

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 06/01/2021 14:56 (SGT)
Date of Accident 05/01/2021 16:45 (SGT)
Exact Location of Accident Tuas South Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ9338J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KEITH LIM
NRIC No SXXXX433G
Email Address keithlim79@hotmail.com
Mobile Phone No (Phone) +65-86999338
Alternative Phone No +65-86889339

VEHICLE PARTICULARS

Manufacturer Honda
Model Accord
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 5117344943
Cover Note Number -

DRIVER

Name of Driver VALENCIA CHAY
NRIC No SXXXX149G
Date Of Birth 22/05/1975
Occupation Indoor

Date Of Driving Pass	28/12/2000
Driving experience	20 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86889339
Alt. Phone Number	-
Email Address	keithlim79@hotmail.com
Address	BLK 153 MEI LING STREET #08-18
Address complement	-
Postcode	140153
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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)	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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210106/2038

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	CB8247G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SO KIN HING
NRIC No	SXXXX518C

Contact Number	(Phone) +65-97441989
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	VALENCIA CHAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND CHEST PAIN
Injured person in which vehicle?	SKJ9338J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law firms/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

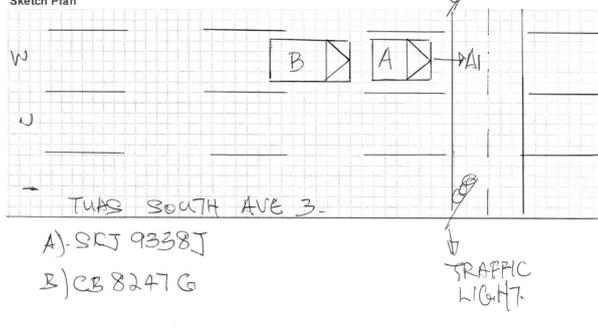
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 law firms/law firms), which may be-afid parties of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: *[Signature]* 06/01/2024
 Driver's Signature (If driver is not the policyholder) / Date & Time: *[Signature]*
 Witnessed by Reporting Centre Personnel: *[Signature]*



Describe Circumstances of the Accident

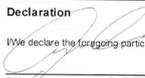
I had approach the Junction and stopped as traffic light was showing red while I was stationary a very strong being came from the rear of my car

The impact was so strong it pushed my car forward across the white line.

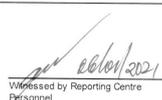
Police Ref: 7/20210106/2032

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**



T20210106/2038

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T20210109/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 11:38 Vide Report No.: Station Diary No.: 20

Informant's Particulars			
Name of Informant: VALENCIA CHAY		Address: APT BLK 153 MEI LING STREET #08-18 SINGAPORE 140153	
ID Type / ID No.: NRIC NO / S7515149G		Contact No.: Home/Office: Mobile: 86889338	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 45	Date of Birth: 22/05/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PURCHASING EXECUTIVE		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2021 16:45	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
CB8247G	Bus/Coach/Minibus				Slightly Damaged	1
SKJ9338J	Car				Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ9338J	NTUC Income Insurance Co-Operative Limited			



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T/20210106/2038

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3
Report No. T/20210106/2038

CONTINUATION OF REPORT

Brief Details.

On 05/01/2021 at about 1645hrs I was on my way home from work. I was on Tuas South Avenue 3 and there was a traffic light. Traffic light turn red and I halted my black Honda car bearing number SKJ9333J. Subsequently the bus bearing number CB8247G hit the rear of my car and the rear of my car sustained serious damaged. The boot went inwards then expanding the rear of my car upwards. I observed the bus to sustain dents and scratches on the front of the bus after it collided onto my car. At that point of time, it was raining and the road was wet. I exchanged details with the bus driver namely So Kin Hing S2563513C H/P: 97441969 and he informed that he was unable to stop the bus as the brake was not working. I suffered neck and chest pain after the collision and went to see a doctor at Alexandra Hospital.

My medical certificate: ALEX21000242
4 days of outpatient sick leave 05/01/2021 to 08/01/2021



**SINGAPORE
POLICE FORCE**



T/202101062038

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3
Report No. T/202101062038

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 1 TERRY ONG JU QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 11:38
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	