

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	14/05/2020 11:11
Date Of Accident	13/05/2020 09:30
Exact Location Of Accident	ALONG BARTLEY RD EAST TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7608E
Insured/Policyholder	
Name Of Registered Owner	LEE POH GUAN
NRIC No	SXXXX885B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81894188
Alternative Phone No	OTHERS-97640053

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072755255-04
Cover Note Number	

Driver

Name of Driver	LINA NG MUI LENG
NRIC No	SXXXX423F
Date Of Birth	12/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97640053
Fax Number	
Contact Number	
Email Address	MIYUKILINA@HOTMAIL.COM

Address	BLK 158 TAMPINES ST 12 #04-65
Postcode	521158
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 - 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?	YES
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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200513/2071

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	SMM5780B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI CHYE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LINA NG MUI LENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	CB7608E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	LEE WEI CHYE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMM5780B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.
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.

X

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

14/05/20

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Veh A: CB7608E

Veh B: SMM5780B

ALONG BARTLEY RD EAST
TOWS TAMAINES AVE TO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200513/2071

DECLARATION

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

2

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

14/05/20

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200513/2071

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20200513/2071

CONTINUATION OF REPORT

Driver			
Name	LINA NG MUI LENG	ID No.	S1646423F
Related Vehicle	CB7608E (Bus/Coach/Minibus)	Contact No.	97640053
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2020	Date Discharge	13/05/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the about mentioned date, time and place, I was driving my mini school bus car plate number: CB7608E along Bartley Road East toward Tampines Ave 10 at lane number 3, suddenly I spotted a silver Volvo car plate number: SMM5780B from my right mirror speeding towards my lane from lane number 2.

He then lost control and banged onto my vehicle rear right bumper, the impact sent my vehicle toward the left fencing, however I took control of the steering wheel and turned it back toward the right before coming to a complete stop.

The Volvo driver car was also damaged on the passenger side, I immediately informed my boss as regards to this incident, he came down to the scene and called for the traffic police as well as the ambulance. We were both injured after the incident and was conveyed to the hospital by ambulance.

After the incident I felt dizzy, and was given 2 days MC.

I am lodging this report as instructed by the traffic police attended the scene.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200513/2071

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819998

1 of 3

Report No.: T/20200513/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2020 21:20		Video Report No.: Gr20200513/0085	Station Diary No.: 16
Informant's Particulars			
Name of Informant: LINA NG MUI LENG		Address: APT BLK 158 TAMPINES STREET 12 #04-65 SINGAPORE 521158	
ID Type / ID No.: NRIC NO / S1646423F		Contact No.: Home/Office: Mobile: 87840053	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 58	Date of Birth: 12/02/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SCHOOL BUS DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Driver: No	Date/Time of Accident: 13/05/2020 09:30	Type of Location: Straight Road
Location: BARTLEY ROAD EAST				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
CB7808E	Bus/Coach/Minibus				Slightly Damaged	0
SMM5780B	Car				Seriously Damaged	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/20200513/2071

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No: 1800-7819899

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Report No. T/20200513/2071

CONTINUATION OF REPORT

Driver			
Name	LINA NG MUI LENG	ID No.	S1646423F
Related Vehicle	CB7808E (Bus/Coach/Minibus)	Contact No.	97840053
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2020	Date Discharge	13/05/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the about mentioned date, time and place, I was driving my mini school bus car plate number CB7808E along Bartley Road East toward Tampines Ave 10 at lane number 3, suddenly I spotted a silver Volvo car plate number: SMM5780B from my right mirror speeding towards my lane from lane number 2.

He then lost control and banged onto my vehicle rear right bumper, the impact sent my vehicle toward the left fencing, however I took control of the steering wheel and turned it back toward the right before coming to a complete stop.

The Volvo driver car was also damaged on the passenger side, I immediately informed my boss as regards to this incident, he came down to the scene and called for the traffic police as well as the ambulance. We were both injured after the incident and was conveyed to the hospital by ambulance.

After the incident I felt dizzy, and was given 2 days MC.

I am lodging this report as instructed by the traffic police attended the scene.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20200513/2071

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Report No: T/20200513/2071

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 1 CHEW JUN JIE JAYSON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/05/2020 21:20

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65475380

Classification Of Case:

Authentication Stamp
NP103



SINGAPORE
POLICE FORCE

SIGNATURE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS 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 : MNA120046169 Vehicle Registration No: CB7608E
Name (as shown in NRIC) : LEE POH GUAN NRIC/FIN/Passport No : SXXXX885B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81894188
Email Address : darrenrain26@gmail.com
Date of Accident : 13/05/2020 Time of Accident : 09:30
Place of Accident : ALONG BARTLEY RD EAST TWDS TAMPINES AVE 10
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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 to claiming own damage.

Policyholder / Driver's Signature
Date:

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