

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	18/03/2020 13:32
Date Of Accident	17/03/2020 20:55
Exact Location Of Accident	PIE TWDS CHANGI B4 CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4811X
Insured/Policyholder	
Name Of Registered Owner	APEX AUTOMOTIVE
Co Reg No	5XXXX491C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62513972

Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088201133-03
Cover Note Number	

Driver

Name of Driver	NG JIE YI
NRIC No	SXXXX422H
Date Of Birth	26/10/1994
Occupation	INDOOR
Date Of Driving Pass	15/05/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93393537
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 445 PASIR RIS DR 6 #01-90
Postcode	510445
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200318/2006

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	SJA6188D
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)

Accident Sketch Plan

SKETCH PLAN

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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.

APEX AUTOMOTIVE
Co. Reg. No. 53356491C
West Connect Building
10 Buroh Street #02-20 S(627564)
Tel: 6251 3972 HP: 8869 4860
Fax: 6464 0242

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

A = SLG 4811X
B = SJA 6188D

PIE twds Changi B4 CTE Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20200318/2006

APEX AUTOMOTIVE

DECLARATION NO. 53358491C
West Connect Building
10 Buroh Street #02-20 51627384
Tel: 6251 3972 HP: 8869 4660
Fax: 6464 0242

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/20200318/2006

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200318/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2020 02:08		Vide Report No.: G/20200317/0224		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: NG JIE YI			Address: APT BLK 445 PASIR RIS DRIVE 6 #01-90 SINGAPORE 510445		
ID Type / ID No.: NRIC NO / S9439422H			Contact No.: Home/Office: Mobile: 93393537		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 26/10/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADMIN ACCOUNTS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 20:55	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT, NEAR CTE EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6188D	Car				Slightly Damaged	1
SLG4811X	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200318/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20200318/2006

CONTINUATION OF REPORT

Brief Details.

On the 17/3/2020 at about 2055hrs, I (SLG4811X) was travelling along the above-mentioned location, driving at lane 1, when suddenly I felt an impact on the front left side of my vehicle. I noticed that a vehicle (SJA6188D) had hit onto my vehicle, however the driver continued to drive away. I then followed her, and despite high-beaming and honking at the driver, she refused to stop and continued to drive towards Tampines.

I then managed to stop her at B/297 Tampines St 22, and confronted her. She insisted that she did not know that she had collided onto my vehicle, however prior the confrontation, the driver had come out to see the damages on the right rear of her vehicle. I then questioned her why didn't she stopped, she mentioned that she was rushing to send the passenger back to his destination.

The damages on my vehicle: scratches on the front left fender. I am not sure if there are any more damages on my vehicle. I do not have any in-car camera. I am not injured.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200318/2006

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Report No. T/20200318/2006

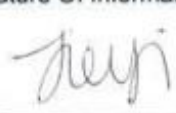

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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: G / Sgt 2 AMAL NADHIRAH BINTE JUFRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 02:08
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423 Authentication Stamp NP168	Classification Of Case: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



