

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	10/10/2019 16:37
Date Of Accident	09/10/2019 17:25
Exact Location Of Accident	UBI AVE 3 INFRT OF VERTEX BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8280G
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE. LTD.
Co Reg No	201843284H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107104393
Cover Note Number	

Driver

Name of Driver	CARMAN SEE JIA WEN
NRIC No	S9812381D
Date Of Birth	16/04/1998
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90212519
Fax Number	
Contact Number	
Email Address	SEEJIAWEN_YOYO@HOTMAIL.COM

Address	233 PAYA LEBAR ROAD #07-11
Postcode	409044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191010/2065

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS10R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	CARMAN SEE JIA WEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLF8280G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

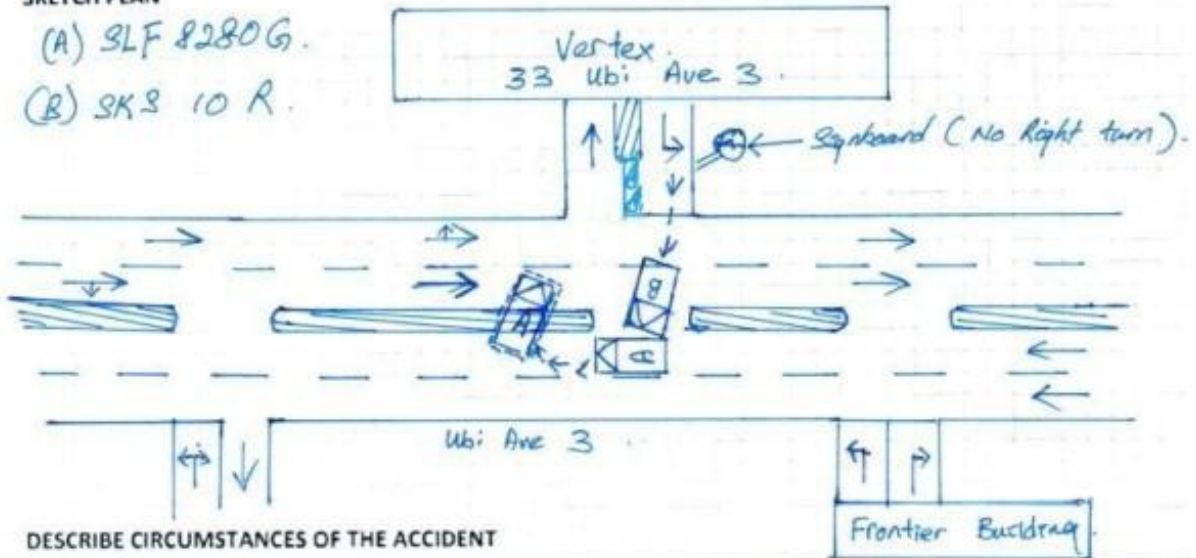
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

(A) SLF 8280G.
(B) SKS 10 R.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No : T/20191010/2065.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191010/2065

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

2 of 3

Report No. T/20191010/2065

CONTINUATION OF REPORT

Driver			
Name	CARMAN SEE JIA WEN	ID No.	S9812381D
Related Vehicle	SLF8280G (Car)	Contact No.	90212519
Hospital/Clinic	CHIN CHOO CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/10/2019 at about 1722hrs, I was driving my car(SLF8280G) along Ubi Ave 3, Lp 14 outside vertex building at the left most lane and at that point of time the traffic volume was light. Subsequently, I felt a strong impact from my right hand side and the impact was so great that it pushes my car to the opposite lane and landed onto the central divider.

When I loss control of my car due to the accident, I accidentally hit the arrow signage (Blue and white) which was place on the divider. Subsequently, I came down of my car to make a check and discovered I was hit by an unknown silver car(SKS10R) which was turning right from Vertex building. I wish to states that the said car cannot turn right from vertex building and they have a sign to prove that.

I tried to exchange particulars with the said driver however he refused as such I took photo of the surrounding and each other cars damages. I have in-car front camera however it was not recording. Police and SCDF came down to the scene and I was given a police case card vide G/20191009/0139 and advised to lodged a traffic police as soon as possible.

Due to the accident, my car suffered broken front bumper, damages front wheels, bottom car's parts came out and dented right passenger doors. I am unable to drove my car after the accident.

I am unable to drive my car and required towing service. After the accident, I felt a sharp on my hip, ribcage area, neck, shoulder and back area and proceed to Chin Choo Clinic and was given a 3 days MC. I was pregnant as such I was worried about the safety of my baby and was advised by the doctor to do a more detail check as such on 10/10/2019, I proceed to Freda Khoo Women clinic and was certify with a 2 days MC.

I have an eye witness which manages to saw the whole incident and willing to be my witness. I am lodging this report as instructed by the police and for insurance purposes as well.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191010/2055

1 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2629999

Report No. T/20191010/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 13:25	Video Report No.: G/20191009/0139	Station Diary No.: 19
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Informant's Particulars

Name of Informant: CARMAN SEE JIA WEN			Address: 233 PAYA LEBAR ROAD #07-11 SINGAPORE 408044		
ID Type / ID No.: NRIC NO / S9812381D			Contact No.: Home/Office: Mobile: 90212519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 21	Date of Birth: 15/04/1998	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRIVATE CAR DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2019 17:25	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 3				
Along Ubi Ave 3, LP14 outside Vertex building				
Lamp Post Number: 14				
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
SKS10R	Car	BENTLEY	CONTINENT AL GTC V8	Silver	Slightly Damaged	0
SLF8260G	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	0

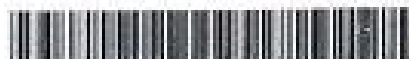
Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191010/2065

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

2 of 3

Report No. T/20191010/2065

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Police Report



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T/20191010/2065

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829669

2 of 3

Report No: T/20191010/2065

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: E / Sgt 2 CHUA JIN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2019 13:28
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case: SM 5
Authentication Stamp: NP168	 SIGNATURE