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 witholding 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	26/11/2020 17:08
Date Of Accident	25/11/2020 13:30
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME6822A
Insured/Policyholder	
Name Of Registered Owner	JENNIFER TAN HUI NGOH
NRIC No	SXXXX346A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81000340
Alternative Phone No	OTHERS-81000340
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3073321900
Cover Note Number	
Driver	
Name of Driver	JENNIFER TAN HUI NGOH
NRIC No	SXXXX346A
Date Of Birth	19/05/1977
Occupation	INDOOR
Date Of Driving Pass	22/12/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81000340
Fax Number	
Contact Number	OTHERS-81000340
EMail Address	NOEMAIL

Address	BLK 69 TELOK BLANGAH HEIGHTS #09-279
Postcode	100069
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : ONG KUN NA GENDER: : FEMALE

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	**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

PLEASE REFER TO POLICE REPORT T/20201126/7008

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	SCE6900E
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 2

Vehicle Registration Number	SLV3291Z
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	JENNIFER TAN HUI NGOH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SME6822A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ONG KUN NA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SME6822A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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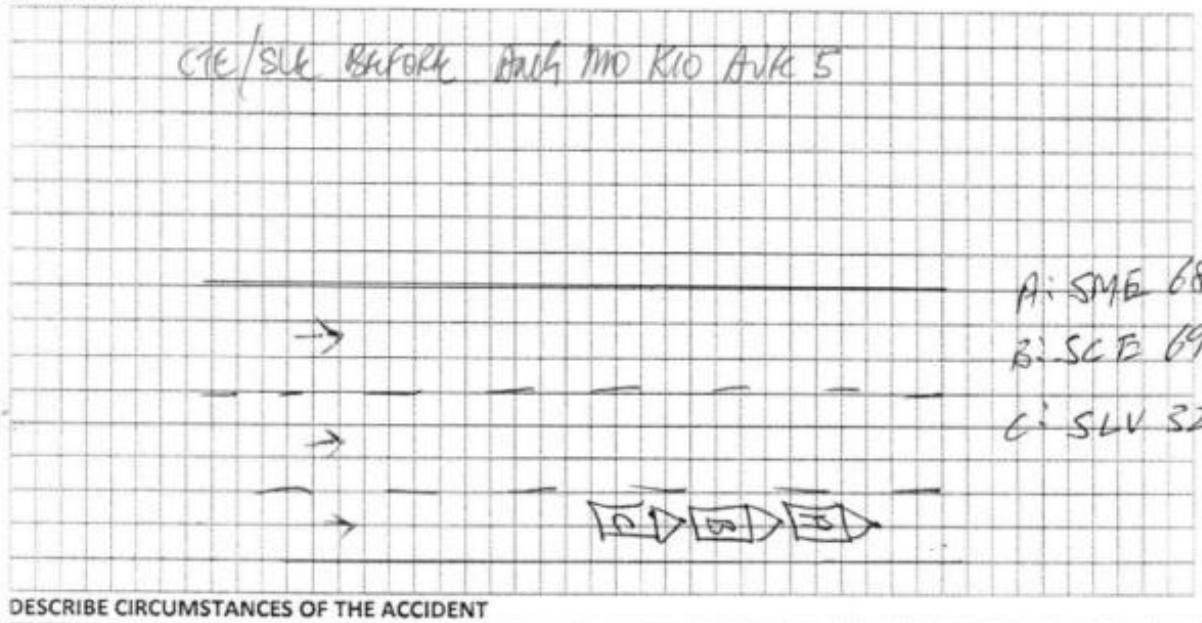
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
   I understand, acknowledge, agree and consent that:
   (a) My 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:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature 26/11/2020 Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20201126/7008

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 26/11/2020
Name:
NRIC/FIN No.:

GIANMC SketchPlanForm_V2

SINGAPORE POLICE FORCE

T/20201126/7008

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

Report No. T/20201126/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/11/2020 11:51		

Informant's Particulars

Name of Informant: JENNIFER TAN HUI NGOH			Address: 69 TELOK BLANGAH HEIGHTS #09-279 SINGAPORE 100069	
ID Type / ID No.: NRIC NO / S7713346A			Contact No.: Home/Office: Mobile: 81000340	
Nationality: SINGAPORE CITIZEN			Email: JEN_ARYSG@YAHOO.COM	
Sex: Female	Age: 43	Date of Birth: 19/05/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Key Account Manager			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/11/2020 13:30	Type of Location: CTE/SLE, near Exit 12A, before AMK Ave 5 exit
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCE6900B	Car			Red		0
SLV3291Z	Car			White		0

SINGAPORE POLICE FORCE

T/20201126/7008

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SME6822A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6822A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00136462001	11/10/2020	10/10/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	ONG KUN NA			ID No.	S8274874A
Related Vehicle	SME6822A (Car)			Contact No.	98005859
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/11/2020		Date	25/11/2020	
No. of Days granted Medical Leave		03	Degree of	Slight	
Driver					
Name	JENNIFER TAN HUI NGOH			ID No.	S7713346A
Related Vehicle	SME6822A (Car)			Contact No.	81000340
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/11/2020		Date	25/11/2020	
No. of Days granted Medical Leave		02	Degree of	Slight	

Brief Details.
I am in the lane and suddenly felt a hit on the rear of my car.
Went down to take a look and saw two cars and a motorcycle behind.

SINGAPORE POLICE FORCE

T/20201126/7008

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

Report No. T/20201126/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2020 11:51
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

Authentication Stamp

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo