

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 Submission	26/12/2020 17:33 (SGT)
Date of Accident	24/12/2020 17:30 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO AVE 1 TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2287B
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO HUI HEOK
NRIC No	SXXXX910F
Email Address	jacelyncl@gmail.com
Mobile Phone No	(Phone) +65-90926150
Alternative Phone No	+65-90926150

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119719288
Cover Note Number	-

DRIVER

Name of Driver	CHUA JIE LING,JACELYN
NRIC No	SXXXX749J
Date Of Birth	11/03/1997
Occupation	Indoor

Date Of Driving Pass	18/04/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98455021
Alt. Phone Number	-
Email Address	jacelyncjl@gmail.com
Address	BLK 187 PUNGGOL CENTRAL
Address complement	#12-271
Postcode	820187
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YEO HUI HEOK
Gender	Female

PASSENGER 2

Name	CHUA YONG HONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201225/2054

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1266H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GANESAN A/L MUNUSAMY@SUBRAMANIAM
Passport No/FIN	FXXXX003P
Contact Number	(Phone) +65-84379014
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA JIE LING,JACELYN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW2287B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEO HUI HEOK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW2287B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHUA YONG HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW2287B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

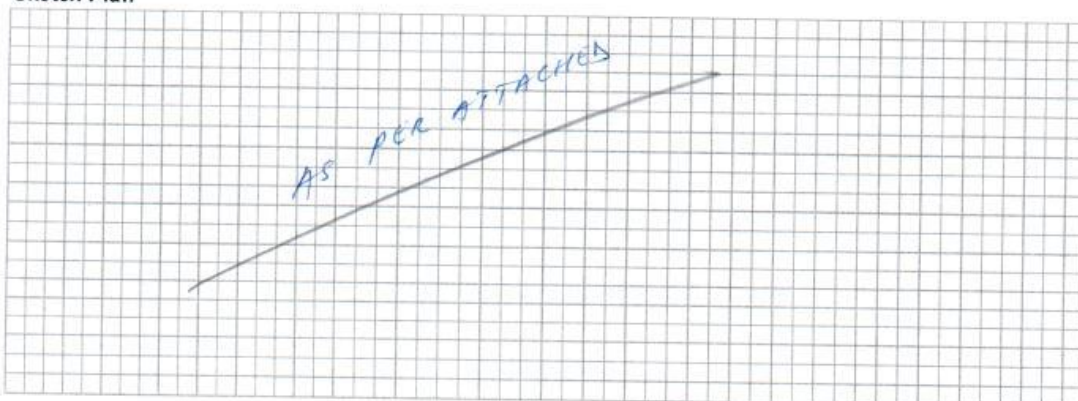
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to the police report: T/2020/225/2054

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20201225/2054

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

3 of 4

Report No. T/20201225/2054

CONTINUATION OF REPORT

Brief Details.

On the stated date, time and location, I was involved in an accident.

I was driving my vehicle along Ang Mo Kio Avenue 1 towards CTE. I stopped during amber light , at the junction between Lorong Chuan and Ang Mo Kio Avenue 1, nearest Block is BLK 309 Serangoon Avenue 2.

While I was stationary, all of a sudden, a vehicle crashed to the rear of my vehicle. My vehicle moved to the front about a car length and the rear window shattered into pieces and the rear was dented. My passengers (my father and mother) including myself were shocked and alighted to check on the damages.

We exchanged particulars with the drivers and he left subsequently. My parents and I waited for the tow truck to come and tow my car at about 1830hrs.

After the incident we got ourselves checked at Sengkang Hospital (A and E department) as we were feeling unwell after the incident.

I had a small cut on right thigh and felt some chest pains due to the collision with the steering wheel, I received 5 days MC.

My father suffers from difficulty breathing after the incident and received 3 days MC.

My mother had a few cuts on her left palm and felt aches on her body. She also had to wear a neck brace for a few hours. She received 3 days MC.

All of us had xrays done and my parents had their blood tested.

We were given medications and were told that if we have symptoms like giddiness, loss of consciousness, worsening of chest pain we need to go back to A and E to seek further medical assistance.


















