

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	27/11/2019 17:30
Date Of Accident	26/11/2019 22:45
Exact Location Of Accident	HOLLAND ROAD TOWARDS ULU PANDAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4625B
Insured/Policyholder	
Name Of Registered Owner	MICHELLE LEK PANG KOOK MAY
NRIC No	S1610053F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91895111
Alternative Phone No	HOME-62222321

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101597303-01
Cover Note Number	

Driver

Name of Driver	LEK CHIU YUEH CHRISTABELLE
NRIC No	S9639008D
Date Of Birth	24/10/1996
Occupation	INDOOR
Date Of Driving Pass	24/07/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91691110
Fax Number	
Contact Number	HOME-62222321
EEmail Address	NOEMAIL

Address	27 LEONIE HILL #07-01
Postcode	239226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN8240E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ASHLEY TAN YAN QUAN
NRIC/Passport Number	S8636671A
Contact Number	90484793
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ASHLEY TAN YAN QUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- 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.

[Signature]

Policyholder's Signature / Date & Time

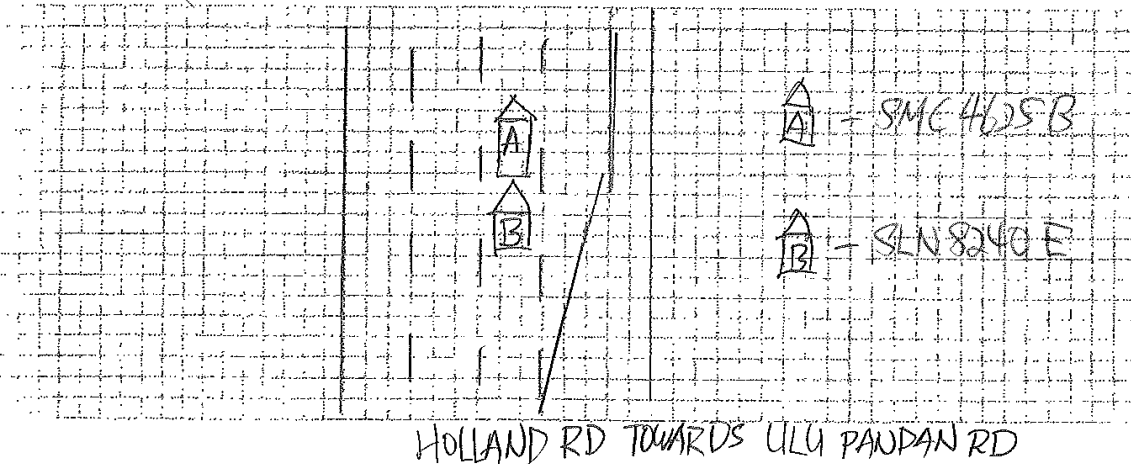
[Signature] 27/11/2019

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

On the 26/11/2019 at about 22:45 hrs, I was driving a car bearing registration number ~~SUC 4625 B~~ SUC 4625 B turning left onto Holland Road towards Holland Village.

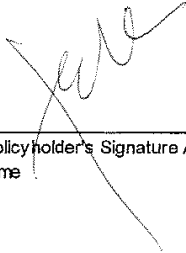
Before I turned onto Holland Road, I stopped before the line to let a public bus pass. Subsequently, I checked for traffic and noted the traffic was still far off and turned onto Holland Road.

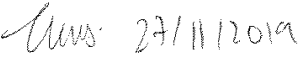
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.


Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

 27/11/2019
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20191128/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20191128/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 19:53	Vide Report No.: T/20191127/2016	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEK CHIU YUEH CHRISTABELLE		Address: 27 LEONIE HILL #07-01 SINGAPORE 239226	
ID Type / ID No.: NRIC NO / S9639008D		Contact No.: Home/Office:	Mobile: 91691110
Nationality: SINGAPORE CITIZEN		Email: christabellelek@gmail.com	
Sex: Female	Age: 23	Date of Birth: 24/10/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2019 22:45	Type of Location: Straight Road
Location: HOLLAND ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLN8240E	Car	MAZDA		Black		0
SMC4625B	Car	MERCEDES BENZ	CLA 180	White		0

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



**SINGAPORE
POLICE FORCE**



T/20191128/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191128/7030

CONTINUATION OF REPORT

Driver			
Name	ASHLEY TAN YAN QUAN		ID No. S8636671A
Related Vehicle	SLN8240E (Car)		Contact No. 90484793
Hospital/Clinic	NATIONAL UNIVERSITY 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
Driver			
Name	LEK CHIU YUEH CHRISTABELLE		ID No. S9639008D
Related Vehicle	SMC4625B (Car)		Contact No. 91691110
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/11/2019	Date Discharge	27/11/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

On the 26/11/2019 at about 2245hrs, I was driving a car bearing registration number SMC4625B that turned left out from Taman Warna onto Holland Road towards Holland Village. Before proceeding with the turn, I stopped before the line to check for traffic on Holland Road. I saw a public bus and let it pass first. After this, I checked again and noted the traffic was still far off and proceed to turn onto Holland Road. There were a total of 3 lanes and I was on the center lane. As I wanted to make a U-turn coming up shortly, I then moved towards the right lane, checking the lane was clear before proceeding. Before I managed to fully merge onto the first lane, there was a car bearing registration number SLN8240E that collided into my car from behind. I only remember the car spinning in a clockwise direction until it finally stopped and ended up on the center kerb. Shortly, there were passer-bys who came over and helped me out of the car.

At the point of the accident, the in-car camera was on recording mode. Awhile later, the police and ambulance arrived. The driver of the opposite car had his statement taken before he was conveyed by ambulance to National University Hospital. The police took over the micro SD card that was in the camera installed in the car that I was driving. I received an acknowledgement slip from the police and it states that the investigating officer is named: Muhaimin (TEL: 65476845)

I then spoke to the brother of the other party's car driver and got the driver's particulars of the driver from him. I then left the scene and proceeded to the National University Hospital as I had hit my head and was in pain. The doctor offered me an Medical Certificate but I declined.

I wish to state that the rear of SMC4625B was completely damaged.



**SINGAPORE
POLICE FORCE**



T/20191128/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191128/7030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191128/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191128/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG CHEE HIEN
Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/11/2019 19:53

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



Mercedes-Benz

DAIMLER AG
e1*2001/116*0470
WDD1173422N653563

1920 kg
3160 kg
1005 kg
915 kg

1-
2-

1485
Typ: 205 G
PZL: 5
ED: 10 X
Made in Hungary

Mercedes-Benz logo

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
8, Arafura Drive #10 00 Singapore 629300
Tel: (65) 6224 0018 Fax: (65) 6224 0018
Operating Hours: Monday to Friday, 09:00 - 17:00
Weekend & Public Holiday: 09:00 - 17:00

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: MMBM19136907 Vehicle Registration No: SMC625C
Name(s) shown next: JACHELLE LEE PANG KOOR MAY NIC/FIN/Passport No: S 1610053F
["Vehicle Driver / Vehicle Owner"] (*Please delete as appropriate)
Address: 27 LEONIE HILL #07-01 Singapore (SINGAPORE)
Contact (Tel): _____ Mobile No: 9189 3111
Email Address: _____
Date of Accident: 6/11/2019 Time of Accident: 22:45
Place of Accident: HOLLAND ROAD TWDS ULU PANDAN
Insurance Company: NTUC

(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:

ATTACH POLICE REPORT & CONVERT TO THIRD PARTY CLAIM

Policeholder / Driver's Signature _____
Date: _____

Reporting Centre Personnel's Signature _____
Name: _____
NIC/FIN/No.: _____
Date: _____

GENERAL INSURANCE ASSOCIATION OF SINGAPORE