

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	11/12/2019 16:41
Date Of Accident	11/12/2019 01:05
Exact Location Of Accident	JUNC OF BARTLEY RD UPP SERANGOON RD(MPAG:5220A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP3003R
Insured/Policyholder	
Name Of Registered Owner	CHUA SWEE HOE
NRIC No	S1620819A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91513030
Alternative Phone No	OTHERS-90735281

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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?	YES
If No, Please state action to be taken	
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	5112353219
Cover Note Number	

Driver

Name of Driver	STACEY TEO WAN LIN
NRIC No	S9725059F
Date Of Birth	21/07/1997
Occupation	INDOOR
Date Of Driving Pass	30/10/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90735281
Fax Number	
Contact Number	
EEmail Address	CLEASTACEY@GMAIL.COM

Address	BLK 467 NORTH BRIDGE RD #16-5047
Postcode	190467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND'S PARENT
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	WET

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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ANGELA TAN GENDER: : FEMALE

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

PLS REFER TO THE POLICE REPORT:T/20191211/2073

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	SHD5386M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KIM THONG
NRIC/Passport Number	S0047236J

Contact Number 96712798
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name STACEY TEO WAN LIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SDP3003R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANGELA TAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SDP3003R
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:

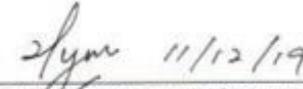
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



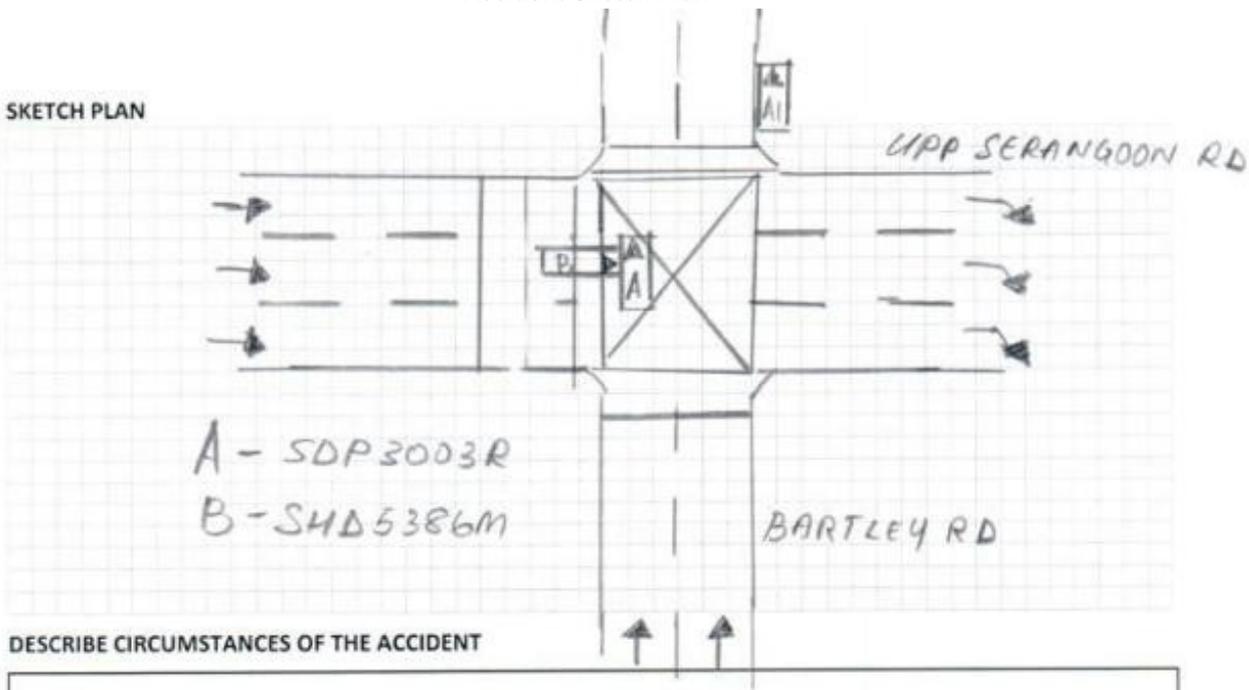
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/12/19