**SINGAPORE
POLICE FORCE**


T/20201225/2054

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

1 of 4

Report No. T/20201225/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2020 16:24	Vide Report No.:	Station Diary No.: 57
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA JIE LING, JACELYN			Address: APT BLK 187 PUNGGOL CENTRAL #12-271 SINGAPORE 820187		
ID Type / ID No.: NRIC NO / S9708749J			Contact No.: Home/Office: Mobile: 98455021		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 11/03/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: product executive			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2020 17:30	Type of Location: Straight Road
Location: SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMW2287B	Car				Seriously Damaged	2
YQ1266H	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201225/2054

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

2 of 4

Report No. T/20201225/2054

CONTINUATION OF REPORT

Passenger			
Name	YEO HUI HEOK	ID No.	S1392910F
Related Vehicle	SMW2287B (Car)	Contact No.	90926150
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2020	Date Discharge	24/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA JIE LING, JACELYN	ID No.	S9708749J
Related Vehicle	SMW2287B (Car)	Contact No.	98455021
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/12/2020	Date Discharge	24/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	CHUA YONG HONG	ID No.	S0199349F
Related Vehicle	SMW2287B (Car)	Contact No.	97592230
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2020	Date Discharge	24/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GANESAN A/L	ID No.	F7690003P
Related Vehicle	YQ1266H (Lorry)	Contact No.	84379014
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20201225/2054

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

3 of 4

Report No. T/20201225/2054

CONTINUATION OF REPORT

Brief Details.

On the stated date, time and location, I was involved in an accident.

I was driving my vehicle along Ang Mo Kio Avenue 1 towards CTE. I stopped during amber light , at the junction between Lorong Chuan and Ang Mo Kio Avenue 1, nearest Block is BLK 309 Serangoon Avenue 2.

While I was stationary, all of a sudden, a vehicle crashed to the rear of my vehicle. My vehicle moved to the front about a car length and the rear window shattered into pieces and the rear was dented. My passengers (my father and mother) including myself were shocked and alighted to check on the damages.

We exchanged particulars with the drivers and he left subsequently. My parents and I waited for the tow truck to come and tow my car at about 1830hrs.

After the incident we got ourselves checked at Sengkang Hospital (A and E department) as we were feeling unwell after the incident.

I had a small cut on right thigh and felt some chest pains due to the collision with the steering wheel, I received 5 days MC.

My father suffers from difficulty breathing after the incident and received 3 days MC.

My mother had a few cuts on her left palm and felt aches on her body. She also had to wear a neck brace for a few hours. She received 3 days MC.

All of us had xrays done and my parents had their blood tested.

We were given medications and were told that if we have symptoms like giddiness, loss of consciousness, worsening of chest pain we need to go back to A and E to seek further medical assistance.


**SINGAPORE
POLICE FORCE**

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



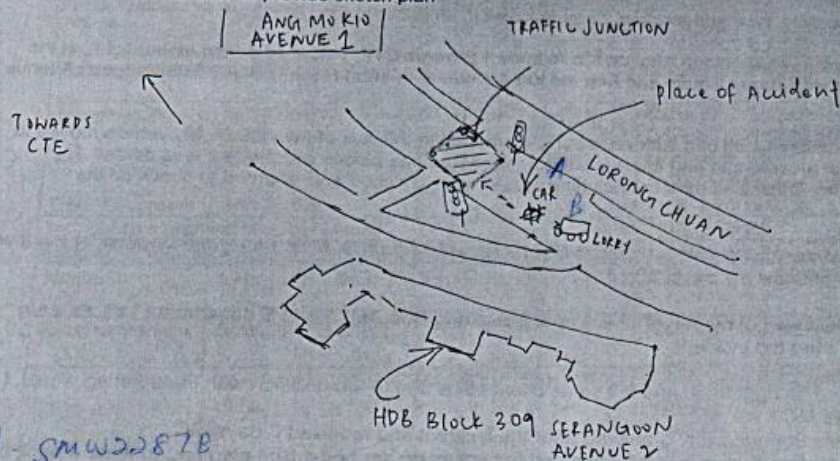
T/20201225/2054

4 of 4

Report No. T/20201225/2054

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:
F/
Sgt 3 MUHAMMAD HAIKAL BIN LATIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/12/2020 16:24

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : SN0920Q000M Vehicle Registration No: SMW 2287B
Name (as shown in NRIC) : CHUA JIE ZING, JACELYN NRIC/FIN/Passport No : SXXXX749J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 187 PUNGGOL CENTRAL #12-271 Singapore(820187)
Contact (Tel) : _____ Mobile No. : 98455001
Email Address : _____
Date of Accident : 24/12/20 Time of Accident : 17:30
Place of Accident : AME AVE 1 TWAS CTE
Insurance Company : NIFUC

(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:

AMEND PASSENGER GENDER

Policyholder / Driver's Signature
Date:

2/Jan 28/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: