

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 09/01/2021 11:10 (SGT)
Date of Accident 08/01/2021 11:54 (SGT)
Exact Location of Accident Sengkang E Ave & Sengkang E Dr, Singapore
Additional Location Information SENGKANG EAST AVE-SENGKANG EAST DR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA6469H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG BOON CHYE ANDREW @ ADHWA NG ABDULLAH
NRIC No S1649799A
Email Address ANBC649@YAHOO.COM
Mobile Phone No (Phone) +65-93376688
Alternative Phone No +65-93376688

VEHICLE PARTICULARS

Manufacturer Kia
Model Carens
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800039665
Cover Note Number -

DRIVER

Name of Driver SARAH NG ADHWA
NRIC No T0136819I
Date Of Birth 29/11/2001
Occupation Indoor

Date Of Driving Pass	13/07/2020
Driving experience	6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90029400
Alt. Phone Number	-
Email Address	SARAHNG2911@GMAIL.COM
Address	1 RIVERVALE LINK #08-07
Address complement	-
Postcode	545118
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	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?	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-HEAD TO SIDE

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	SHD3933Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD3933Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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)**

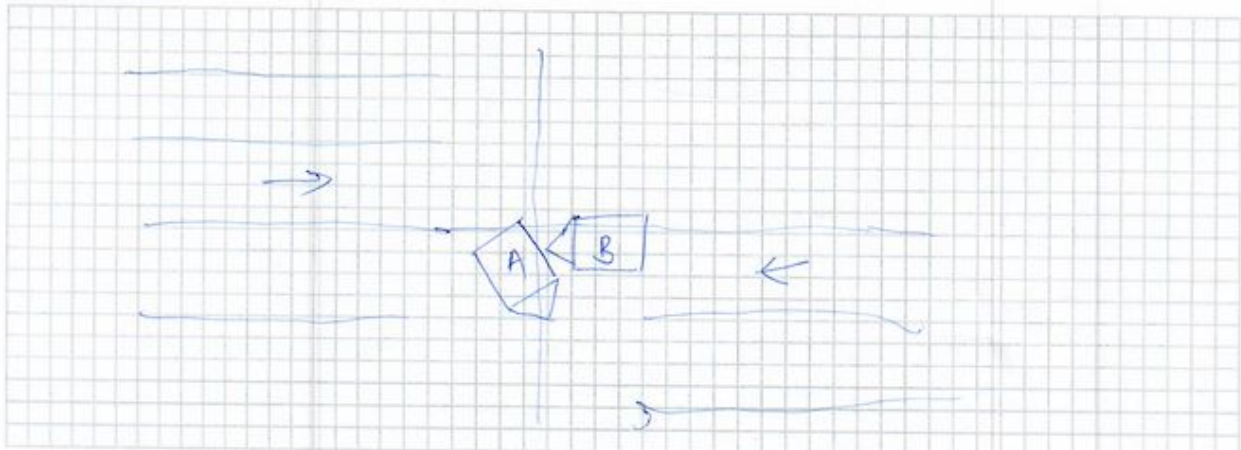
I understand, acknowledge, agree and consent that :

- (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

I was turning to the right at a T-junction, with two other cars turning in front of me. The light was green, and the two other cars had turned, so I was turning as well after them. The taxi was driving straight from the opposite direction and was moving quite fast. I did not see it and was already half way turning when it hit my car. It was raining at the time.

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/20210108/2100

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210108/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 17:32	Vide Report No.:	Station Diary No.: 87
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SARAH NG ADHWA			Address: 1 RIVERVALE LINK #08-07 SINGAPORE 545118	
ID Type / ID No.: NRIC NO / T0136819I			Contact No.: Home/Office: Mobile: 90029400	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 19	Date of Birth: 29/11/2001	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Student			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: 08/01/2021 12:00	Type of Location:
Location: SENGKANG EAST DRIVE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHD3933Y	Taxi					0
SMA6469H	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210108/2100

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20210108/2100

CONTINUATION OF REPORT

Brief Details.

On 08/01/2021 at 1200hrs, I was driving along Sengkang East drive in my vehicle, SMA 6469H and everything was normal. As soon I reached the traffic junction of Sengkang East drive, I was getting ready to make a right turn into Sengkang East Avenue. I wish to state that I was the third vehicle in line for the right turn and it was raining at the point of time.

After the two vehicles in front of me had made the turn, I started making the turn when suddenly, one Taxi, SHD 3933Y came from the opposite direction of the road and collided onto my vehicle. It was when Traffic police came down and subsequently, the taxi driver was conveyed to the hospital due to this injuries. I was not injured from this accident. The damages are serious dents on the front of the car which rendered my car unusable and had to be towed away.

I am lodging this report for record and insurance purposes.



SINGAPORE POLICE FORCE



T/20210108/2100

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20210108/2100

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 1 ONG YU HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2021 17:32

Officer In Charge Of Case:
TP / GIT /
Staff Sgt QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Classification Of Case:

Authentication Stamp
NP168

