

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	09/11/2020 15:00
Date Of Accident	25/10/2020 21:50
Exact Location Of Accident	JURONG GATEWAY RD TWDS TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH1511X
Insured/Policyholder	
Name Of Registered Owner	LIN YONG MUI HELENA
NRIC No	SXXXX490J
Email Address	HELENALIN7772@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90230609
Alternative Phone No	OTHERS-90230609

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	REPORTING ONLY
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	5100190873-02
Cover Note Number	

Driver

Name of Driver	LIN YONG MUI HELENA
NRIC No	SXXXX490J
Date Of Birth	18/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1990
Driving Experience	30 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90230609
Fax Number	
Contact Number	OTHERS-90230609
Email Address	HELENALIN7772@GMAIL.COM

Address	BLK 252 JURONG EAST ST 24 #04-117
Postcode	600252
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?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201109/2036

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	SMU4213L
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)

Accident Sketch Plan

SKETCH PLAN

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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:

9/11/2021

(GIA) MC Sketch Plan Form, v3

1:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2/ym 09/11/20

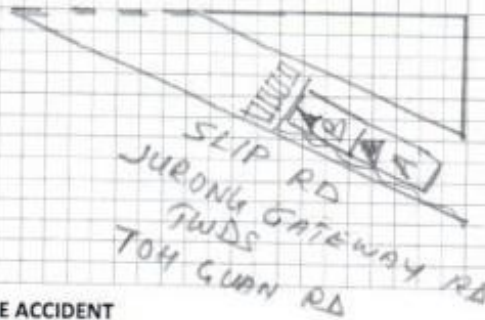
Accident Sketch Plan

SKETCH PLAN

JURONG EAST ST 21

A - SDH15HX

B - SMU4213L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: T/20201109/2036

DECLARATION

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

Policyholder's Signature

Date & Time:

GARMC Motor Insurance, V3

9/11/2020
1-AT pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

sgm 09/11/20

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201109/2036

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

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Report No. T/20201109/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN YONG MUI HELENA	ID No.	S1539490J
Related Vehicle	SDH1511X (Car)	Contact No.	90230609
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG JURONG EAST STREET 21 ON THE LEFT LANE TOWARDS A ZEBRA CROSSING ALONG THE WAY, BOTH CARS HAD COME TO A STOP SUBSEQUENTLY THE VEHICLE INFRONT MOVE AND SUDDENLY JAM BRAKES I WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF HIS CAR BUT IT WAS ONLY A SLIGHT COLLISION SUBSEQUENTLY I WAS ATTENDED BY THE TRAFFIC POLICE THAT'S ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2020/1109/2036

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

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Report No. T/2020/1109/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 12:37	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIN YONG MUI HELENA		Address: APT BLK 252 JURONG EAST STREET 24 #04-117 YUHUA VILLAGE SINGAPORE 600252	
ID Type / ID No.: NRIC NO / S1539490J		Contact No.: Home/Office: Mobile: 90230609	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 58	Date of Birth: 18/05/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 25/10/2020 21:50	Type of Location:
Location: JURONG EAST STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

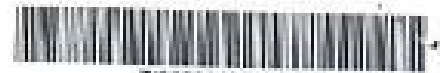
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH1511X	Car	BMW	520i A	Black		0
SMU4213L	Car					1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SDH1511X	NTUC Income Insurance Co-Operative Limited	5100190873-02	05/07/2020	04/07/2021	

Police Report



**SINGAPORE
POLICE FORCE**



T/20201109/2038

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

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Report No. T/20201109/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN YONG MUI HELENA	ID No.	S1539400J
Related Vehicle	SDH1511X (Car)	Contact No.	90230609
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

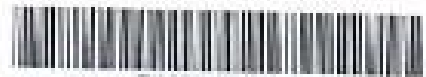
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Police Report



SINGAPORE
POLICE FORCE



T/20201109/21136

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 3

Report No: T/20201108/2036

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:
TP /
SC BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/11/2020 12:37

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____