

## 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	01/07/2019 18:31
Date Of Accident	30/06/2019 09:50
Exact Location Of Accident	BISHAN STREET 22 TOWARDS BISHAN ROAD SLIP ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG6365M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SEEN LENG PATRICIA
NRIC No	S2184889A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374786
Alternative Phone No	OFFICE-96374786

### Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059876046-06
Cover Note Number	

### Driver

Name of Driver	NG SEEN LENG PATRICIA
NRIC No	S2184889A
Date Of Birth	10/04/1962
Occupation	INDOOR
Date Of Driving Pass	19/05/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96374786
Fax Number	
Contact Number	OFFICE-96374786
E-Mail Address	NOEMAIL

Address	APT BLK 237 BISHAN STREET 22 #10-182 SINGAPORE
Postcode	570237
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	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: : NA (HUSBAND) GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO ATTACHED

### 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	SML3553J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG SEEN LENG PATRICIA  
Approximate Age 57  
Injuries Sustain REFER POLICE REPORT  
Injured person in which vehicle? SGG6365M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address APT BLK 237 BISHAN STREET 22  
#10-182 SINGAPORE  
Postcode 570237

SKETCH PLAN

IMPORTANT NOTICE

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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:

1 July 2019 3pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 1 July 2019  
3pm

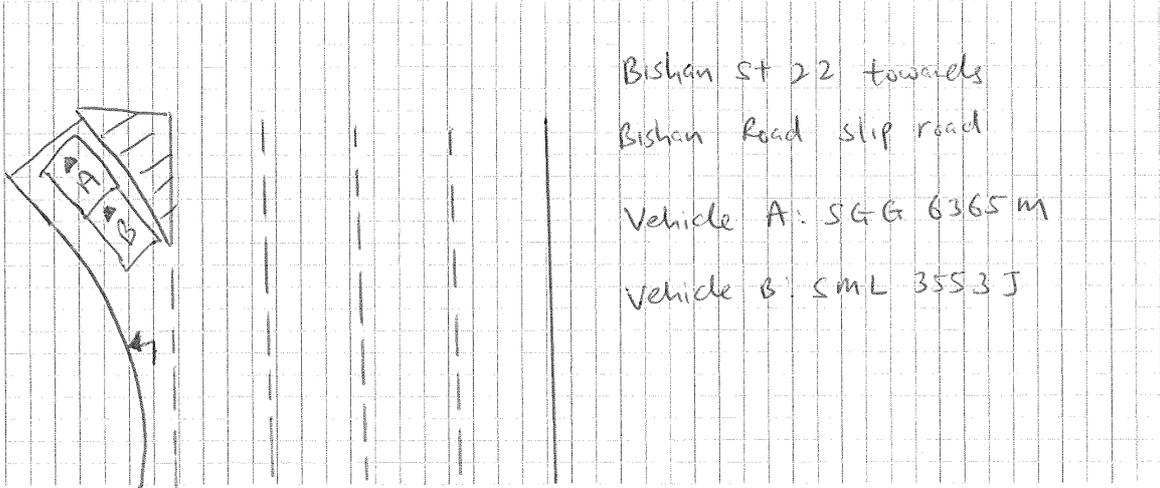


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

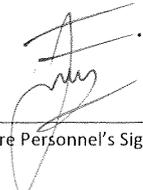
On the stated date and time, I vehicle A was stationary waiting for main road traffic to pass. Suddenly vehicle B hit onto my vehicle rear portion.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 1 July 2019 3pm.

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1 July 2019 3pm

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

Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190701/7015

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190701/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2019 15:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG SEEN LENG PATRICIA		Address: APT BLK 237 BISHAN STREET 22 #10-182 SINGAPORE 570237	
ID Type / ID No.: NRIC NO / S2184889A		Contact No.:	Mobile: 96374786
Nationality: SINGAPORE CITIZEN		Email: patricia_ng@sst.edu.sg	
Sex: Female	Age: 57	Date of Birth: 10/04/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SECONDARY SCHOOL TEACHER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2019 09:50	Type of Location: SLIP ROAD
Location: BISHAN STREET 22				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SGG6365M	Car	MAZDA	MAZDA2 SP	Silver		0
SML3553J	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG6365M	NTUC Income Insurance Co-Operative Limited	5059876046-06	19/05/2019	18/05/2020

Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190701/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190701/7015

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG SEEN LENG PATRICIA	ID No.	S2184889A
Related Vehicle	SGG6365M (Car)	Contact No.	96374786
Hospital/Clinic	L & L FAMILY MEDICINE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/07/2019	Date Discharge	01/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE "A" WAS STATIONARY WAITING FOR THE MAIN ROAD TRAFFIC TO PASS. AS I WAS WAITING I SUDDENLY FELT A HUGE IMPACT HITTING ME ON MY REAR. I GOT DOWN TO CONFIRM THAT VEHICLE "B" HAS COLLIDED INTO ME. THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20190701/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190701/7015

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 01/07/2019 15:15
Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

