

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	15/01/2020 10:16
Date Of Accident	12/01/2020 03:30
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2038E
Insured/Policyholder	
Name Of Registered Owner	CARVELOUS PTE. LTD.
Co Reg No	2XXXXX377N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86115741

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111348312
Cover Note Number	

Driver

Name of Driver	THEAN LEE MING MARSHALL
NRIC No	SXXXX865C
Date Of Birth	07/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86115741
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 63 SIMS PLACE #09-205
Postcode	380063
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : HO SHENGFA DARREN GENDER: : MALE
Passenger 2	NAME: : RACHEL FOONG PEI NING 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

REFER TO POLICE REPORT T/20200112/7001

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	SHD1103P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

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

DETAILS OF INJURED PERSON 1

Name THEAN LEE MING MARSHALL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HO SHENGFA DARREN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RACHEL FOONG PEI NING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
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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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.
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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.:

A = 5LF2038E
B = 5HQ1103P

The diagram illustrates a sequence of five vertical columns, numbered 1 to 5 from right to left at the top. Column 1 contains a downward arrow. Column 2 contains an upward arrow and a box labeled 'A' with a downward arrow below it. Column 3 contains an upward arrow and a box labeled 'B' to the left of column 2, with an arrow pointing from 'B' to 'A'. Column 4 contains an upward arrow. Column 5 contains an upward arrow.

REFER TO T/20200112/7001

*****for company vehicle only*****
 I _____ is the _____ of
 company _____ and I am using the
 vehicle _____ for work/private purpose

I _____ is the _____ of
company _____ and I am using the
vehicle _____ for work/private purpose

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



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/20200112/7001

1 of 4

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

Report No. T/20200112/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2020 06:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THEAN LEE MING, MARSHALL			Address: APT BLK 63 SIMS PLACE #09-205 SINGAPORE 380063		
ID Type / ID No.: NRIC NO / S9604865C			Contact No.: Home/Office: Mobile: 86115741		
Nationality: SINGAPORE CITIZEN			Email: marshallthean@yahoo.com		
Sex: Male	Age: 23	Date of Birth: 07/02/1996	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GOJEK 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: 12/01/2020 03:30	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1103P	Car	KIA		Silver	Slightly Damaged	0
SLF2038E	Car	MITSUBISHI	LANCER EX 1.5A	White	Seriously Damaged	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200112/7001

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

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Report No. T/20200112/7001

CONTINUATION OF REPORT

Driver			
Name	THEAN LEE MING, MARSHALL		ID No. S9604865C
Related Vehicle	SLF2038E (Car)		Contact No. 86115741
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HO SHENGFA, DARREN		ID No. S9628318J
Related Vehicle	SLF2038E (Car)		Contact No. 98564699
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	RACHEL FOONG PEI NING		ID No. T0005316Z
Related Vehicle	SLF2038E (Car)		Contact No. 86115098
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLF2038E WAS TRAVELLING STRAIGHT IN MY LANE. SUDDENLY, VEHICLE B, BEARING CAR PLATE SHD1103P CUT INTO MY LANE. I COULD NOT REACT IN TIME AND COLLIDED ONTO THE FRONT RIGHT PORTION OF HIS VEHICLE.

I LIKE TO STATE THAT MY PASSENGERS AND I, SUFFERED DIZZINESS AND INJURIES ON OUR NECK, SHOULDER AND BACK.

WE WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200112/7001

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

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Report No. T/20200112/7001

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20200112/7001

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Report No. T/20200112/7001

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 /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
12/01/2020 06:32

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



Accident Photo



Accident Photo



