

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	27/10/2020 09:55
Date Of Accident	21/10/2020 17:30
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV3978U
Insured/Policyholder	
Name Of Registered Owner	MAVIS WEE QI EN
NRIC No	SXXXX455H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88771919
Alternative Phone No	OTHERS-88771919

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5104812996-01
Cover Note Number	

Driver

Name of Driver	MAVIS WEE QI EN
NRIC No	SXXXX455H
Date Of Birth	14/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88771919
Fax Number	
Contact Number	OTHERS-88771919
Email Address	NOEMAIL

Address	BLK 82 COMMONWEALTH CLOSE #13-141
Postcode	140082
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201026/2115

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8946M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MAVIS WEE QI EN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SBV3978U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 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)**

(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.

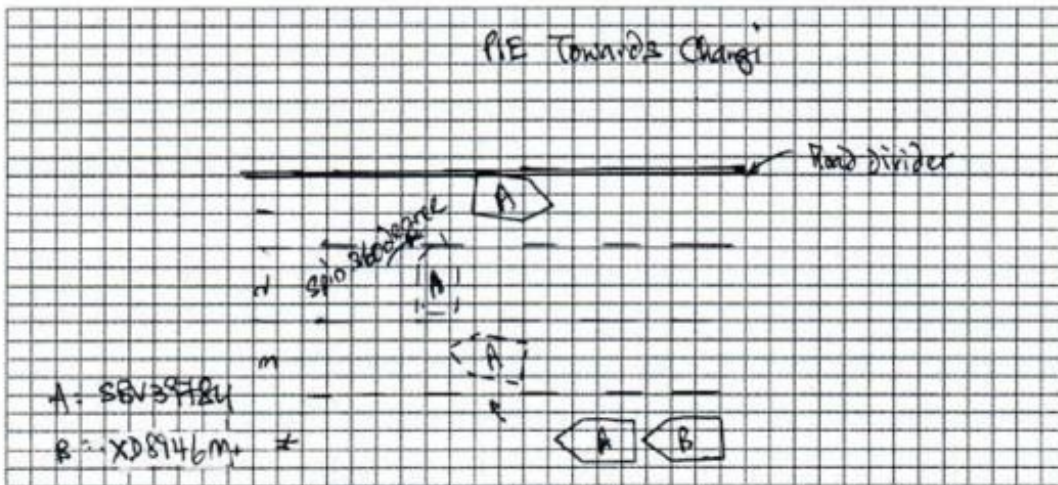
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

 27/10/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT AS ATTACHED.

DECLARATION

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

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201026/2115

2 of 3

Report No: T/20201026/2115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Brief Details.

I wish to make amendments to the report I lodged previously vide T/20201021/2123. The amended report as follows:

On 21/10/2020 at about 1731hrs, I was driving in my vehicle, SBV3978U travelling along Pan-Island Express way towards Changi Airport on the left most lane

At the filter lane of Jin Jurong Kechil to PIE, I noticed a truck, XD8946M carrying a trailer, TRD3011P was at the filter lane going in to PIE. As the truck was still quite a distance away to filter into PIE, I decided to proceed first before the truck filter in. After I pass the truck, I noticed that the truck started filtering into PIE. Shortly after, I felt a push at the rear of my vehicle and my vehicle surge towards the right. My vehicle knocked on to the center divider before coming to a stop at the right most lane. A few passer by stopped to assist me however no vehicle stopped to acknowledged of them hitting on to my vehicle.

After which, a tow truck that happened to pass by stopped and towed my vehicle to a workshop at 2 Kaki Bukit ave 2 #02-19 namely: Ryder.

I went to consult a doctor at Dawson place Clinic for my neck and back ache and was give 5 days medical leave. I wish to state that my vehicle only have in car camera at the front.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T0200102115

1 of 3

Report No. T0200102115

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 17:34	Wide Report No.: T0200102115/123	Station Diary No.: 14
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Informant's Particulars

Name of Informant: MAVIS WEE CHEN			Address: APT BLK 82 COMMONWEALTH CLOSE #13-141 SINGAPORE 140082		
ID Type / ID No.: NRIC NO / S8149455H			Contact No.: Home/Office: Mobile: 88771919		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 14/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRODUCT SPECIALIST			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Injury Hit and Run	Drink Drive No.	Date/Time of Accident: 24/10/2020 17:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SBV3878U	Car	TOYOTA	COROLLA 1.3M	Grey	Slightly Damaged	0
XD6546M	Truck					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SBV3878U	NTUC Income Insurance Co-Operative Limited	5104812665-01	01/11/2019	31/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T0202102102115

2 of 3

Report No: T0202102102115

Police Station Of Origin:
Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

285A, SINGAPORE 140111

Tel No: 1800-4740669

CONTINUATION OF REPORT

Brief Details:

I wish to make amendments to the report I lodged previously vide T0202102102123. The amended report is as follows.


On 21/10/2020 at about 1731hrs, I was driving in my vehicle, SRV3878U traveling along Pan-Island Express way towards Changi Airport on the left most lane.


At the filter lane of Jln Jurong Kechil to PIE, I noticed a truck, XD8948M carrying a trailer TR03011P was at the filter lane going in to PIE. As the truck was still quite a distance away to filter into PIE, I decided to proceed first before the truck filter in. After I pass the truck, I noticed that the truck started filtering into PIE. Shortly after, I felt a push at the rear of my vehicle and my vehicle surge towards the right. My vehicle knocked on to the center divider before coming to a stop at the right most lane. A few passer by stopped to assist me however no vehicle stopped to acknowledged of them hitting on to my vehicle.

After which, a tow truck that happened to pass by stopped and towed my vehicle to a workshop at 2 Kaki Bukit ave 2 #02-19 namely: Ryder.

I went to consult a doctor at Dawson place Clinic for my neck and back ache and was give 5 days medical leave. I wish to state that my vehicle only have in car camera at the front.

Police Report

 **SINGAPORE
POLICE FORCE**


T202010280118


Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
388A SINGAPORE 140111
Tel No: 1800-4746935


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Report No: T202010280118

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: D / Sgt 3 LEE HAO ZHENG ALVIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2020 17:34
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No: 85476079	Classification Of Case:
Authentication Stamp: W-16	


SINGAPORE