

## 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	12/02/2020 08:58
Date Of Accident	09/02/2020 02:30
Exact Location Of Accident	BALESTIER RD TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5008H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARINE LEE
NRIC No	SXXXX961A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91906018
Alternative Phone No	OFFICE-91906018

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109352119
Cover Note Number	

### Driver

Name of Driver	CARINE LEE
NRIC No	SXXXX961A
Date Of Birth	04/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91906018
Fax Number	
Contact Number	OFFICE-91906018
Email Address	NOEMAIL

Address	BLK 116B RIVERVALE DR #05-24
Postcode	542116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <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 POLICE REPORT T/20200211/2018

#### 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	SH8525H
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)

## 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.

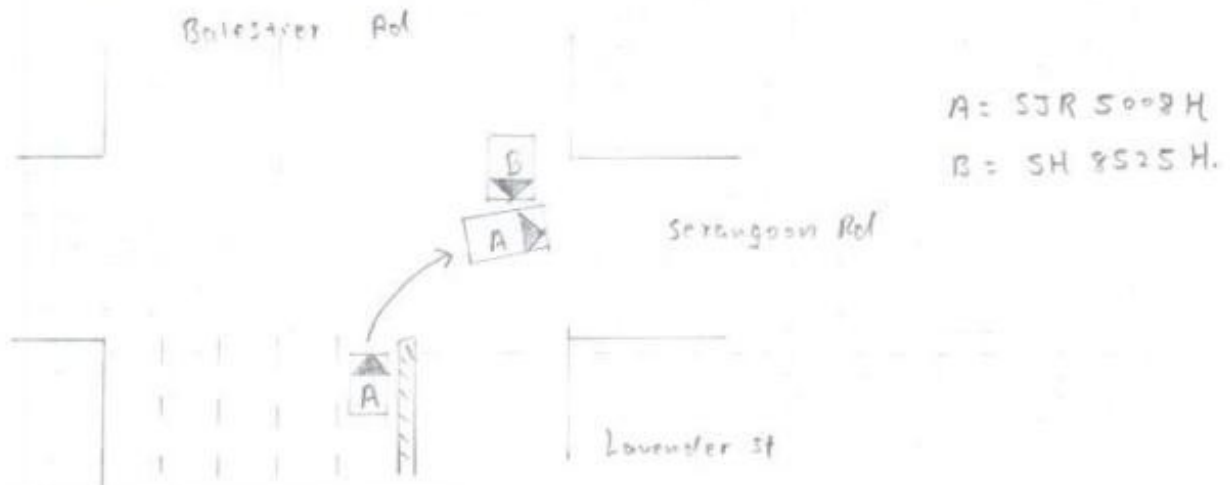
  
Policyholder's Signature  
Date & Time:

  
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 T/20200211/2018

## 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/20200211/2018

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20200211/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 10:37	Vide Report No.:	Station Diary No.: 32
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### Informant's Particulars

Name of Informant: CARINE LEE			Address: APT BLK 116B RIVERVALE DRIVE #05-24 SINGAPORE 542116	
ID Type / ID No.: NRIC NO / S8069961A			Contact No.:	Mobile: 91906018
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 40	Date of Birth: 04/01/1980	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 09/02/2020 02:30	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
Towards CTE direction (Near to Singapore Khalsa Association)				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SH8525H	Car				Seriously Damaged	0
SJR5008H	Car	SUZUKI	SWIFT 1.5 AT ABS AIRBAG 2WD	Blue	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



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POLICE FORCE**



T/20200211/2018

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20200211/2018

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR5008H	NTUC Income Insurance Co-Operative Limited	5109352119	06/05/2019	25/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CARINE LEE	ID No.	S8069961A
Related Vehicle	SJR5008H (Car)	Contact No.	91906018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 09/02/2020 at about 0230hrs, I was driving my vehicle SJR5008H along Balestier Road after sending my friend back home. As I was driving, I notice the traffic light was green as such I proceeded driving forward. When I was driving pass the traffic light, I felt an impact on my vehicle and my vehicle spin before coming to a stop. When my vehicle came to a full stop, I tried opened my door however was not able to and I remembered someone assisted me to come out of my vehicle. Ambulance and Traffic Police had attended to the accident and I was subsequently arrested by Traffic Police reference to report number T/20200209/2012 (TP/IP/07415/2020). Traffic Investigator had recorded my statement at TP and I was advised to lodge an traffic accident report with regards to the accident. That's All

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200211/2018

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Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No: T/20200211/2018

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

NIL

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 /

Sr Staff Sgt CHAN LEE WAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/02/2020 10:37

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

