

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	08/09/2020 09:49
Date Of Accident	27/08/2020 12:00
Exact Location Of Accident	CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5924B
Insured/Policyholder	
Name Of Registered Owner	B SUJATHA
NRIC No	SXXXX604E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96654610
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E300
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067521041-05
Cover Note Number	

Driver

Name of Driver	B SUJATHA
NRIC No	SXXXX604E
Date Of Birth	08/10/1950
Occupation	INDOOR
Date Of Driving Pass	02/09/1969
Driving Experience	50 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96654610
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address 50 JALAN KERUING
Postcode 808970
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? 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 ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200903/2141

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 SLL4264Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CAI ZHI BING
NRIC/Passport Number SXXXX046B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

SKETCH PLAN

SKETCH PLAN

A - SJY 5924B
C - SLL 4264Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report , ref no : T / 20200903 / 2141

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

Supalla
Policyholder Signature
Date & Time

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

Bik 8 Sin Ming Road
#01-52/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

Police report

SINGAPORE
POLICE FORCE

T/20200903/2141

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Report No. T/20200903/2141

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2020 20:21	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: B SUJATHA			Address: 50 JALAN KERUING SINGAPORE 808970		
ID Type / ID No.: NRIC NO / S0155604E			Contact No.: Home/Office: Mobile: 96654610		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 69	Date of Birth: 08/10/1950	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lawyer (excluding advocate and solicitor)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/08/2020 12:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SJY5924B	Car	MERCEDES BENZ	E 300	Maroon	Seriously Damaged	0
SLL4264Z	Car	AUDI		Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY5924B	NTUC Income Insurance Co-Operative Limited	5067521041-05	26/09/2019	25/09/2020



**SINGAPORE
POLICE FORCE**



T/20200903/2141

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Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20200903/2141

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	B SUJATHA	ID No.	S0155604E
Related Vehicle	SJY5924B (Car)	Contact No.	96654610
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/08/2020	Date Discharge	28/08/2020
No. of Days granted Medical Leave	16	Degree of Injury	Serious
Driver			
Name	CAI ZHI BING	ID No.	S8772046B
Related Vehicle	SLL4264Z (Car)	Contact No.	NIL
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

Brief Details.

On 27/08/2020 at about 1200hrs, I was driving my car, bearing registration plate: SJY5924B along CTE towards to City, before exit of Ang Mo Kio Avenue 1. I was on the extreme right lane. Suddenly my car was hit at the back by another car (SLL4264Z). At that point, I was driving between 80 to 90km/hour. The impact of the collision caused my body to move forwards with a sudden jerk. I was injured by impact and I suffered injury on my chest, neck shoulder, spine, lower back, hip and knee. My car was damaged very badly at the right rear and my boot was dented in. My car was towed by the Police and it is with Police. I was brought by ambulance to Tan Tock Seng Hospital and I was hospitalized for 2 days. I was discharged in the late afternoon on 28/08/2020. The doctor certified in my MC that I was not fit to do court work during the period of my mc. He gave me MC for 16 days, from 27 Aug to 11 Sep 2020. I am now scheduled to go for review at Tan Tock Seng Hospital for my neurological injuries on 04/09/2020 and orthopedic injuries on 05/10/2020. As I am still suffering from pain and dizziness, I was not able to travel to Police station to lodge a report and I have now managed to do so as someone gave me a lift to do so. The car that collided with me was an Audi. An unknown person took the photo of the car, using my handphone number 96654610 as I was still seated in the car. That car was damaged on the front and the airbag was deployed. I am still suffering from pain and disabilities.