver who is Tan Choo Tan. Someone from behind then called the police and police came to attend (ref: G/20190621/0185), however Tan Choo Tan left before the police or the ambulance arrived.

Subsequently when the ambulance arrived, I was not conveyed as I was in a state of shock, and there was not any physical injuries visible at that point in time. It was only when I went home and reached home at about 2310hrs that I realized that I was feeling unwell, and lost a sense of feeling in my left arm. Subsequently, I went to the A&E in NTFGH and was treated there. I was diagnosed with a sensory loss in the left side of my upper body and was given 15 days of MC. I was hospitalized from the 22.06.2019 to 25.06.2019.. Hence, I came to make a traffic report.

The back of my car was seriously damaged, with the bumper detached, and a huge dent at the car boot and bumper area. My rear lights were also damaged and broken.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190625/2097

3 of 3

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190625/2097

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:

J/
SC2 TAY HUANG DA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

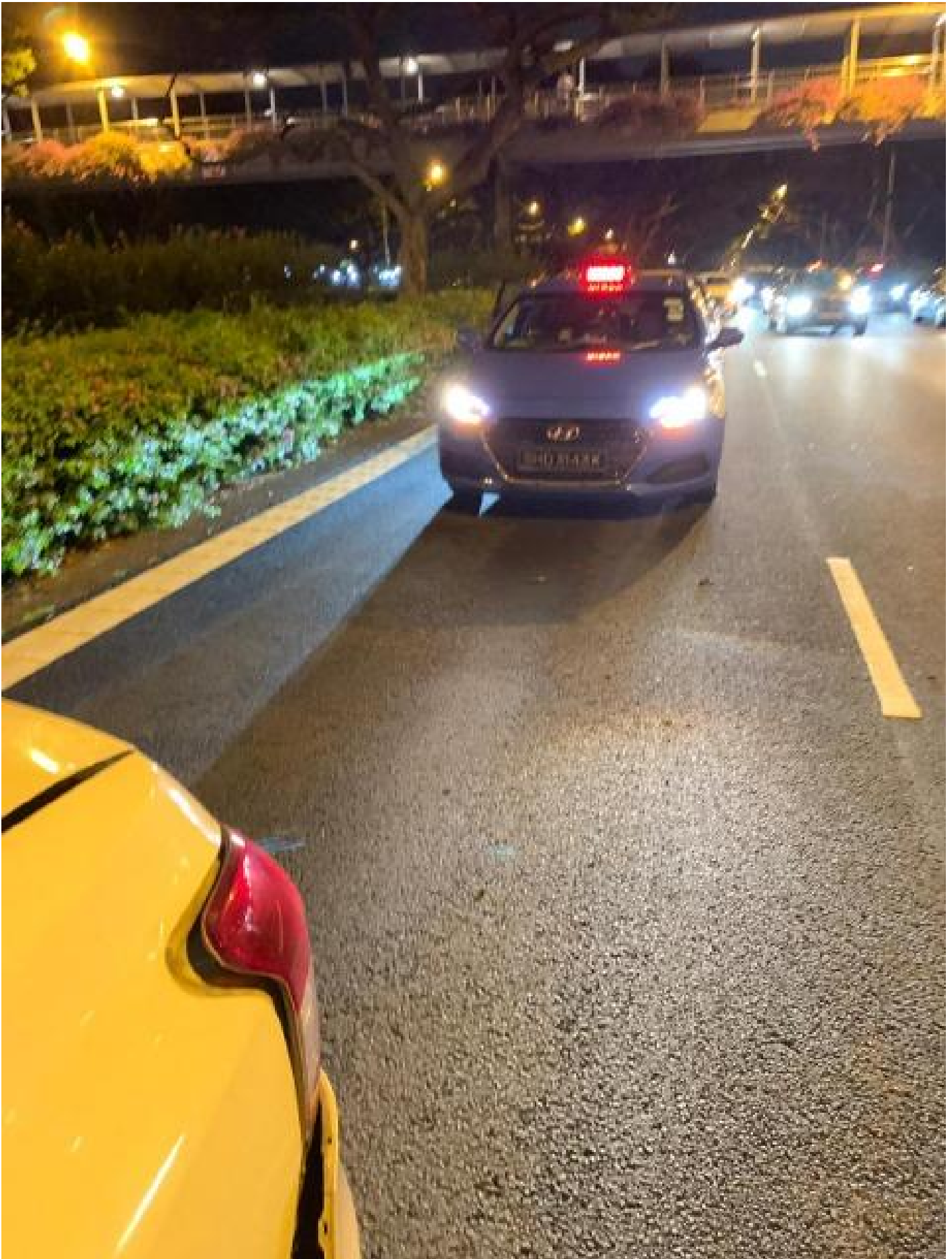
Date/Time:
25/06/2019 15:54

Classification Of Case:

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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