

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	09/03/2020 15:50
Date Of Accident	07/03/2020 21:55
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD IN FRONT OF BLK 232
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8363T
Insured/Policyholder	
Name Of Registered Owner	DENG JIA
NRIC No	SXXXX220B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97359897
Alternative Phone No	OFFICE-97359897

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (A)
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
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	5108115336
Cover Note Number	

Driver

Name of Driver	DENG JIA
NRIC No	SXXXX220B
Date Of Birth	07/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97359897
Fax Number	
Contact Number	OFFICE-97359897
Email Address	NOEMAIL

Address	BLK 633B SENJA ROAD #08-151
Postcode	672633
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
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	SHA410A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN1326A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 DENG JIA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMJ8363T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

Veh A - SMJ 8363T

Veh B - SHA 410A

Veh C - SKN1326A

Along Bukit Panjang Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/03/20 @ 9.55pm, my vehicle A (SMJ 8363T) was travelling along Bukit Panjang Road. Vehicle C (SKN1326A) in front of me slow down & come to a stop, so I follow suit. Suddenly vehicle B (SHA 410A) came from behind & hit onto the rear portion of my vehicle A & the impact push my vehicle A forward & hit onto vehicle C.

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.:



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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200309/2158

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No 1800-8929999

1 of 3

Report No T/20200309/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 09/03/2020 22:51		Vide Report No.:	Station Diary No.: 194
Informant's Particulars			
Name of Informant: DENG JIA		Address: APT BLK 633B SENJA ROAD #08-151 SINGAPORE 672633	
ID Type / ID No.: NRIC NO / S83842208		Contact No.: Home/Office: Mobile: 97359897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 38	Date of Birth: 07/09/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2020 21:55	Type of Location: T-Junction
Location: Along Road 1 BUKIT PANJANG ROAD				
Towards: Bangkit Road after BKE exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
SHA410A	TAXI	TOYOTA		Yellow		0
SKN1326A	Car	TOYOTA		Blue		0
SMJ8363T	Car	HONDA	FIT 1.3GF CVT	Grey		0

Details of Vehicle Insurance			
Vehicle No.:	Insurance Company:	Insurance No.:	Effective: / Expiry Date:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20200309/2158

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Report No. T/20200309/2158

CONTINUATION OF REPORT

Details of Vehicle Involved				
Vehicle No.	Insurance Company			
SMJ8363T	NTUC Income Insurance Co-Operative Limited	5108115336	21/03/2019	20/03/2020

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

Driver			
Name	DENG JIA	ID No.	S8364220B
Related Vehicle	SMJ8363T (Car)	Contact No.	97359897
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 07/03/2020 at about 2155hrs, I was driving my car (SMJ8363T) and was travelling along Bukit Panjang Road. There was a car (SKN1326A) in front of me slowed down and came to a stop before the traffic junction, so I follow suit. Suddenly, a taxi (SHA410A) came from behind and hit onto the back of my car and the impact pushed my car forward and hit onto the car (SKN1326A) in front of me. I only managed to get the car's driver namely Mr Hong, 96281928 who was in front of me. The taxi did not provide his particulars. I have an in car camera in my car. On 08/03/2020, I felt some pain on my shoulders and decided to go to the clinic for a check up. I was granted 03 days MC.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929899



T/20200309/2158

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Report No. T/20200309/2158

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:

J /

Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/03/2020 22:51

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

18/03/20

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108115336

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ8363T**
Chassis Number : **GK31343890**
2. Name of Policyholder : **DENG JIA**
3. Effective Date of Insurance : **21 Mar 2019**
4. Expiry Date of Insurance : **20 Mar 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DENG JIA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **IVAN INSURANCE AGENCY PTE. LTD. (00000614519)**
Date of Issue : **18 Mar 2019 15:41 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive