

## 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	01/11/2019 17:03
Date Of Accident	31/10/2019 15:00
Exact Location Of Accident	ALONG DELTA RD/LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6263A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHIN-HAN MOTORS PTE. LTD.
Co Reg No	201800251R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

### Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112704083
Cover Note Number	

### Driver

Name of Driver	CHEN JIAMEI
NRIC No	S8814470H
Date Of Birth	28/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82884183
Fax Number	
Contact Number	
EEmail Address	XIAOHAZEL@HOTMAIL.COM

Address	BLK 552 WOODLANDS DR 44 #07-26
Postcode	730552
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)	2
Passenger 1	NAME: : EVELYN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191101/2087

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8104A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LAY CHENG
NRIC/Passport Number	

Contact Number 98304515  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEN JIAMEI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJS6263A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
5. Any false reporting may be referred to the Police for investigation.
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 (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.

SHIN-HAN MOTORS PTE LTD

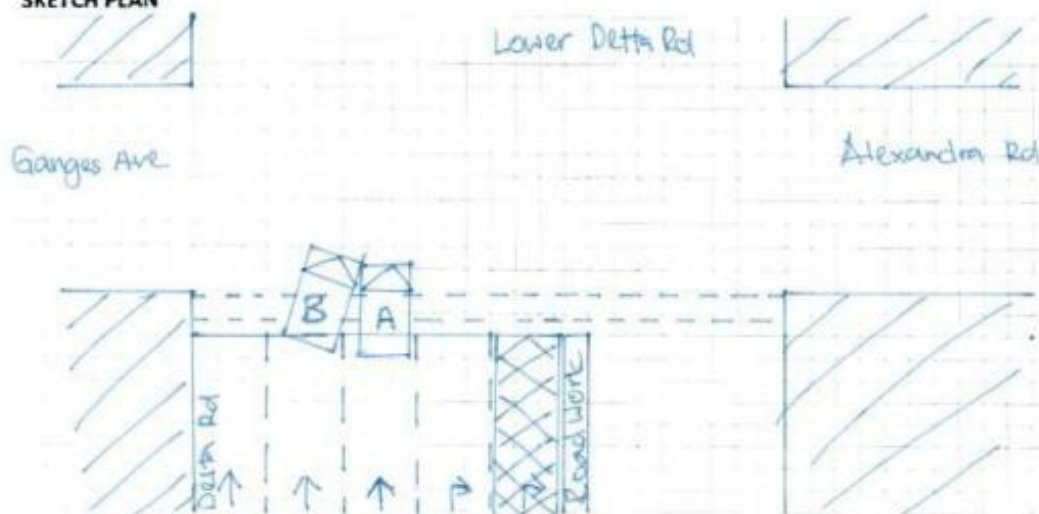
REG: 201800251R

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



Refer to police report

Report No: T/2019/01/2087

A - 5156263A

B-5CQ8104A

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

SHIN-HAN MOTORS PTE.LTD

REG: 201800251R

Policyholder's Signature \_\_\_\_\_

Date &amp; 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/20191101/2087

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20191101/2087

## CONTINUATION OF REPORT

Driver			
Name	CHEN JIAMEI	ID No.	S8814470H
Related Vehicle	SJS6263A (Car)	Contact No.	82884183
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/10/2019	Date Discharge	31/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Tan Lay Cheng	ID No.	S7313879E
Related Vehicle	SLQ8104A (Car)	Contact No.	98304515
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 the 31/10/2019 at 1500hrs, I was driving my rented vehicle, a grey Honda Freed bearing registration number SJS6263A, along the third lane of Delta Road when I came to a stop at the traffic light of the cross junction towards Lower Delta Road. Immediately after I moved off in a straight direction, a red Honda City bearing registration number SLQ8104A that was on the fourth lane, swerved right into my lane. The right front bumper of the car swiped the left front bumper of my car. I suffered minor damages to my car - there are moderate scratches and dents on the left side of my front bumper and my left headlight is out of place.

After the incident, I exchanged particulars with the driver. She is one Tan Lay Cheng NRIC: S7313879E TEL: 98304515.

As I had a Grab passenger with me, I proceeded to continue sending her to her destination after making sure that everything was okay. My passenger is Evelyn TEL: 86934380. My passenger that she is available to be a witness if required. I wish to add that I do not have her NRIC.

I was feeling dizzy and aching in neck, upper back and right shoulder. At about 1900hrs, I visited the doctor at Universal Medical Clinic at Blk 325 Yishun St 21 #01-460. I received 3 days MC.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/101/2087

Police Station Of Origin:  
Sembawang N.P.C.  
4 Sembawang Crescent SINGAPORE  
757833  
Tel No: 1800-5549999

1 of 3

Report No: T/2019/101/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2019 13:49	Video Report No.:	Station Diary No.: 52
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### Informant's Particulars

Name of Informant: CHEN JIAMEI			Address: APT BLK 552 WOODLANDS DRIVE 44 #07-26 SINGAPORE 730552		
ID Type / ID No.: NRIC NO / S8814470H			Contact No.: Home/Office: Mobile: 82884183		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 28/04/1988	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 31/10/2019 15:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DELTA ROAD LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS6283A	Car				Slightly Damaged	1
SLO8104A	Car				Slightly 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/20191101/2087

Police Station Of Origin:  
Sembawang N.P.C.  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

2 of 3

Report No: T/20191101/2087

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEN JIAMEI	ID No.	S8814470H
Related Vehicle	SJS6263A (Car)	Contact No.	82864183
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/10/2019	Date Discharge	31/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Tan Lay Cheng	ID No.	S7313879E
Related Vehicle	SLO8104A (Car)	Contact No.	98304515
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191101/2087

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5548888

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Report No: T/20191101/2087

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: L/ Staff Sgt KOH XIU MING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2019 13:49
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 85478172	Classification Of Case: SN 130
Authentication Stamp NP168	 Signature:  <b>Singapore Police Force</b>