

## 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	28/12/2019 12:03
Date Of Accident	27/12/2019 17:50
Exact Location Of Accident	SELETAR WEST LINK TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8914R
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#### Insured/Policyholder

Name Of Registered Owner	BETHLEHEM AUTOMOTIVE PRIVATE LIMITED
Co Reg No	2XXXXX311G
Email Address	TANBETHLEHEMAUTO@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90306757

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE HIRE
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#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109079884
Cover Note Number	

#### Driver

Name of Driver	NG LAY KHIM
NRIC No	SXXXX611B
Date Of Birth	10/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1996
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88795825
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 216 ANG MO KIO AVE 1 #03-859
Postcode	560216
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	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?	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: : GRAB PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	<b>ROAD:</b> 111 ANG MO KIO AVE 4 , <b>POSTCODE:</b> 560111 , <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

REFER TO SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG772U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PERUMAL VENGATESAN
NRIC/Passport Number	SXXXX684G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

NG LAY KHIM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLJ8914R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

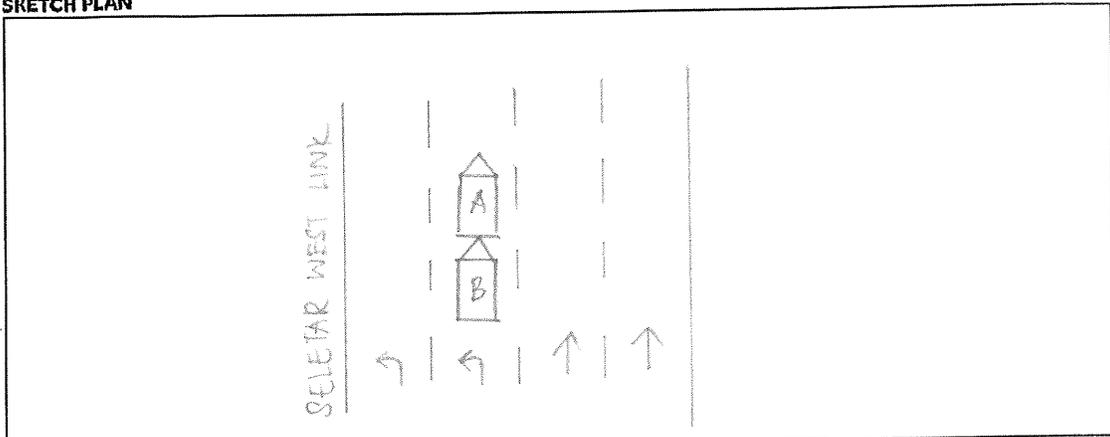


\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 27.12.19 Time: 17:50 Location: SELETAR WEST LINK TOWARDS YISHUN  
 Veh A: SLJ8914R Veh B: GBG772U No of pax: 2 Weather: Clear/dry Rain/Wet AVE 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SLJ8914R  
 Accident Date & Time: 27.12.2019 @ 17:50hrs  
 Accident location = Seletar West Link towards Yishun Ave 1  
 3rd party = GBG772U  
 Veh B  
 PAX: perumal vengatesan, 527566846.  
 PAX - (female).

Claim OD/TP at Falcon-Air     Claim OD/TP at other workshop     Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :  
 Email address :  
 & myself : tanbethlehem auto@yahoo.com  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature [Signature]  
 Date & Time:

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

HP: 88795825

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



Police Report



**SINGAPORE  
POLICE FORCE**



T/20191228/2043

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

1 of 3  
Report No: T/20191228/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2019 12:54	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: NG LAY KHIM		Address: APT BLK 216 ANG MO KIO AVENUE 1 #03-859 SINGAPORE 560216	
ID Type / ID No.: NRIC NO / S1765611B		Contact No.: Home/Office: Mobile: 88795825	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 53	Date of Birth: 10/10/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 SELETAR WEST LINK  Towards Yishun				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG772U	Van					0
SLJ8914R	Car				Slightly Damaged	1

**Details of Person Involved**

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

Police Report



**SINGAPORE  
POLICE FORCE**



T/20191228/2043

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

2 of 3

Report No: T/20191228/2043

CONTINUATION OF REPORT

Driver			
Name	NG LAY KHIM		ID No. S1785611B
Related Vehicle	SLJ8914R (Car)		Contact No. 88795825
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2019	Date Discharge	28/12/2019
No. of Days granted Medical Leave	03	Degree of injury	Slight

**Brief Details.**

On 27/12/2019 at about 1750hrs, I was driving my car bearing registration number SLJ8914R that was rented from Bethlehem Automotive Pte Ltd along Seletar West Link towards Yishun.

Subsequently, one van bearing registration number GBG772U collided with the rear portion of my vehicle as the traffic was heavy. There were dents and holes on my rear bumper due to the collision.

On 28/12/2019, I went to the clinic due to back pain caused by the accident and was given a 3 days MC.

There is an in car built camera in my vehicle.

I am lodging this report for insurance claims.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20191228/2043

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

3 of 3

Report No. T/20191228/2043

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: F / Sgt 2 MUHAMMAD AZRI AMIRUL BIN SAZARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2019 12:54
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:  SNI (R):
Authentication Stamp 	

Private Hire Decal



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

