

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 28/12/2020 18:44 (SGT)
Date of Accident 11/12/2020 22:05 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM3699S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KITTY HU BOBING
NRIC No SXXXX682E
Email Address KIT_HU@YAHOO.COM
Mobile Phone No (Phone) +65-96959095
Alternative Phone No +65-96959095

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110412966-01
Cover Note Number -

DRIVER

Name of Driver CHOW YI MAN
NRIC No SXXXX968E
Date Of Birth 22/10/1952
Occupation Indoor

Date Of Driving Pass	21/08/1975
Driving experience	45 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97309198
Alt. Phone Number	-
Email Address	KIT_HU@YAHOO.COM
Address	74 FABER HEIGHTS
Address complement	-
Postcode	129194
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201216/2059

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	SMA4853U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL8983S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

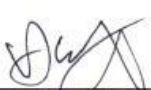
Name of injured person	CHOW YI MAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMM3699S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

IMPORTANT NOTICE

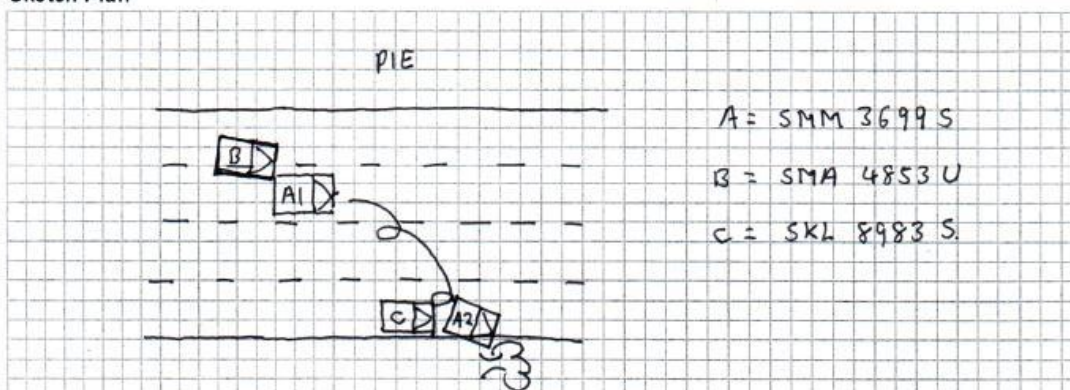
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

 28/12/2020
Policyholder's Signature / Date & Time


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



Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report T/20201216 / 2059

We declare the foregoing particulars are true in every respect.

