

## 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	02/11/2020 14:49
Date Of Accident	30/10/2020 15:30
Exact Location Of Accident	PIE TWDS TUAS BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8451P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KATHERINE AMY SOH BEE PENG
NRIC No	SXXXX931C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97335585
Alternative Phone No	OFFICE-97335585
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	KICKS PREMIUM PLUS 1.2L E-POWER
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118775853
Cover Note Number	

### Driver

Name of Driver	KATHERINE AMY SOH BEE PENG
NRIC No	SXXXX931C
Date Of Birth	22/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1992
Driving Experience	28 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97335585
Fax Number	
Contact Number	OFFICE-97335585
Email Address	NOEMAIL

Address	BLK 318 JURONG EAST STREET 31 #04-34
Postcode	600318
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : DHOOT VIVEK PRAKASH GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201030/7028.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM1100Z
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 INJURED PERSON 1

Name KATHERINE AMY SOH BEE PENG  
Approximate Age  
Injuries Sustain HEAD, NECK & BACK  
Injured person in which vehicle? SMU8451P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name DHOOT VIVEK PRAKASH  
Approximate Age  
Injuries Sustain DHOOT VIVEK PRAKASH  
Injured person in which vehicle? SMU8451P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

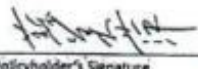
#### IMPORTANT NOTICE

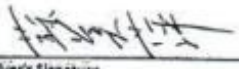
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.:

# Accident Sketch Plan

**SKETCH PLAN**

Vehicle A: SMU 8451P  
Vehicle B: SEM 1100Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO  
POLICE REPORT

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201030/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20201030/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 17:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KATHERINE AMY SOH BEE PENG			Address: 318 JURONG EAST STREET 31 #04-34 SINGAPORE 600318		
ID Type / ID No.: NRIC NO / S7202931C			Contact No.: Home/Office: Mobile: 97335585		
Nationality: SINGAPORE CITIZEN			Email: katherinesoh22@gmail.com		
Sex: Female	Age: 48	Date of Birth: 22/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2020 15:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFM1100Z	Car					0
SMU8451P	Car	NISSAN	KICKS PREMIUM PLUS 1.2L E -POWER	Orange		0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201030/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20201030/7028

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU8451P	NTUC Income Insurance Co-Operative Limited	5118775853	31/08/2020	30/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KATHERINE AMY SOH BEE PENG		ID No. S7202931C
Related Vehicle	SMU8451P (Car)		Contact No. 97335585
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

#### Brief Details.

I was travelling on PIE TOWARDS TUAS BEFORE BUKIT TIMAH EXIT. Traffic was heavy and the weather was clear. The car in front of me slowed down and came to a complete stop. I followed suit and came to a stop. Suddenly I felt a huge impact on the rear of my vehicle.

I felt discomfort on my neck and back as well as being nauseous. I went ahead to see a doctor at a local GP and was given 3 days MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201030/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201030/7028

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/10/2020 17:09

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE :** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No : SMU8451P  
Name(as shown in NRIC): KATHERINE AMY SOH BEE PENG  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : 931C  
Address : BLOCK 318 JURONG EAST STREET 31 #04-34 SINGAPORE 600318  
Contact (Tel) : \_\_\_\_\_ (H/P) : 97335585  
(Email) : \_\_\_\_\_  
Date of Accident : 30 OCT 2020 Time of Accident : 15:30 HRS  
Place of Accident : PIE TOWARDS TUAS BEFORE BUKIT TIMAH EXIT  
Insurance Company : NTUC

##### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INCLUDE PASSENGER NAME :-  
\_\_\_\_\_  
DHOOOT VIVEK PRAKASH, MALE  
\_\_\_\_\_  
NECK AND BACK INJURED  
\_\_\_\_\_  
SAT IN SMU8451P  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Vehicle Owner / Driver

Date: 04 NOV 2020

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm