

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	11/05/2020 11:53
Date Of Accident	10/05/2020 14:25
Exact Location Of Accident	YIO CHU KANG RD TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4408P
Insured/Policyholder	
Name Of Registered Owner	LIM HWA HENG
NRIC No	SXXXX289Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90669555
Alternative Phone No	OFFICE-90669555

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	5110591631
Cover Note Number	

Driver

Name of Driver	LIM PEI TING SHEENA
NRIC No	SXXXX186I
Date Of Birth	20/04/1994
Occupation	INDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97514050
Fax Number	
Contact Number	
Email Address	SHEENALPT@HOTMAIL.COM

Address	23 FERNVALE LANE #05-32
Postcode	797501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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
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 STATEMENT & POLICE REPORT T/20200511/7030

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3160E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ROSLY BIN MOHAMED SALLEH
NRIC/Passport Number	SXXXX631A
Contact Number	90090357
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM PEI TING SHEENA
Approximate Age	
Injuries Sustain	NECK, BACK, ARMS, SHOULDER
Injured person in which vehicle?	SLS4408P
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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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:

11/05/2020
11.12am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 May 2020
11.12am

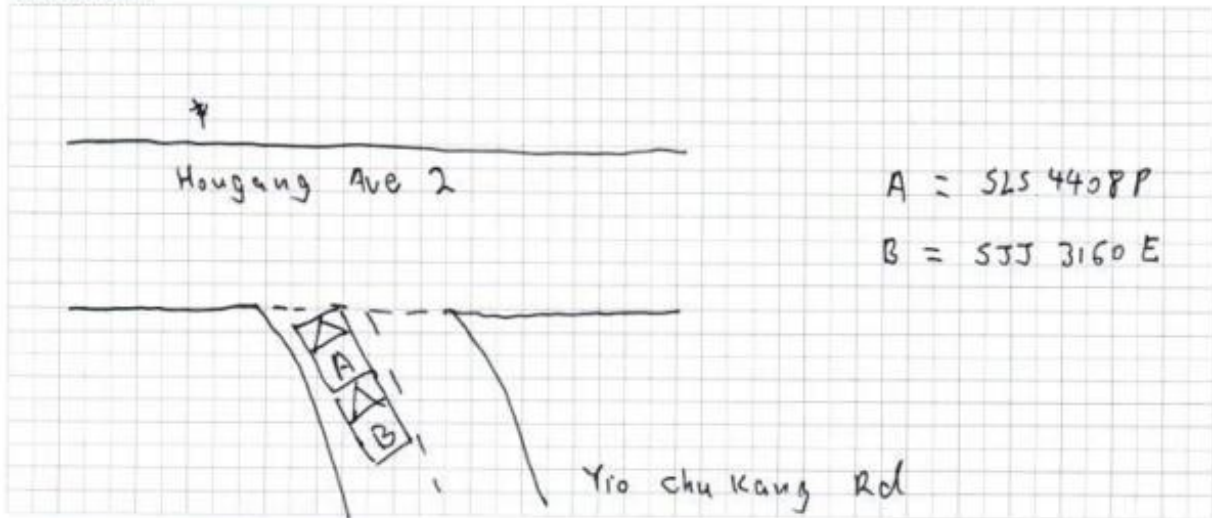
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Yio Chu Kang road, towards Hougang Ave 2 at the left filter lane. I was the first car at the left filter lane, waiting to filter out to the main road when an oncoming vehicle (SJJ 3160E, driver: Mohamed Roshy Bin Mohamed Salleh) in a blue Honda Fit hit me from the back. The hit pushed my car forward, out of the left filter lane / out of the double white dotted line. It was a clear day without rain. Incident happened on 10 May 2020 Sun @ around 11:25 pm.

DECLARATION

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

Policyholder's Signature

Date & Time: 11/05/2020 11:12am

GIA/NAC Sketch Plan Form

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 May 2020 11:12 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report

ANNEX E

NOTICE OF COMPLIANCE

This is to confirm that LIM PEI TING SHEENA (HP: 97514050) NRIC no. S9414186I, has reported to the Police on a non-injury traffic accident which occurred along Yio Chu Kang road, left turn into Hougang Avenue 2 on 10/05/2020 at about 1425hrs involving the following vehicles: SLS4408P (Informant's vehicle) & SJJ3160E belonging to MOHAMED ROSLY BIN MOHAMED SALLEH S7435631A HP: 90090357.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



LIM PEI TING SHEENA

Date: 10/05/2020

S/D: 48

Police Post/Unit: Hougang NPC



HOUKANG NPC
80 HOUGANG AVE 2
SINGAPORE 536775
TEL 1800-4800999

Name of Issuing Officer: SSGT T120242 Md Helmi

Original - to be issued to informant
Duplicate - to be retained at police post or unit

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/7030

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

1 of 3

Report No. T/20200511/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2020 23:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM PEI TING SHEENA			Address: 23 FERNVALE LANE #05-32 SINGAPORE 797501		
ID Type / ID No.: NRIC NO / S9414186I			Contact No.: Home/Office: Mobile: 97514050		
Nationality: SINGAPORE CITIZEN			Email: sheenalpt@hotmail.com		
Sex: Female	Age: 26	Date of Birth: 20/04/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RECRUITER			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2020 14:25	Type of Location: Left filter lane
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ3160E	Car	HONDA	Fit	Blue	Seriously Damaged	0
SLS4408P	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/7030

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

2 of 3

Report No. T/20200511/7030

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ROSLY BIN MOHAMED SALLEH		ID No. S7435631A
Related Vehicle	SJJ3160E (Car)		Contact No. 90090357
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
Driver			
Name	LIM PEI TING SHEENA		ID No. S9414186I
Related Vehicle	SLS4408P (Car)		Contact No. 97514050
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A Date of Expiry: NIL
Date Treatment	11/05/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I (driver of SLS4408P) was in the left filter lane from yio chu kang road towards hougang ave 2. I was stationary while waiting for the traffic to be clear to get onto the main road when a blue Honda Fit (SJJ3160E) crashed into me from behind. It propelled me forward and I hit on my steering wheel and windscreen.

Note to I.O. Please provide means to collect photos and video clip as the file size is too big. Thank you.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200511/7030

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

3 of 3

Report No. T/20200511/7030

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
11/05/2020 23:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORD* MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA 1200 45563 Vehicle Registration No: SLS 4408P
Name(as shown in NRIC) : Lin Pei Ting Sheena NRIC/FIN/Passport No : SXXXX 186I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97514050
Email Address : _____
Date of Accident : 10/5/20 Time of Accident : 14:25
Place of Accident : Yio Chu Kang Rd twds Hougang Ave 2
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report T/20200511/7030

Policyholder / Driver's Signature
Date: 13/05/2020


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 13/5/20