

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	15/10/2020 14:18
Date Of Accident	09/10/2020 16:00
Exact Location Of Accident	BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8654K
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Insured/Policyholder

Name Of Registered Owner	SG CAR CHOICES 2 PTE LTD
Co Reg No	2XXXXX987N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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?	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	THIRD PARTY
Fleet Policy	NO
Policy Number	5118192541
Cover Note Number	

Driver

Name of Driver	JANET LIM SHEN ER
NRIC No	GXXXX792T
Date Of Birth	09/04/1988
Occupation	INDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92333202
Fax Number	
Contact Number	OFFICE-92333202
Email Address	NOEMAIL

Address	BLK 550 HOUGANG STREET 51 #09-172
Postcode	530550
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201014/2127.

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	SLR6681H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMP6755C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBE7850S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JANET LIM SHEN ER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJY8654K
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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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 set out, or
 - (ii) for complying with requirements under any regulations, laws or court orders

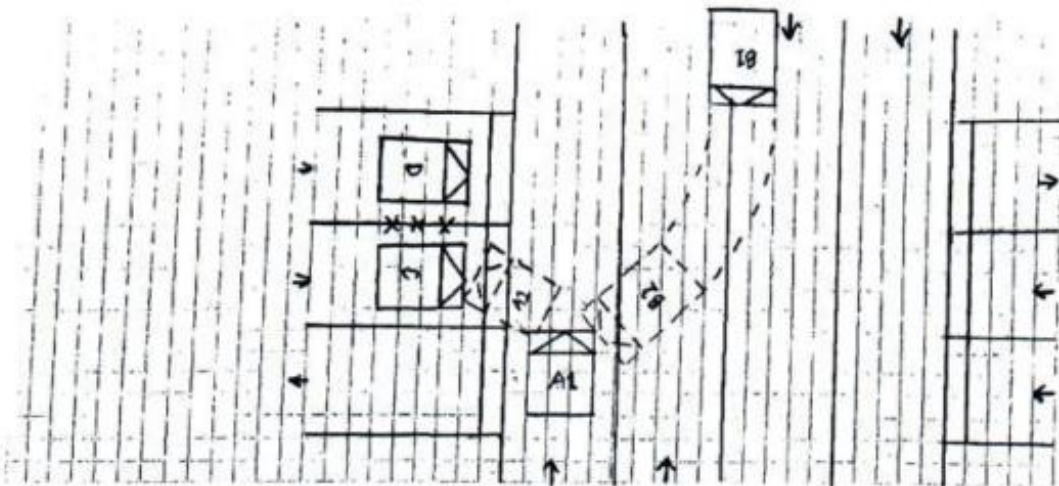

Policyholder's Signature
Date & Time: _____



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


Reporting to the Police (If applicable)
Date & Time: _____

Accident Sketch Plan

VEHICLE A:
SJY8664K
VEHICLE B:
SLR6681H
VEHICLE C:
SWP6795C
VEHICLE D:
FBE7850S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I declare that the above information is true and correct to the best of my knowledge.

Signature of Driver
Date: 1/1/2018



Signature of Witness
(If driver is not the sole driver)

Signature of Driver
Name: [Signature]
Date: 1/1/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20201014/2127

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20201014/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2020 19:21	Vide Report No.:	Station Diary No.: 135
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Informant's Particulars

Name of Informant: JANET LIM SHEN ER			Address: APT BLK 550 HOUGANG STREET 51 #09-172 SINGAPORE 530550	
ID Type / ID No.: FIN NO / G7840792T			Contact No.:	Mobile: 92333202
Nationality: MALAYSIAN			Home/Office:	
			Email:	
Sex: Female	Age: 32	Date of Birth: 09/04/1988	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Housewife			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: 09/10/2020 16:00	Type of Location: X-Junction
Location: BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7850S	Motorcycle				Slightly Damaged	0
SJY8654K	Car				Seriously Damaged	0
SLR6681H	Car				Seriously Damaged	0
SMP6755C	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201014/2127

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20201014/2127

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JANET LIM SHEN ER	ID No.	G7840792T
Related Vehicle	SJY8654K (Car)	Contact No.	92333202
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 09/10/2020 at about 1600hrs, I was driving my car bearing registration number SJY8654K along Buangkok Green approaching the cross junction of Buangkok Green and Ang Mo Kio Avenue 5. As the traffic light was green, I proceeded to drive ahead towards Ang Mo Kio Ave 5. While I was driving and my car was in the yellow box, suddenly a BMW car bearing registration number SLR6681H that was from Ang Mo Kio Ave 5 trying to turn right towards Yio Chu Kang Road collided with my front right bumper. The impact causes me to lose control of my car and causes my car to collide with another car nearby bearing registration number SMP6755C. The car then collided with a motorcycle bearing registration number FBE7850S.