 28/12/2020
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel







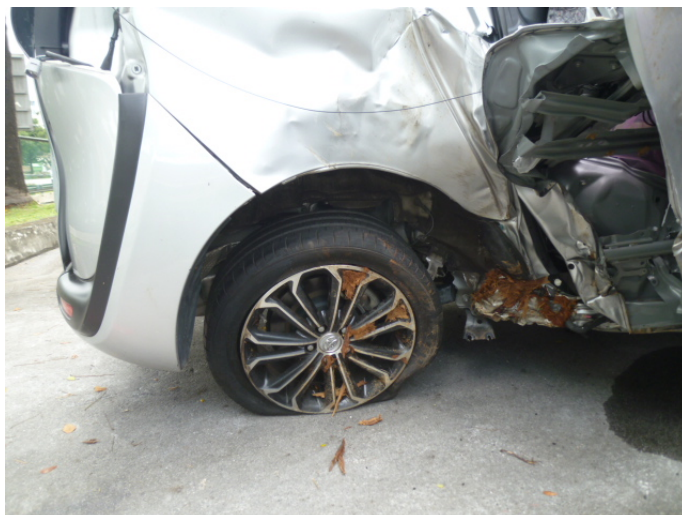
































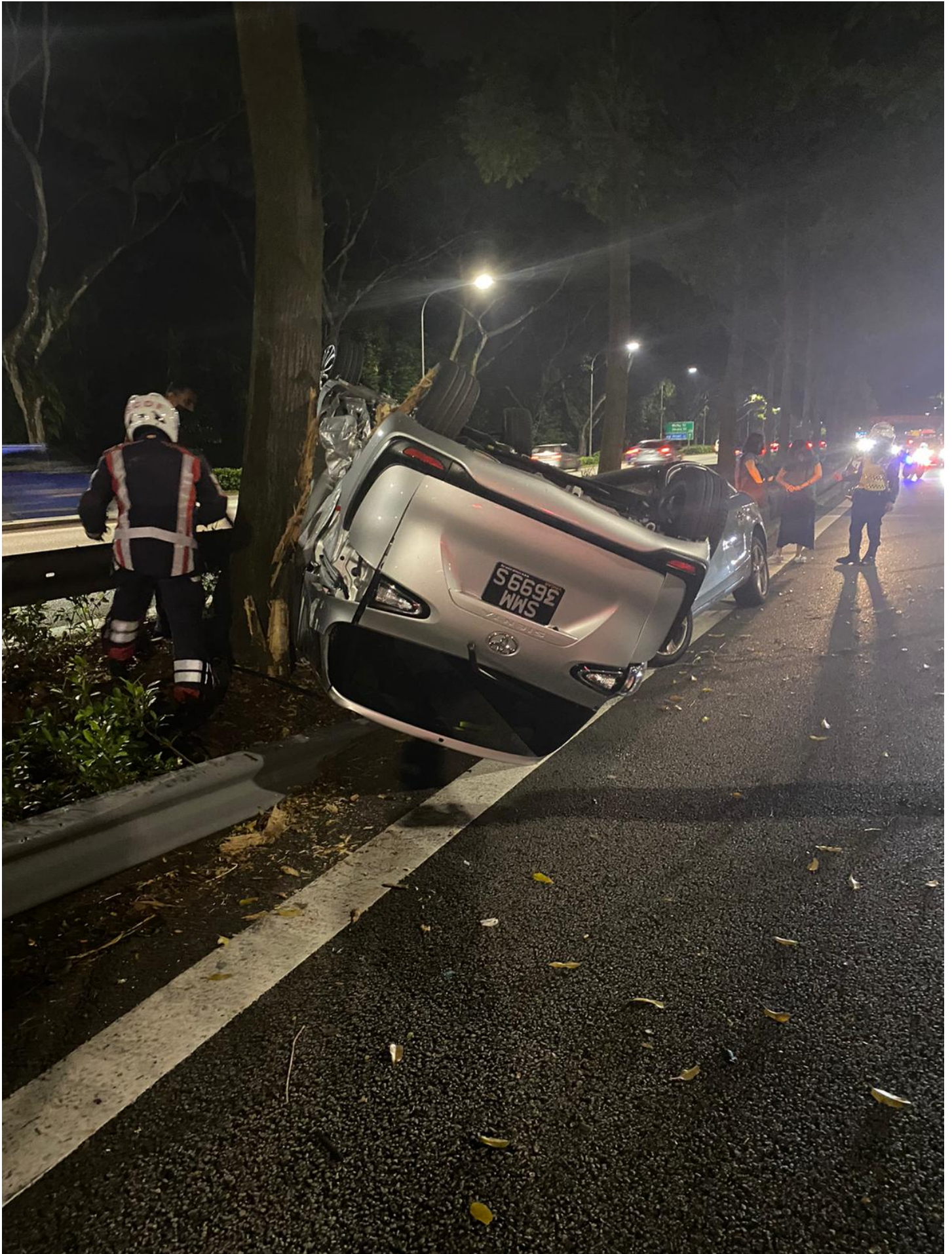


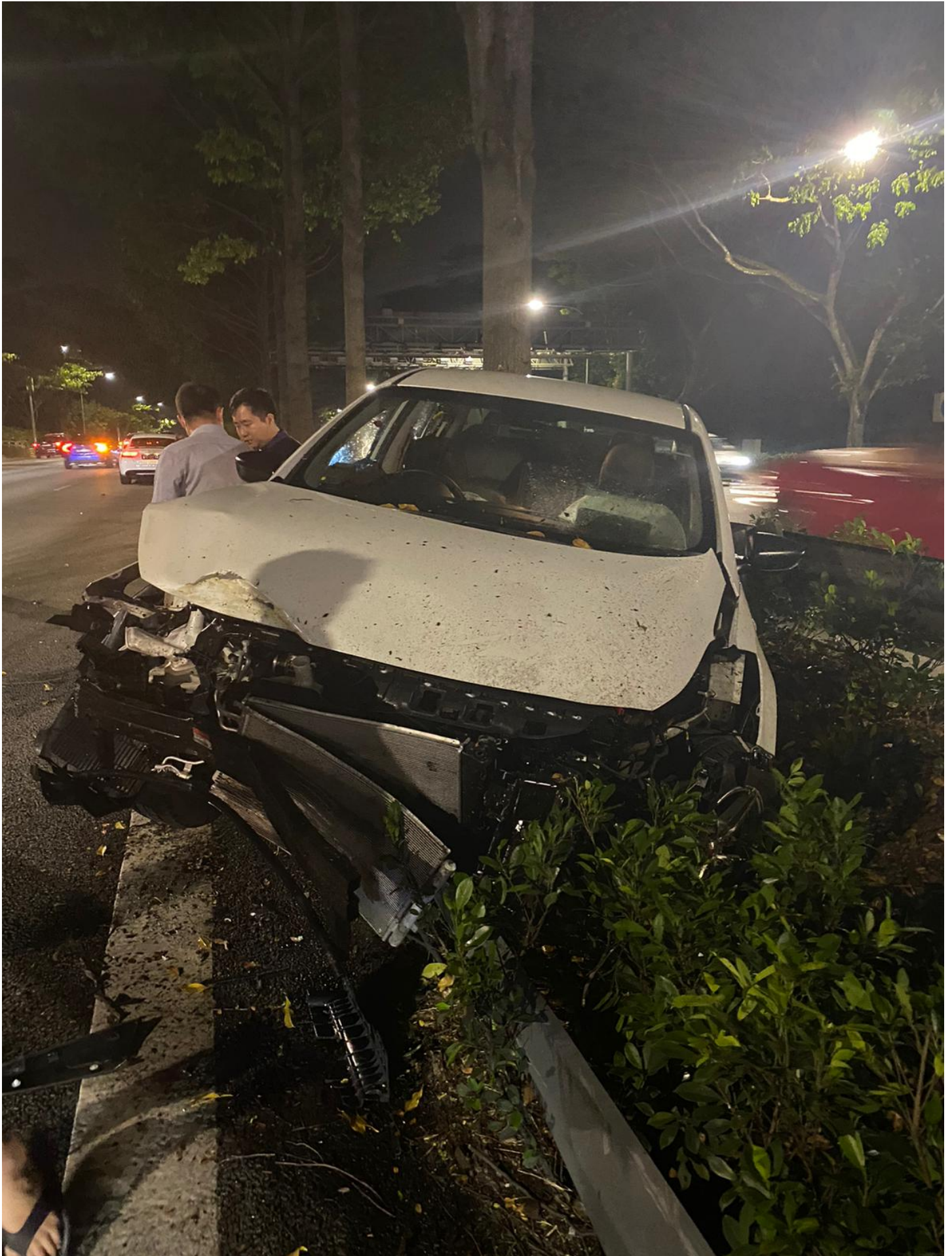






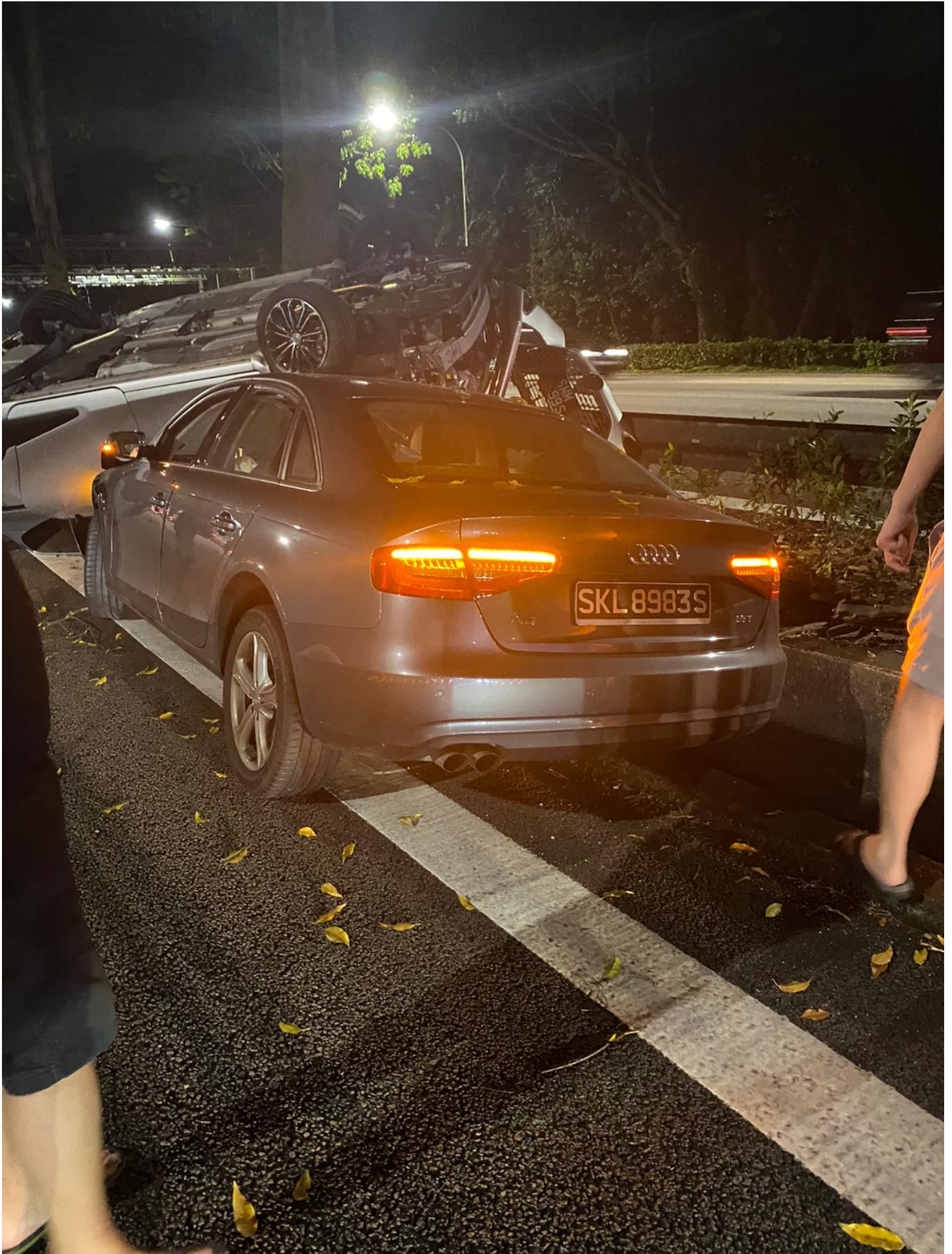




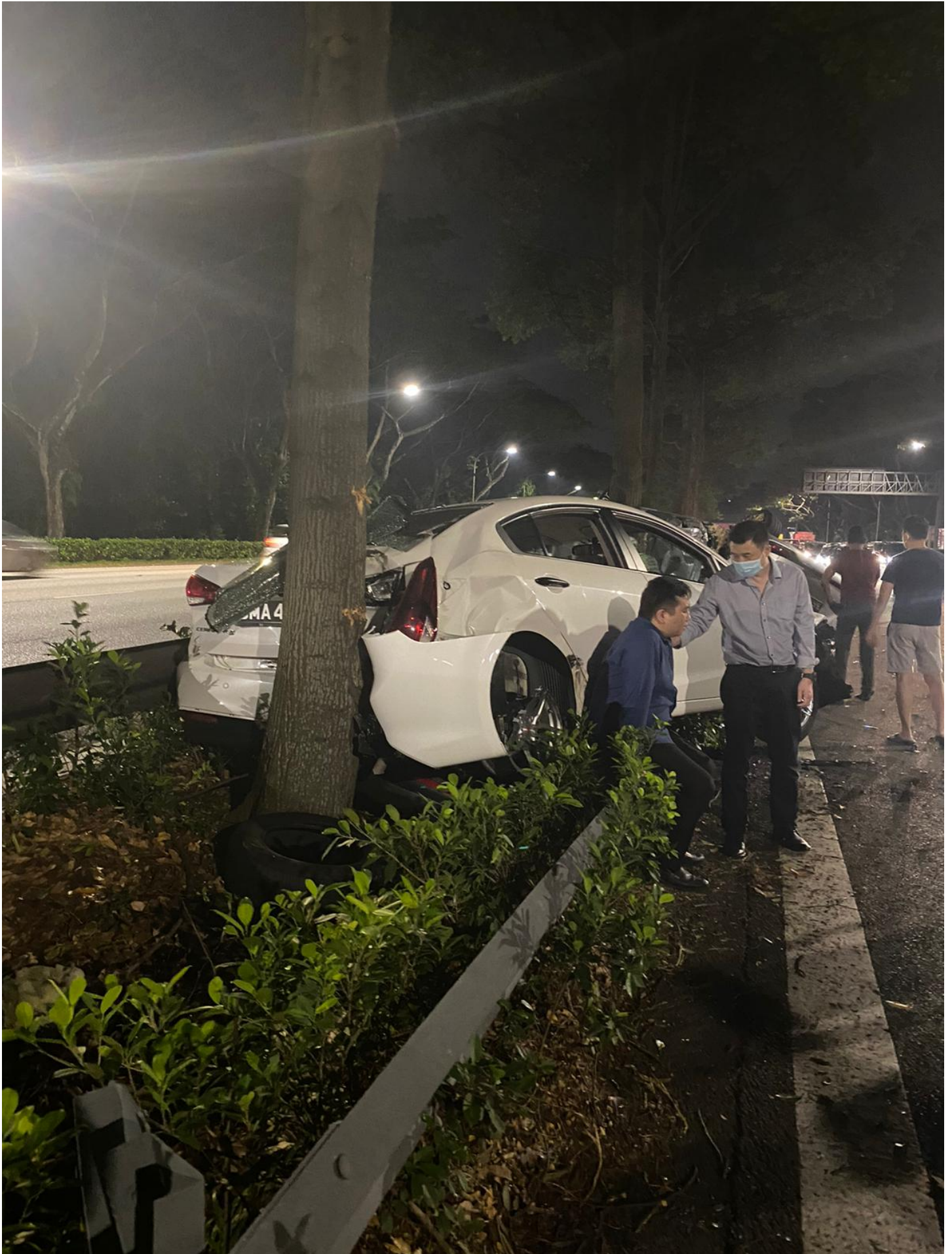


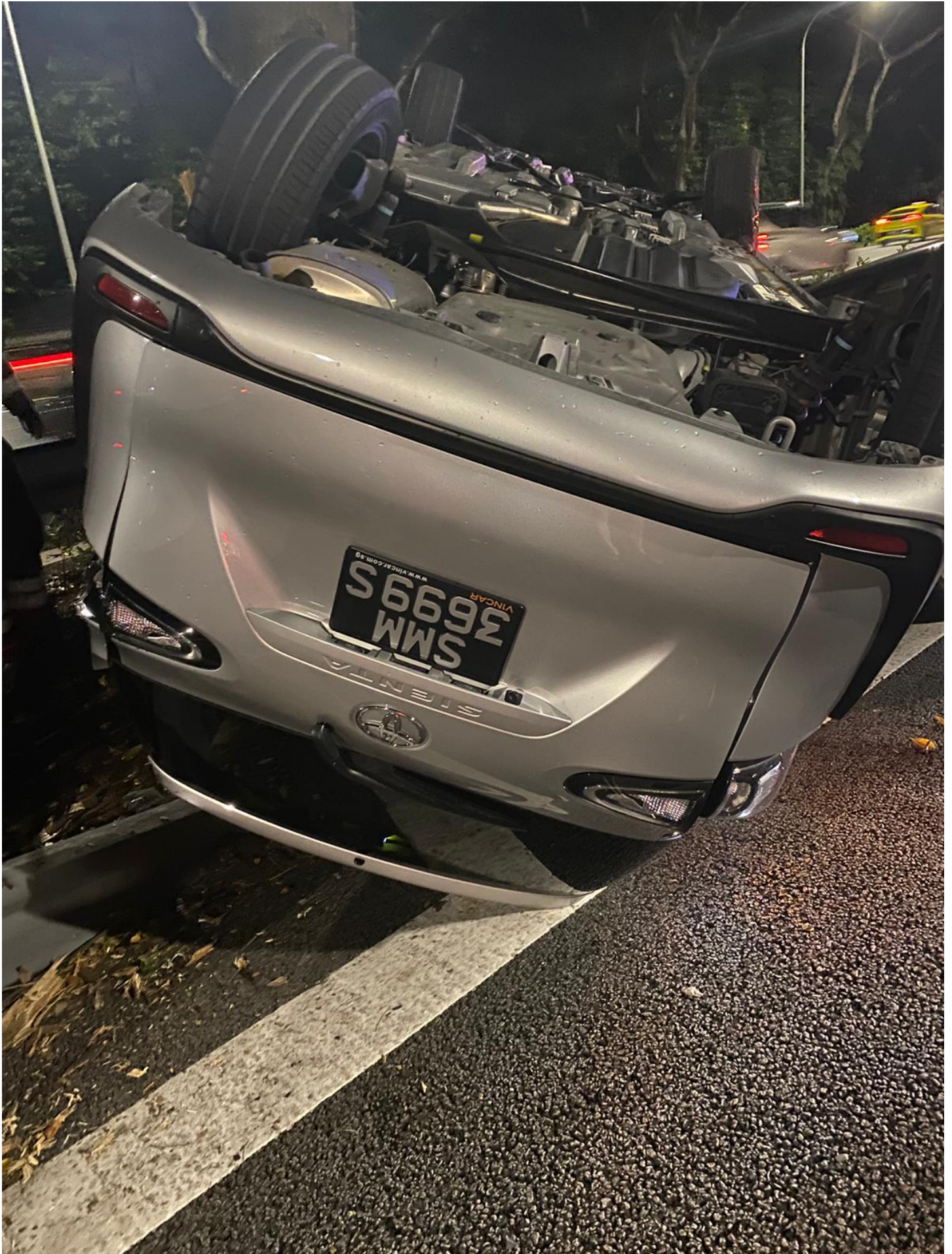


















**SINGAPORE
POLICE FORCE**



T/20201216/2059

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20201216/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 13:27	Vide Report No.: E/20201211/0166	Station Diary No.: 46
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Informant's Particulars			
