

## 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	02/10/2019 15:41
Date Of Accident	01/10/2019 07:30
Exact Location Of Accident	MARINE CRESCENT TWDS MARINE PARADE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3380Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAH CHENG SUN
NRIC No	S1753564A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96909838
Alternative Phone No	OFFICE-96909838

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5104021057-01
Cover Note Number	

### Driver

Name of Driver	TEO SHER LING (ZHANG SILING)
NRIC No	S8335720G
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	04/11/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97119500
Fax Number	
Contact Number	OFFICE-97119500
Email Address	NOEMAIL

Address	BLK 74 MARINE DRIVE #08-41
Postcode	440074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/2037.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Accident Sketch Plan

### SKETCH PLAN

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#### **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.

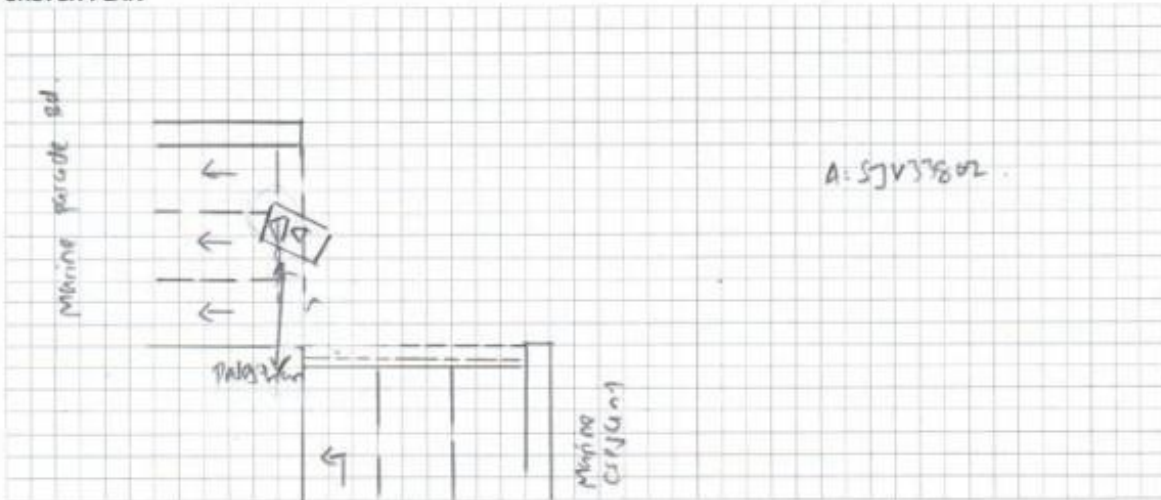
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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 - 7/20/9/2017/207.

I wish to state that she actually <sup>went towards</sup> left front part of my vehicle.

She told the doctor that she was jaywalking.

## 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/20191001/2037

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20191001/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 10:57	Vide Report No.:	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: TEO SHER LING			Address: APT BLK 74 MARINE DRIVE #08-41 SINGAPORE 440074		
ID Type / ID No.: NRIC NO / S8335720G			Contact No.: Home/Office: Mobile: 97119500		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 07/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOMEMAKER			Driving Licence Information: Class: 3A Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/10/2019 07:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINE CRESCENT MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3380Z	Car	NISSAN	SYLPHY	Blue		0

### Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

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Report No. T/20191001/2037

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO SHER LING		ID No. S8335720G
Related Vehicle	SJV3380Z (Car)		Contact No. 97119500
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	WANG SHUNYING		ID No. G1088679T
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	PARKWAY EAST HOSPITAL		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

### Brief Details.

On 01/10/2019 at about 0730hrs, I was going home from Marine Terrace Hawker Center. I was driving from Marine Terrace to Marine Crescent. Upon reaching the junction of Marine Crescent and Marine Parade Road, my intention is to turn left to Marine Parade Road. There were a few cars in front of me that were already turning left. I have also seen the traffic light indicating that I am allowed to turn left. The traffic light was in my favor.

Out of a sudden, a pedestrian came from the left and my vehicle collided into her. I did not see the pedestrian until my vehicle collided into her. Immediately, I applied brake and my vehicle came to a stop. It was a slight impact as my vehicle was not traveling at a fast speed. I alighted the vehicle to check on the pedestrian. There were 2 other passers by that came to assist me as well. The pedestrian did not sustain any serious injury. However, she complained of pain and holding on to her right ribs. Therefore, I volunteered to send her to the nearest hospital (Parkway East Hospital). The pedestrian has complained of a headache at the hospital. However, the doctor has made a check but did not find any injuries. I have also paid a medical fee for the pedestrian. The medical fee is SGD\$332.14.

I would like to state that there were no ambulance or traffic police at the scene. I have an in-car camera in my vehicle.

Police Report



SINGAPORE  
POLICE FORCE



T/20191001/2037

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449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20191001/2037

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 MICHAEL LEE CHOON WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2019 10:57

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



NISSAN MOTOR CO. LTD. JAPAN

型式 TYPE  
TIFO

CHASSIS NO. 1003AAGLIZ011

MODEL 2004P040111A

MODIFIED RAA 1

191M 191M

ENGINE MOTOR

TRANSM. 2.0L

日産自動車株式会社