

## 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	23/09/2019 10:38
Date Of Accident	22/09/2019 22:25
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS MACPHERSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3097H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO CHIOU MI
NRIC No	S7034161A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98808836
Alternative Phone No	OFFICE-98808836

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
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	5112045981
Cover Note Number	

### Driver

Name of Driver	FOO CHIOU MI
NRIC No	S7034161A
Date Of Birth	22/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98808836
Fax Number	
Contact Number	OFFICE-98808836
Email Address	NOEMAIL

Address	BLK 119 SIMEI STREET 1 #07-510
Postcode	520119
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 - 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?	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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190926/2166.

#### 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	SHC7007A
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP HUA TECK
NRIC/Passport Number	S7720984J
Contact Number	97979949

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

DETAILS OF INJURED PERSON 1	
Name	FOO CHIOU MI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS3097H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 (a) 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:

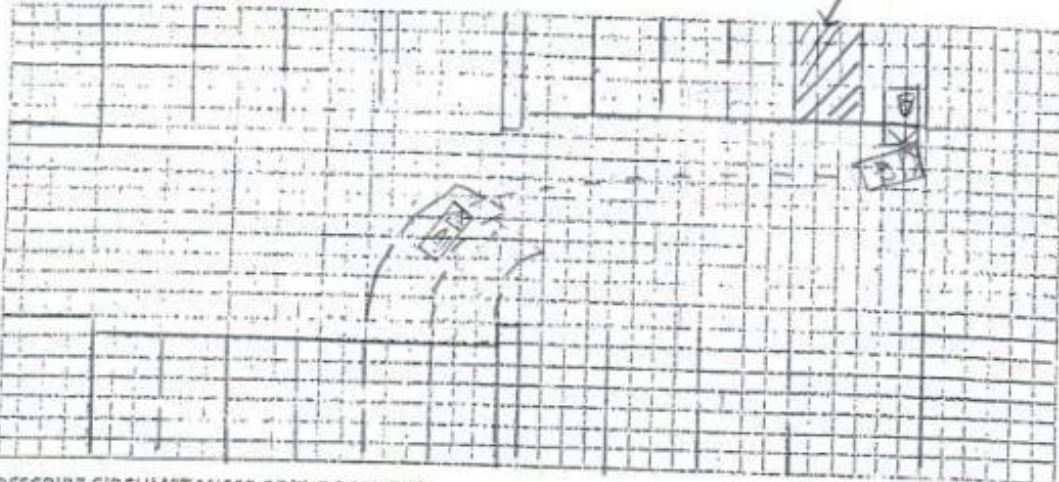
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

A: 59330974  
B: 59C7007A

## SKETCH PLAN

Upper Paya Lebar rd



Macpherson Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/9/2019 at 2226 hours, i was travelling on upper paya lebar Road towards paya Lebar Road. I turn right onto macpherson road. There is road works going on and it block my view completely. When its green light i begin to turn right, all of a sudden the car speed up and hit on my front left.

i felt very jolted and my rib cage is very painful. we both exchange particulars and agreed on doing a accident claim.

I have the video footage to prove that my view is block.

## 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 Person's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190926/2156

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3  
Report No: T/20190926/2156

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2019 19:27 Vide Report No.: Station Diary No: 88

### Informant's Particulars

Name of Informant: FOO CHIOU MI		Address: APT BLK 119 SIMEI STREET 1 #07-510 SINGAPORE 520119	
ID Type / ID No.: NRIC NO / S7034161A		Contact No.: Home/Office: Mobile: 98808836	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 49	Date of Birth: 22/09/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2019 22:25	Type of Location: Straight Road
Location: Along Road 1 UPPER PAYA LEBAR ROAD Towards Macpherson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SHC7007A	Car					0
SJS3097H	Car	HYUNDAI	HD AVANTE 1.6 A S/R	Black	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS3097H	NTUC Income Insurance Co-Operative Limited	5112045981	04/09/2019	03/09/2020

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190926/2166

Police Station Of Origin  
Changi N.P.C.  
9 Simnel Street 2 SINGAPORE 829914  
Tel No. 1800-5872099

2 of 3  
Report No. T/20190926/2166

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YAP HUA TECK	ID No.	S7720984J
Related Vehicle	SHC7007A (Car)	Contact No.	97979949
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
<b>Driver</b>			
Name	FOO CHIOU MI	ID No.	S7034161A
Related Vehicle	SJS3097H (Car)	Contact No.	98808836
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 22/09/2019 at around 2226hrs, I was travelling along Upper Paya Lebar Road, and was making a right turn to Macpherson Road. There was ongoing roadworks in the middle of the junction, thus it was blocking my view completely. As it was green light, I started to turn right, and all of the sudden, a taxi sped up and hit the front right side of my car. After the collision, I immediately went out of the vehicle to assess the damage. I then exchange particulars with the other driver. Police came down, and they were directing traffic. Ambulance was at scene as well, but no one was conveyed by ambulance. I then got a tow truck to tow my vehicle to the workshop. The workshop assess the damages to my car to be around \$3000/-.

On 23/09/2019, as I was feeling giddy and had some pain on my ribcage, I went to see the doctor at Northeast Medical Group. I was given 3 days MC due to neck strain and ribcage pain. I also went to get an X-ray examination done.

I have in-vehicle recording of the accident. I do not have particulars of my passenger.



Police Report



SINGAPORE  
POLICE FORCE



T/20190926/2166

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529814  
Tel No: 1800-5872999

3 of 3  
Report No: T/20190926/2166

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 /  
ASP WOH JUN ZHE, KEITH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65478210

Authentication Stamp  
NP166

Signature Of Informant

Date/Time:  
26/09/2019 19:27

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



Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MUA119125433 Vehicle Registration No: SJS30974  
Name (as shown in NRIC) : Foo Chion M NRIC/FIN/Passport No : S7034161A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 119 Simen Street 1 #07-510 Singapore (S20119)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98808836  
Email Address : \_\_\_\_\_  
Date of Accident : 22/9/19 Time of Accident : 22:25  
Place of Accident : Opp Paya Lebar Rd towards Macpherson Rd.  
Insurance Company : LTC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident position should be front left position instead of front

right position.

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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



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### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119125433 Vehicle Registration No: SJS3097H  
Name(as shown in NRIC) : FOO CHIOU MI NRIC/FIN/Passport No : S7034161A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98808836  
Email Address : \_\_\_\_\_  
Date of Accident : 22/09/2019 Time of Accident : 22:25  
Place of Accident : UPP PAYA LEBAR RD TWDS MACPHERSON RD  
Insurance Company: NTUC Income Insurance Co-operative Ltd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in police report - T/20190926/2166

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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