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

Accident Sketch Plan

SKETCH PLAN



A - SDP3003R
 B - SHD5386M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 9/20191211/2073

DECLARATION

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

ch
 Policyholder's Signature
 Date & Time:

H 11/12
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

dyne 11/12/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191211/2073

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

3 of 4
Report No. T/20191211/2073

CONTINUATION OF REPORT

Driver			
Name	LIM KIM THONG	ID No.	S0047236J
Related Vehicle	SHD5386M (Car)	Contact No.	96712798
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION I WAS TRAVELLING ON MY LEFT OF LANE 1 OF 2 ALONG BRADDELL RD TOWARDS BARTLEY RD, WHILE CROSSING THE JUNCTION, THE TAXI OF VEHICLE PLATE NUMBER SHD5386M HIT ONTO MY VEHICLE AS THE TRAFFIC LIGHT WAS GREEN FOR THE TAXI. I WAS NOT ABLE TO RECALL THE TRAFFIC LIGHT COLOUR FOR MY SIDE.

THE NEXT MOMENT THE TAXI ALREADY HIT ONTO MY VEHICLE. ALL 5 OF US WERE CONVEYED TO TAN TOCK SENG HOSPITAL AND WAS CONSCIOUS . THAT ALL.

BOTH OF THE VEHICLE PLATE NUMBER , DRIVER AND PASSENGER DETAILS ARE LISTED BELOW.

SHD5386M (V1)
LIM KIM THONG S0047236J 96712798
SIM WEE JIANG S9233852E 94311189
CHONG JIA HAO S8818725J 91450506

SDP3003R (V2)
STACEY TEO S9725059F 80735281
ANGELA TAN S9616954Z 88765718

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



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Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191211/2073

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Report No. T/20191211/2073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 85470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2019 13:20	Video Report No.: E/20191211/0008	Station Diary No.:
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Informant's Particulars

Name of Informant: STACEY TEO WAN LIN		Address: APT BLK 467 NORTH BRIDGE ROAD #18-5047 SINGAPORE 190467	
ID Type / ID No.: NRIC NO / S9725059F		Contact No.: Home/Office:	Mobile: 90735281
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 22	Date of Birth: 21/07/1997	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2019 01:05	Type of Location:
Location: BARTLEY ROAD UPPER SERANGOON ROAD BARTLEY RD X UPP SERANGOON RD (MPAG: 5220A)				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDP3003R	Car	HONDA	CIVIC 1.6 VTI CVT	Silver		1
SHD5386M	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red		2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T20191211/2073

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

2 of 4
Report No. T20191211/2073

CONTINUATION OF REPORT

Passenger			
Name	ANGELA TAN	ID No.	S9616954Z
Related Vehicle	SDP3003R (Car)	Contact No.	88765719
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	STACEY TEO WAN LIN	ID No.	S9725059F
Related Vehicle	SDP3003R (Car)	Contact No.	90735281
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	11/12/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SIM WEE JIANG	ID No.	S9233852E
Related Vehicle	SHD5386M (Car)	Contact No.	94311189
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHONG JIA HAO	ID No.	S8818725J
Related Vehicle	SHD5386M (Car)	Contact No.	91450506
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1211/2073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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3 of 4
Report No. T/2019/1211/2073

CONTINUATION OF REPORT

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LIM KIM THONG S0047236J 96712798
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SDP3003R (V2)
STACEY TEO S9725059F 80735281
ANGELA TAN S9816954Z 88785718

Police Report



SINGAPORE
POLICE FORCE



T/2019/211/2073

4 of 4

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

Report No. T/2019/211/2073

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: TP / EUGENE AW WEI XUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65478185

Signature Of Informant:
Date/Time: 11/12/2019 13:20
Classification Of Case:

Authentication Stamp
NP103