I was carried by the BMW driver to the roadside where he assisted me. Shortly later, the ambulance and police came. I was conveyed by the ambulance to Sengkang General Hospital and was given 5 days of Hospitalization leave ref EMD2020105709 from 09/10/2020 to 13/10/2020. After the end of my hospitalization leave, I still felt pain and went to a Alpha Joints & Orthopaedics and was given 14 days of MC from 14/10/2020 to 27/10/2020 reference MC number 1174.

I wish to inform that I do not have any in car camera. I was told to lodge a police report pertaining to the case.

Police Report



SINGAPORE
POLICE FORCE



T/20201014/2127

3 of 3

Report No. T/20201014/2127

Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999

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 /

Sgt 3 MUHAMMAD IZZUWAN BIN SYED

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2020 19:21

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Classification Of Case:

Authentication Stamp
NP158



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



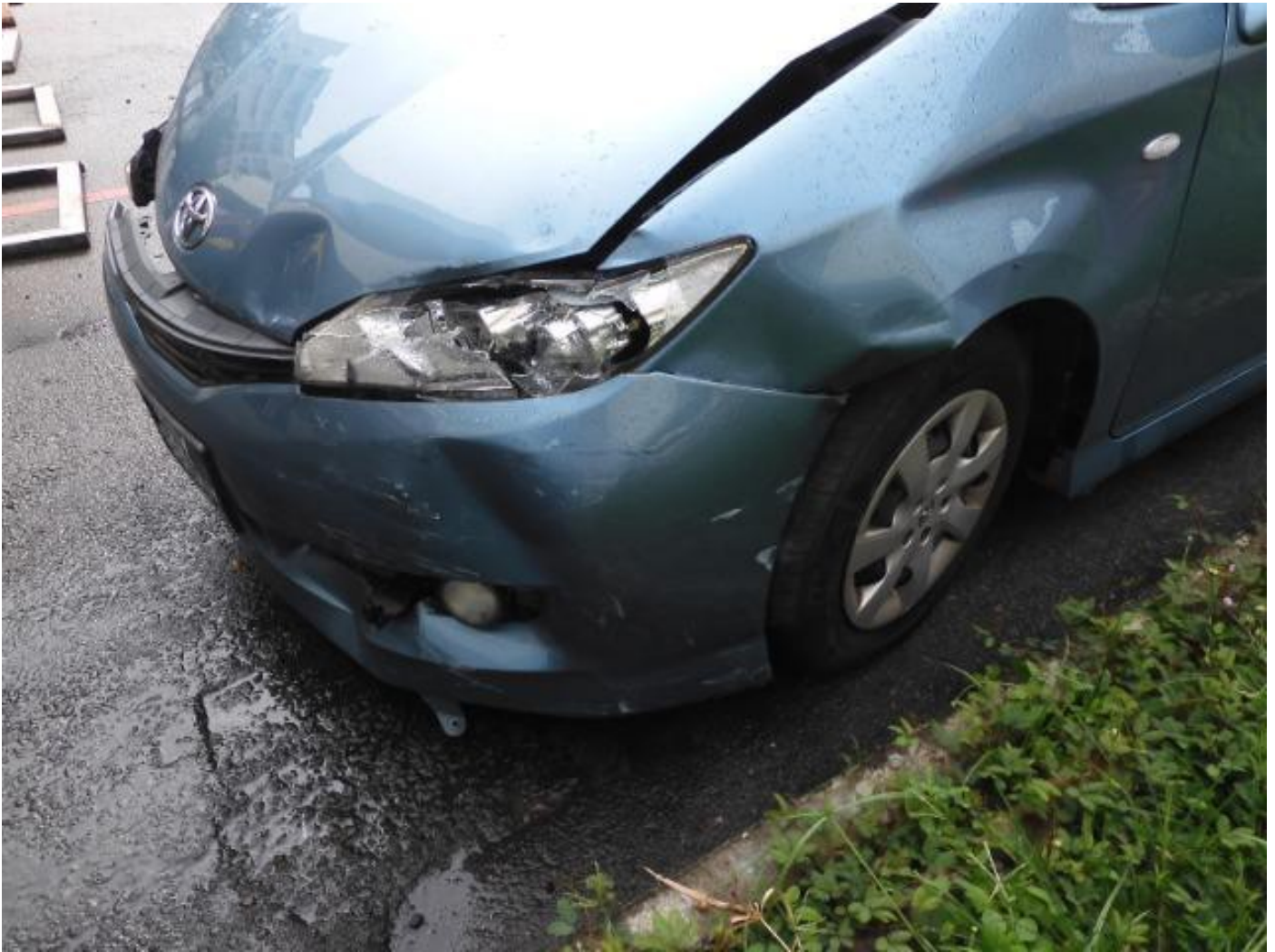
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