

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	12/07/2019 11:41
Date Of Accident	08/07/2019 18:25
Exact Location Of Accident	BOON LAY WAY JUNCTION OF TRADE HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ487Z
Insured/Policyholder	
Name Of Registered Owner	LEE YI JOSHUA
NRIC No	S9430160B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93375586
Alternative Phone No	OFFICE-93375586

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA368805/1
Cover Note Number	

Driver

Name of Driver	HO BEE KIEN
NRIC No	S6819588H
Date Of Birth	25/05/1968
Occupation	INDOOR
Date Of Driving Pass	21/09/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93375586
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	71 PUNGGOL CENTRAL #09-39
Postcode	828755
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	3
Passenger 1	NAME: : NG CHEE MING GENDER: : MALE
Passenger 2	NAME: : SUN PUI TZE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6188S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG NYEN BEE

NRIC/Passport Number	S2109350E
Contact Number	97939114
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HO BEE KIEN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ487Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	71 PUNGGOL CENTRAL #09-39
Postcode	828755


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:

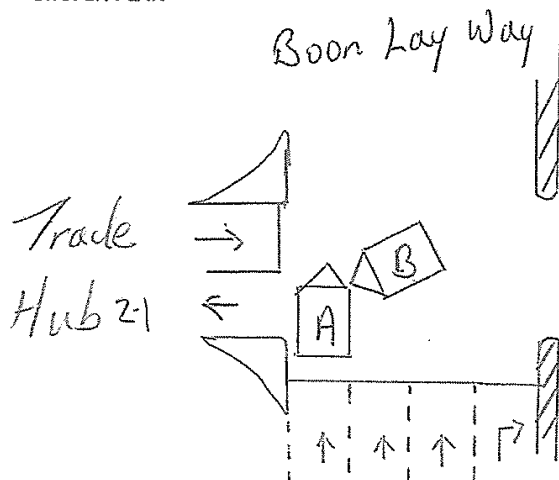


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A-SJZ 487Z
 B-GBG6188S
 Date 08/07/19
 Time 1825-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

According to Police Report.

DECLARATION

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

Tmi
 Policyholder's Signature
 Date & Time:

di
 Driver's Signature
 (If driver is not the policyholder)

[Signature]
 Reporting Centre Personnel's Signature
 Name:



**SINGAPORE
POLICE FORCE**



T/20190710/2074

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

1 of 4

Report No. T/20190710/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 13:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HO BEE KIEN		Address: 71 PUNGGOL CENTRAL #09-39 WATERTOWN SINGAPORE 828755	
ID Type / ID No.: NRIC NO / S6819588H		Contact No.: Home/Office: Mobile: 93375586	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 51	Date of Birth: 25/05/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: NURSE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2019 18:25	Type of Location:
Location: BOON LAY WAY JUNCTION OF TRADE HUB				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6188S	Van					0
SJZ487Z	Car					2

Details of Person Involved

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

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**

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





T/20190710/2074

Report No. T/20190710/2074

CONTINUATION OF REPORT

Driver			
Name	ANG NYEN BEE	ID No.	S2109350E
Related Vehicle	GBG6188S (Van)	Contact No.	97939114
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	HO BEE KIEN	ID No.	S6819588H
Related Vehicle	SJZ487Z (Car)	Contact No.	93375586
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NG CHEE MING	ID No.	S8662695J
Related Vehicle	SJZ487Z (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
Passenger			
Name	SUN PUI TZE	ID No.	S8660231H
Related Vehicle	SJZ487Z (Car)	Contact No.	93248466
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

 SINGAPORE POLICE FORCE	 T/20190710/2074
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	3 of 4 Report No. T/20190710/2074
CONTINUATION OF REPORT	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING STRAIGHT ON BOON LAY WAY TOWARDS COMMONWEALTH AVE W ON THE MOST LEFT LANE, A VAN(GBG6188S) WAS TRAVELLING ON THE OPPOSITE DIRECTION AND WAS MAKING A RIGHT TURN AT A JUNCTION INTO TRADEHUB 21. THE TRAFFIC LIGHT WAS IN MY FAVOUR AND I CONTINUED MY JOURNEY. OUT OF A SUDDEN THE SAID VAN MADE A RIGHT TURN AND COLLIDED TO THE RIGHT SIDE OF MY VEHICLE. I WAS CARRYING 2 PASSENGERS IN MY VEHICLE. I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL AND WAS ISSUED 9 DAYS HL.



**SINGAPORE
POLICE FORCE**

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



T/20190710/2074

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Report No. T/20190710/2074

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: TP / NG RUI TONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 13:03
Officer In Charge Of Case: TP / GIT / Sr. Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	<div style="text-align: center;">  SINGAPORE POLICE FORCE  Signature: _____ </div>

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Accident Photo



Accident Photo



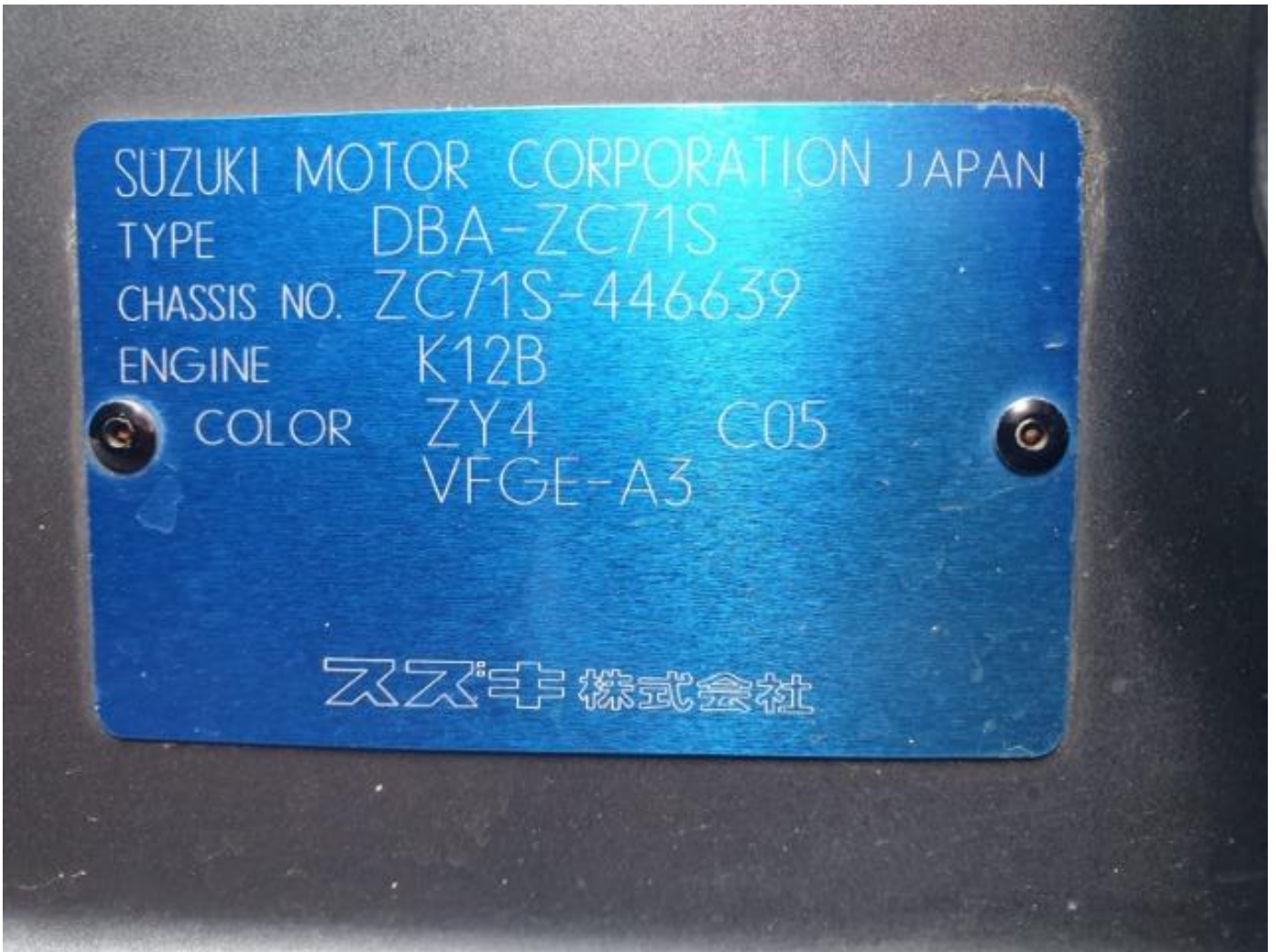
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