Name of Informant: CHOW YI MAN		Address: 74 FABER HEIGHTS SINGAPORE 129194	
ID Type / ID No.: NRIC NO / S2173968E		Contact No.: Home/Office: Mobile: 97309198	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 68	Date of Birth: 22/10/1952	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2020 22:05	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		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
SKL8983S	Car	AUDI	A4 1.8 TFSI MU (NAVIGATION & XENON)	Grey	Seriously Damaged	0
SMA4853U	Car	KIA	FORTE K3 1.6A	White	Seriously Damaged	0
SMM3699S	Car	TOYOTA	SIENTA 1.5G CVT	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201216/2059

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20201216/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOW YI MAN	ID No.	S2173968E
Related Vehicle	SMM3699S (Car)	Contact No.	97309198
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	14/12/2020
No. of Days granted Medical Leave	11	Degree of Injury	Serious

Brief Details.

On the 11/12/2020 at about 2205hrs, I was driving my car, SMM3699S (Silver Toyota Sienta) on the 3rd lane at along Pan Island Expressway (PIE) towards Tuas nearby to Adam Road exit when suddenly I felt an impact on the left side of my vehicle pushing my vehicle towards right. I lost control of my vehicle when swerving to the right when I felt another impact on my car from the right side of my vehicle.

When the episode was over, I noticed that my car was overturned. I can also hear people calling out for me and was trying to open up my car. Subsequently, someone broke my window and told me not to worry as the ambulance was already on the way. The said person also ask me on the injuries that I had sustained.

Subsequently, the fire-fighter came to the accident location and brought me out from my vehicle so that the paramedic can check on me before conveying me to Tan Tock Seng Hospital (TTSH).

I sustained laceration and deep cuts on my forehead, right elbow, right hand and C7 spine injury (fracture) from the accident and was given 11 days of hospitalization leave.

I wished to add that my car is equipped with in-build car camera which was recording at that point of time and I will be glad to let IO Jackson view the recording to aid in the investigation. IO Jackson can be contacted at 65476225.



**SINGAPORE
POLICE FORCE**



T/20201216/2059

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20201216/2059

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:

D /

Sgt 3 JASMI BIN JUMA'AT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2020 13:27

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Authentication Stamp
NP168

Classification Of Case:

	SINGAPORE POLICE FORCE	SN 37
SIGNATURE		