

### 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	05/08/2020 09:59
Date Of Accident	03/08/2020 21:00
Exact Location Of Accident	ALONG ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3192X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA SIEW HWA
NRIC No	S1554056G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90301363
Alternative Phone No	OTHERS-NOPHONE

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID
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 HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112812124
Cover Note Number	

#### Driver

Name of Driver	CHUA SIEW HWA
NRIC No	S1554056G
Date Of Birth	15/06/1962
Occupation	INDOOR
Date Of Driving Pass	08/12/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90301363
Fax Number	
Contact Number	OTHERS-NOPHONE
EEmail Address	NOEMAIL

Address	APT BLK 253 BANGKIT ROAD #03-222
Postcode	670253
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	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200804/2076

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4621G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIN JUNJIANG
NRIC/Passport Number	S8213052G
Contact Number	96192445
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHUA SIEW HWA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMP3192X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode





Police report



**SINGAPORE  
POLICE FORCE**



T/20200804/2076

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20200804/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/08/2020 17:27	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars			
Name of Informant: CHUA SIEW HWA		Address: APT BLK 253 BANGKIT ROAD #03-222 SINGAPORE 670253	
ID Type / ID No.: NRIC NO / S1554056G		Contact No.: Home/Office:                      Mobile: 90301363	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 58	Date of Birth: 15/06/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 5 CENTRAL EXPRESSWAY Ang Mo Kio Avenue 5 towards CTE (City)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
GBE4621G	Van				Slightly Damaged	0
SMP3192X	Car	TOYOTA	PRIUS ALPHA 1.8S CVT	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3192X	NTUC Income Insurance Co-Operative Limited	5112812124	20/09/2019	19/09/2020

Police report



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T/20200804/2076

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Report No. T/20200804/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN JUNJIANG	ID No.	S8213052G
Related Vehicle	GBE4621G (Van)	Contact No.	96192445
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	CHUA SIEW HWA	ID No.	S1554056G
Related Vehicle	SMP3192X (Car)	Contact No.	90301363
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2020	Date Discharge	04/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 03/08/2020 at about 9.00pm, I was driving along Ang Mo Kio Ave 5 and was heading towards CTE (City) when my vehicle, SMP3192X, got into an accident with a van, GBE4621G.

I wish to state that my vehicle had come to a complete stop as the traffic light had turned red when the van, GBE4621G, collided onto my rear. After the accident, I exchanged particulars with the van driver before headed back home.

On 04/08/2020, I felt pain on my neck area and proceeded to Ng Teng Fong General Hospital for further medical treatment. I was given 7 days of Medical Leave. There is in-car camera installed in my car. No government property were damaged from the accident.

Police report



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POLICE FORCE**



T/20200804/2076

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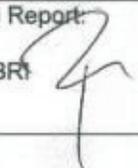
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Report No. T/20200804/2076

**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: F / Staff Sgt NOOR RAMDAN BIN JOBR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2020 17:27
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  SN 065
Authentication Stamp NP168	 Signature: _____ Singapore Police Force