

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	02/09/2019 15:15
Date Of Accident	01/09/2019 14:30
Exact Location Of Accident	JUNC OF BRANKSOME RD & CRESCENT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE35E
Insured/Policyholder	
Name Of Registered Owner	LIM YVONNE
NRIC No	S7321065H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96916945
Alternative Phone No	OFFICE-96916945

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L (R19 LED)
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?	YES
If No, Please state action to be taken	
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	5087989030-02
Cover Note Number	-

Driver

Name of Driver	LIM-CHAN ELAINE
NRIC No	S7125058Z
Date Of Birth	26/07/1971
Occupation	INDOOR
Date Of Driving Pass	13/09/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96806701
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	57 BRANKSOME RD
Postcode	439589
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190901/2067

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	SHA3654T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.

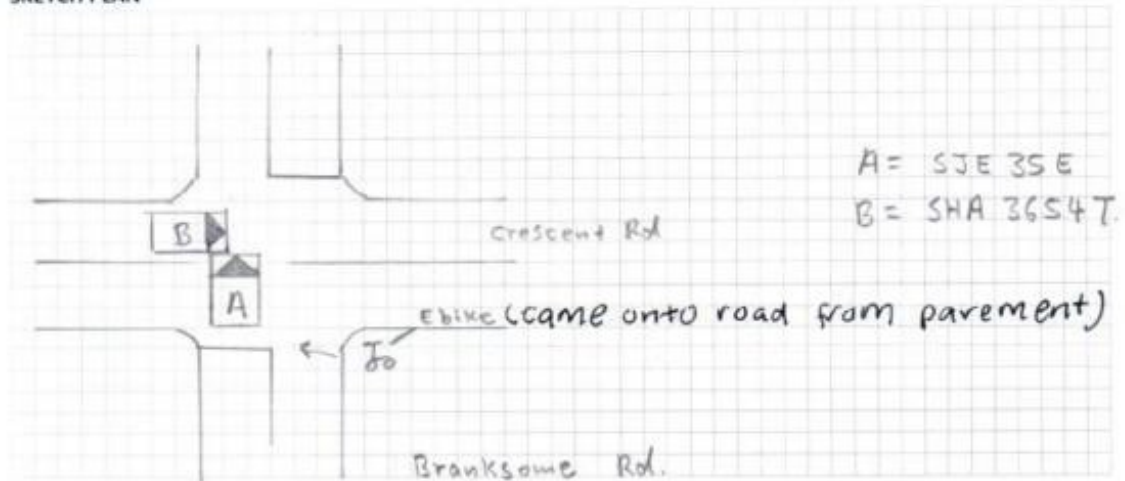
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190901 / 2067

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/20190901/2067

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 4

Report No. T/20190901/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2019 15:20		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: LIM-CHAN ELAINE		Address: 57 BRANKSOME ROAD SINGAPORE 439589		
ID Type / ID No.: NRIC NO / S7125058Z		Contact No.: Home/Office: Mobile: 96806701		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 48	Date of Birth: 26/07/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: MANAGING DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2019 14:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BRANKSOME ROAD CRESCENT ROAD JUNCTION OF BRANKSOME ROAD AND CRESCENT ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3654T	Car				Slightly Damaged	1
SJE35E	Car				Slightly 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/20190901/2067

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/2019090

CONTINUATION OF REPORT

Driver			
Name	ABDUL AZIZ BIN JISAH		ID No. S7708868G
Related Vehicle	SHA3654T (Car)		Contact No. 91801892
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	LIM-CHAN ELAINE		ID No. S7125058Z
Related Vehicle	SJE35E (Car)		Contact No. 96806701
Hospital/Clinic	NIL		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

Brief Details.

On 01/09/2019 at around 1430hrs, I was driving my vehicle (SJE35E) along Branksome Road when I stopped my vehicle as I was approaching the junction of Branksome Road and Crescent Road as it is a cross junction. I then made sure that there was no oncoming traffic from the sides or in front of me before moving off. However, when I started to drive forward, a Chinese Male Teenager rode his e-bike out of nowhere from Crescent Road on my right across me, and as a result, I swerved my vehicle towards the left and jam braked my vehicle and collided with a taxi that was driving from the Crescent Road on my left. After the collision, the teenager then rode his e-bike back the path he came from, and he left before I was able to take down his particulars.

After the collision, I then exchanged particulars with the taxi driver. Both the taxi driver and his passenger did not complain of any pain or injuries. From what I observed, the taxi had sustained some scratches and dents on the front right side of the vehicle. I would like to inform that my domestic helper was inside my vehicle during the time of accident, and both my domestic helper and myself did not complain of any pain or injuries. My vehicle had sustained some dents and scratches on the front left side of my vehicle, the front bumper was slightly detached and the number plate had also fell out.

I would like to inform that I do not have any in-car camera installed, and I am unsure if the taxi driver have any in-car camera installed in his vehicle. I have yet to report the accident to my insurance company, and I do not know the cost of repair for my car's damages.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20190901/2067

3 of 4

Report No. T/20190901/2067

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

4 of 4

Report No. T/20190901/2067

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:
G /
Sgt 2 JEREMY GOH ZEN KIAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/09/2019 15:20

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



