

## 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	14/07/2020 14:48
Date Of Accident	12/07/2020 19:00
Exact Location Of Accident	X JUNCTION OF THOMLINSON RD & ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5481Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIOW BOON HENG
NRIC No	S1624811H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86682484
Alternative Phone No	OFFICE-86682484

### Vehicle Particulars

Manufacturer	BMW
Model	318I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE SERVICE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115387682
Cover Note Number	

### Driver

Name of Driver	SIOW BOON WEE
NRIC No	S1725226G
Date Of Birth	10/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1986
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86682484
Fax Number	
Contact Number	
Email Address	PAULSIOW100465@GMAIL.COM

Address	BLK 395 BUKIT BATOK WEST AVENUE 5 #20-440
Postcode	650395
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT NO.T/20200713/2088.

#### 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	SBB668P
Vehicle Make/Model/Colour	MERCEDES E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALISON NG SZE MIEN
NRIC/Passport Number	S9181221E
Contact Number	91629327
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SLOW BOON WEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJW5481Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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.

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.:

14/07/20



**SKETCH PLAN**

The sketch plan shows a road intersection. A vertical road is labeled "Greaves Boulevard" and a horizontal road is labeled "Thomlison Rd". Two vehicles, A and B, are shown in the intersection. Vehicle A is a rectangle with an arrow pointing right. Vehicle B is a rectangle with an arrow pointing left. The vehicles are positioned such that they are crossing each other's path. Arrows indicate traffic flow: right for the top lane and left for the bottom lane. The vehicles are positioned in the center of the intersection.

Greaves Boulevard

Thomlison Rd

A = SJW 5421Y

B = SBB 668P

As per Police Report no: T/20200713/2088

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

*Journal of Management Studies* 32(1): 101–119, 1999.

Date & Time: 14/07/20

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20200713/2088

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20200713/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2020 17:38	Vide Report No.:	Station Diary No.: 71
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**Informant's Particulars**

Name of Informant: SIOU BOON WEE			Address: APT BLK 395 BUKIT BATOK WEST AVENUE 5 #20-440 SINGAPORE 650395		
ID Type / ID No.: NRIC NO / S1725226G			Contact No.: Home/Office: Mobile: 86682484		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 10/04/1965	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2020 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOMLINSON ROAD ORCHARD BOULEVARD X junction of Tomlinson Road and Orchard Boulevard.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SBB668P	Car	MERCEDES BENZ	E 200	Grey	Slightly Damaged	0
SJW5481Y	Car	BMW	320i	Black	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200713/2088

Police Station Of Origin:  
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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20200713/2088

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ALISON NG SZE MIEN		ID No.	S9181221E
Related Vehicle	SBB668P (Car)		Contact No.	91629327
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	
<b>Driver</b>				
Name	SIOU BOON WEE		ID No.	S1725226G
Related Vehicle	SJW5481Y (Car)		Contact No.	86682484
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/07/2020		Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

**Brief Details.**

On 12/07/2020 at bout 1900hrs, I was driving my vehicle, SJW5481Y, along Tomlinson Road towards Orchard Boulevard, travelling on the right lane.

As I was approaching the traffic junction of Tomlinson Road and Orchard Boulevard, the traffic light was green and I continued my journey. As I was crossing the junction, another vehicle, SBB668P, which was on the other side of the road, turned right into Orchard Boulevard. I could not stop in time and my vehicle collided with the left side of the vehicle.

The airbag from my vehicle was activated due to the collision. As a result, I suffered some scratches on my right forearm. Police and ambulance came shortly and paramedics assisted to apply first aid on my injuries. I was not conveyed to the hospital. My vehicle suffered damages on the front bumper, front windshield and both airbags were activated. The other vehicle suffered damages on the left headlight, front windshield and both left doors. Its airbags were also activated. My vehicle was towed away as it could not be driven anymore.

