

## 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	16/11/2020 15:00
Date Of Accident	13/11/2020 22:10
Exact Location Of Accident	SELETAR WEST LINK SLIP ROAD TPE PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW346Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIMPLYCARZ LEASING
Co Reg No	53398558K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87181919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5111491658-01-000006
Cover Note Number	

### Driver

Name of Driver	ALICIA TAN SIEW THENG
NRIC No	S9135708I
Date Of Birth	02/10/1991
Occupation	INDOOR
Date Of Driving Pass	04/07/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82779997
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 160 #04-254 JALAN TECK WHYE
Postcode	680160
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	3
Passenger 1	NAME: : LEE LIP KHOON GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report

#### 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	GBC6688L
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number LAMPPOST  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOVERNMENT  
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 RAILING  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOVERNMENT  
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 LEE LIP KHOON  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGW346Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ALICIA TAN SIEW THENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGW346Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 16/11/2020 / 14:53

Report No: MT/

D.O.A: 13/11/2020

Vehicle No: SGW346Z

Reporting Type:

Time: 22:10 hrs

### 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.



16/11/20 / 14:53

Policyholder's Signature / Date & Time

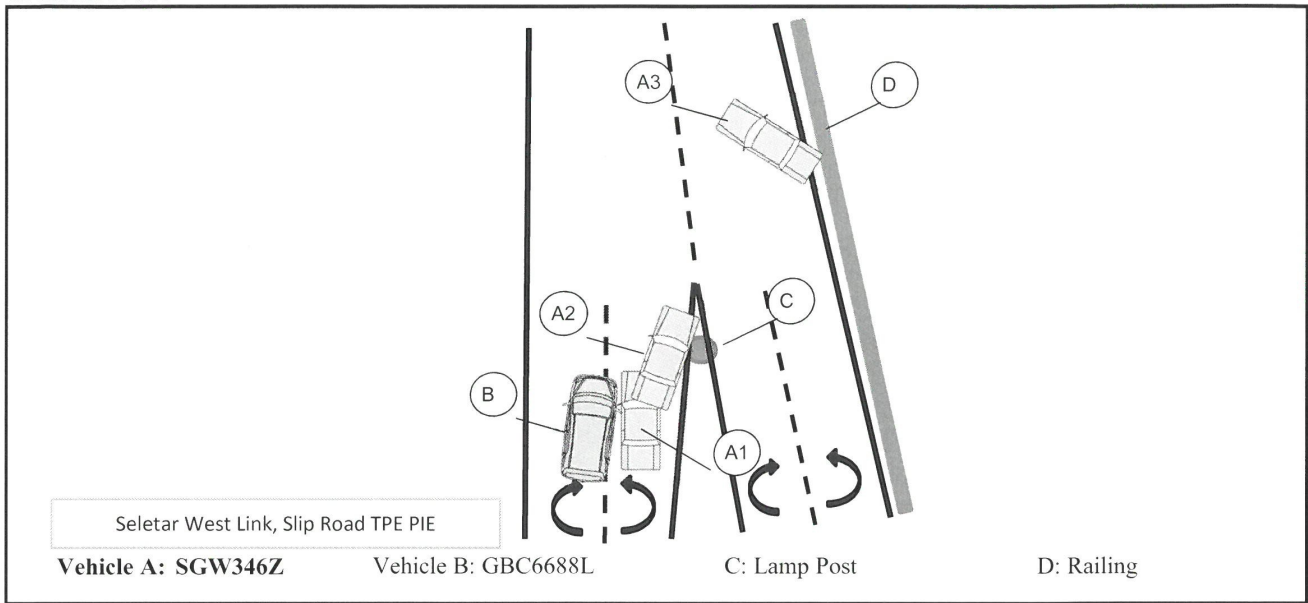
16/11/20 / 14:53

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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



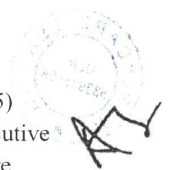
16/11/20 / 14:53

Policyholder's Signature / Date & Time

16/11/20 / 14:53

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre



Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201114/2022

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No: T/20201114/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 13:00		Vide Report No.: G/20201113/0202		Station Diary No.: 49	
<b>Informant's Particulars</b>					
Name of Informant: ALICIA TAN SIEW THENG			Address: APT BLK 160 JALAN TECK WHYE #04-254 SINGAPORE 680160		
ID Type / ID No.: NRIC NO / S91357081			Contact No.: Home/Office: Mobile: 82779997		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 29	Date of Birth: 02/10/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 13/11/2020 22:50	Type of Location: Expressway
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBC8688L	Van				Slightly Damaged	2
SGW348Z	Car				Slightly Damaged	2

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201114/2022

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No: T/20201114/2022

## CONTINUATION OF REPORT

Driver			
Name	ALICIA TAN SIEW THENG	ID No.	S91357081
Related Vehicle	SGW346Z (Car)	Contact No.	82779997
Hospital/Clinic	Sengkang General Hospital	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/11/2020	Date Discharge	14/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Sengkang NPC  
2 Sengkang Square  
#01-02 545025  
Tel: 1800-3438999

### Brief Details.

on 14/11/2020 at about 10:50pm, I was driving vehicle SGW346Z along TPE (PIE) towards Sengkang. While merging from a two lane road into a single lane, I felt a bump coming from the front left of my vehicle. My vehicle hit onto a Lamp Post with number 1S33 and turned a few rounds. My vehicle subsequently stopped near to Lamp Post number 277573. I then discovered that GBC6688L had knocked onto the front left side of my vehicle. Shortly, Traffic Police officers and Paramedics arrived at our location. My boyfriend and I was then conveyed to Sengkang General Hospital for further medical assessment. I did not manage to get hold of any particulars of driver of GBC6688L. My boyfriend and I were both given four days of Outpatient Sick Leave by the Doctors from Sengkang General Hospital. My boyfriend is namely Lee Lip Khoo, NRIC S7828294J, contact 80172230.

On 14/11/2020 in the morning, I proceeded to Sengkang Neighbourhood Police Centre to lodge a Traffic Accident Report reference to the incident.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20201114/2022

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8989

3 of 3

Report No. T/20201114/2022

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /  
Staff Sgt LOI WEE LONG

Signature Of Informant:

+

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2020 13:00

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 PHUA TIAK YEE  
Contact No.: 85472077



Signature:

Classification Of Case:

Authentication Stamp  
MP168

Singapore Police Force