SN08211D0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/01/2021 10:42 (SGT) SUBMITTED BY: Mohd Taufikh VERSION: 1 (13/01/2021 10:42 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 13/01/2021 10:42 (SGT) Date of Accident 08/01/2021 18:40 (SGT) Exact Location of Accident Upper Paya Lebar Rd, Singapore Additional Location Information TWDS BOUNDARY RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD6496M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HUANG MEITING**

NRIC No. SXXXX764J Email Address mielle.huang@gmail.com Mobile Phone No (Phone) +65-90275802

Alternative Phone No +65-90275802

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra

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

Policy Number 5118097523

Cover Note Number

DRIVER

Name of Driver **HUANG MEITING** NRIC No SXXXX764J Date Of Birth 09/12/1983 Occupation Indoor

Date Of Driving Pass 23/02/2017 Driving experience 3 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-90275802 Alt. Phone Number +65-90275802 Email Address mielle.huang@gmail.com Address 2 PASIR RIS LINK Address complement #09-02 Postcode 518184 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210109/7033 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 NumberSLF3542JVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName 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)		_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Date &

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

Witnessed by Reporting Centre Personnel

claration declare the foregoing particulars are true in every respect. Private Should refer to not the policyholden / Date Witnessed by Reporting Cer Witnessed by Reporting Cer	,				1.5/	21.0/= 35
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T/20210109/7033

Report No. T/20210109/7033

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
	NTUC Income Insurance Co-Operative	5118097523	30/08/2020	29/08/2021	

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver	Haran Manager	SEPTEMBER S			2	
Name	HUANG MEITING			ID No.		S8339764J
Related Vehicle	SMD6496M (Car)			Contac	t No.	90275802
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

Total 5 lanes, 2 right lanes for turning right. I was changing lane to the left lane from lane 4 to lane 3 on the left. The car behind me in the changed lane 3 honked loudly at me. As I was already in the lane, car behind me tried to over take me by going to the lane 2 on the left and came back to lane 3 to be infront of me. in doing so, the car was moving relatively much faster than all of the cars as he tried to overtake me and sideswiped my car left side, and hit my left side mirror. my speed was only 11-14km/h when he sideswiped me. i think his right side mirror hit my left side mirror. I stopped my car. the car in front of me stopped for less than a second and he continue driving off. I have car video and also a photo of my damaged left mirror (scratch on my left mirror plastic). The vehicle that hit my car is SLF3542J. travelling along paya lebar road towards boundary road. Super heavy traffic as all the cars are queuing before the traffic light and travelling slowly.























1 of 3

Report No. T/20210109/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 09/01/2021 21:53 Informant's Particulars Address: Name of Informant: 2 PASIR RIS LINK #09-02 SINGAPORE 518184 HUANG MEITING Contact No.: ID Type / ID No.: NRIC NO / S8339764J Mobile: 90275802 Home/Office: Email: Nationality: mielle.huang@gmail.com SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 09/12/1983 Driver 37 Female Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3A Accountant

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2021 18:4	Type of Location Straight Road
Location: Upper Paya l	ebar Road towards Bo	oundary Road		
Weather:		Road Surface:		Road Speed Limit:
		Dry		50 Km/h
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	50 Km/h Traffic Volume: Heavy

		Make	Model	Color	Conditio	No of
Vehicle No.	Type	Make	Model		Odridido	
SLF3542J	Car	MERCEDES BENZ		Black		0
SMD6496M	Car	HYUNDAI	Elantra	Silver	Slightly Damaged	0

	The second	高校工会提出用
Insurance No	Effective	Expiry Date
	Insurance No	Insurance No Effective





T/20210109/7033

Report No. T/20210109/7033

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
	NTUC Income Insurance Co-Operative Limited	5118097523	30/08/2020	29/08/2021	

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver	Haran Manager	SEPTEMBER S			2	
Name	HUANG MEITING			ID No.		S8339764J
Related Vehicle	SMD6496M (Car)			Contac	t No.	90275802
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

Total 5 lanes, 2 right lanes for turning right. I was changing lane to the left lane from lane 4 to lane 3 on the left. The car behind me in the changed lane 3 honked loudly at me. As I was already in the lane, car behind me tried to over take me by going to the lane 2 on the left and came back to lane 3 to be infront of me. in doing so, the car was moving relatively much faster than all of the cars as he tried to overtake me and sideswiped my car left side, and hit my left side mirror. my speed was only 11-14km/h when he sideswiped me. i think his right side mirror hit my left side mirror. I stopped my car. the car in front of me stopped for less than a second and he continue driving off. I have car video and also a photo of my damaged left mirror (scratch on my left mirror plastic). The vehicle that hit my car is SLF3542J. travelling along paya lebar road towards boundary road. Super heavy traffic as all the cars are queuing before the traffic light and travelling slowly.





3 of 3 Report No. T/20210109/7033

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

required.
Date/Time: 09/01/2021 21:53
Classification Of Case:

NP168