The day after the accident, I feel pain on my neck area and right forearm after I woke up from my sleep. Thus, I went to consult a doctor and was given 4 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20200713/2088

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20200713/2088

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 /

Sgt 3 NG TYAN SOON

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
13/07/2020 17:38

Officer In Charge Of Case:

TP/GITAE  
POLICE OFFICER  
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI

Contact No.: 65476356

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:



Accident Photo



Accident Photo

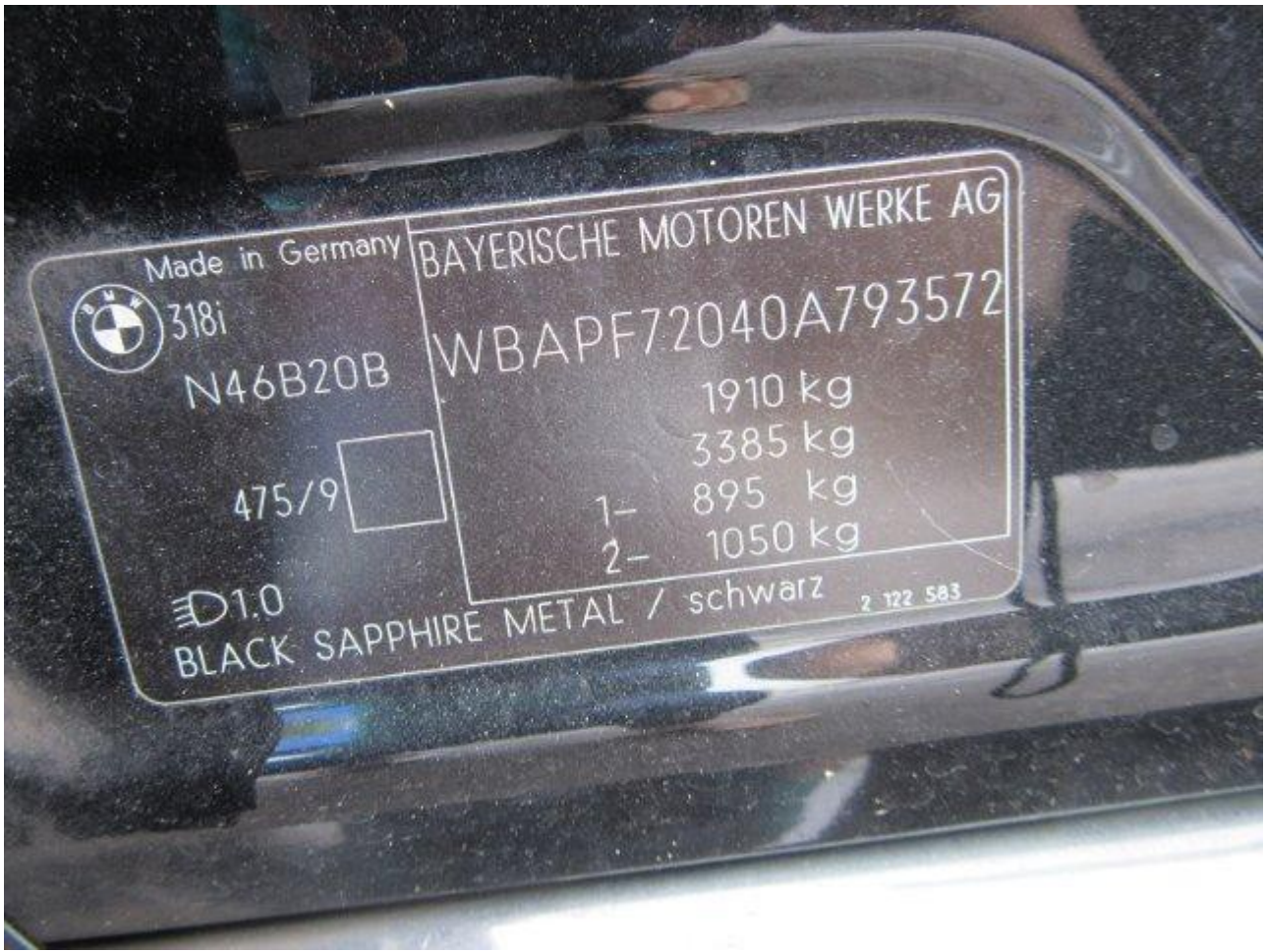


Accident Photo





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