

## 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	07/01/2020 14:31
Date Of Accident	07/01/2020 07:30
Exact Location Of Accident	MCNAIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3528A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HUI ENG
NRIC No	SXXXX093G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96383971
Alternative Phone No	OFFICE-96383971

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	5107216129
Cover Note Number	

### Driver

Name of Driver	ONG YORK LAN
NRIC No	SXXXX365H
Date Of Birth	22/09/1963
Occupation	INDOOR
Date Of Driving Pass	07/05/1992
Driving Experience	27 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96398371
Fax Number	
Contact Number	OFFICE-96398371
Email Address	NOEMAIL

Address	BLK 110 MCNAIR ROAD #03-269
Postcode	320110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200107/7007.

#### Attachment(s)

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

## 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.

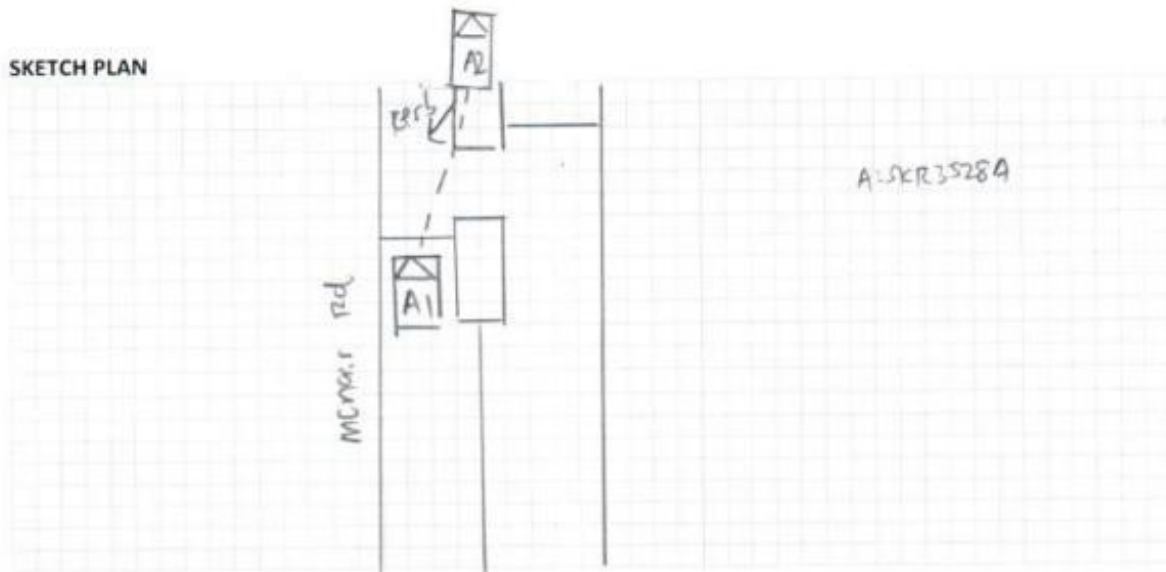
  
Policyholder's Signature  
Date & Time:

  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/2012/2007.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200107/7007

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

1 of 3

Report No. T/20200107/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2020 13:12	Vide Report No.: A/20200107/0044	Station Diary No.:
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### Informant's Particulars

Name of Informant: ONG YORK LAN			Address: APT BLK 110 MCNAIR ROAD #03-269 SINGAPORE 320110		
ID Type / ID No.: NRIC NO / S1608365H			Contact No.: Home/Office: Mobile: 96398371		
Nationality: SINGAPORE CITIZEN			Email: patricia@elid.net		
Sex: Female	Age: 56	Date of Birth: 22/09/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administrator			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2020 07:30	Type of Location: Gradient
Location: MCNAIR ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3528A	Car					0

### Details of Person Involved

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



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Traffic Police  
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Tel No: 65470000

2 of 3

Report No. T/20200107/7007

### CONTINUATION OF REPORT

Driver			
Name	ONG YORK LAN	ID No.	S1608365H
Related Vehicle	SKR3528A (Car)	Contact No.	96398371
Hospital/Clinic	NIL	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

#### Brief Details.

On 07/01/2019 at 0730 hours, I was driving along McNair Road at a speed of around 20 km/hr. While my vehicle negotiate the ramp up, my vehicle suddenly swerved to the right. I tried to turn the vehicle back, the vehicle mounted the road divider, hit the signboard and stopped. No person was injured. I wished to highlight that the road divider was too shallow due to the erected position and not able to stop any vehicle from mounting. It should not be erected in such a position that is on the ramp. It should have been erected at the end of the downward ramp that is level to the road surface. Please refer to attached photos.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200107/7007

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

3 of 3

Report No: T/20200107/7007

### 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 / TPIB /  
PHUA TIAK YEE  
Contact No.: 65472077

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:  
07/01/2020 13:12

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



SWT  
POLICE

Accident Photo



SPRINGER POLICE