





## 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	04/02/2021 09:09 (SGT)
Date of Accident	03/02/2021 12:55 (SGT)
Exact Location of Accident	Hillington Green Condo, Singapore
Additional Location Information	ENTRANCE OF CONDO (GUARDHOUSE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8431B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU ENG GEE
NRIC No	SXXXX027F
Email Address	JADELIORALAU@GMAIL.COM
Mobile Phone No	(Phone) +65-97558266
Alternative Phone No	+65-97558266

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5118360469
Cover Note Number	-

#### DRIVER

Name of Driver	LAU ENG GEE
NRIC No	SXXXX027F
Date Of Birth	08/07/1980
Occupation	Outdoor

Date Of Driving Pass .....	06/08/2016
Driving experience .....	4 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97558266
Alt. Phone Number .....	+65-97558266
Email Address .....	JADELIORALAU@GMAIL.COM
Address .....	BLK 216 BUKIT BATOK STREET 21 #09-293
Address complement .....	-
Postcode .....	650216
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 .....	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 .....	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

REFER TO POLICE REPORT T/20210203/7025

#### 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 .....	SLW4413C
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 .....	LAU ENG GEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HANDS, ARMS, BACK
Injured person in which vehicle? .....	SJH8431B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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 : SN 0921240001 Vehicle Registration No: SJH 8431B

Name(as shown in NRIC) : LAU ENG GEE NRIC/FIN/Passport No : SXXXX027F

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 9755 8266

Email Address : \_\_\_\_\_

Date of Accident : 03/02/2021 Time of Accident : 12:55

Place of Accident : ENTRANCE OF HILLINGTON GREEN CONDO

Insurance Company: NTUC

### (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 - THIRO PARTY VEHICLE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 :

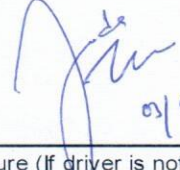
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

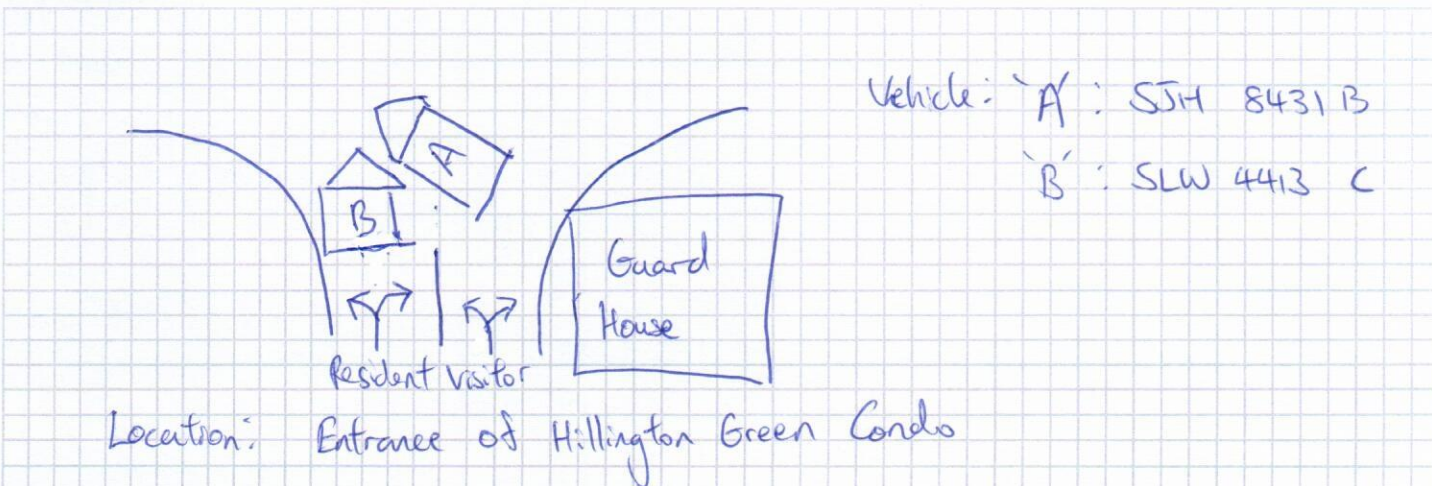
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
03/02/21  
Policyholder's Signature / Date & Time

  
03/02/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Refer to police Report.

We declare the foregoing particulars are true in every respect.

03/02/21

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**SINGAPORE  
POLICE FORCE**



T/20210203/7025

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

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Report No. T/20210203/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2021 16:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAU ENG GEE			Address: 216 BUKIT BATOK STREET 21 #09-293 SINGAPORE 650216		
ID Type / ID No.: NRIC NO / S8018027F			Contact No.: Home/Office: Mobile: 97558266		
Nationality: SINGAPORE CITIZEN			Email: JADELIORALAU@GMAIL.COM		
Sex: Female	Age: 40	Date of Birth: 08/07/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED		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: 03/02/2021 12:55	Type of Location: Entrance of the Condo (guardhouse)
Location:  HILLVIEW AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH8431B	Car	TOYOTA	RUSH 1.5X A	Black		0
SLW4413C	Car	MAZDA				0





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
SJH8431B	NTUC Income Insurance Co-Operative Limited	5118360469	24/07/2020	25/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU ENG GEE	ID No.	S8018027F
Related Vehicle	SJH8431B (Car)	Contact No.	97558266
Hospital/Clinic	MY FAMILY CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was on a delivery to Hillington Green Condo. After the registration at the guard house, my visitor's lane barrier opened. I proceeded on to turn left into the condo estate. Suddenly vehicle plate bearing "SLW 4413 C" mazda dashed in from the resident's entrance lane and hit on to my left portion of my vehicle. My car suffered damages on the bumper, fender and rims. While the other party suffered damages on his front headlamps and bumper portion.

After the accident, i felt discomfort on my body. I seek medical attention at My Family Clinic (Clementi 325) and was given 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20210203/7025

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

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Report No. T/20210203/7025

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
03/02/2021 16:51

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5118360469

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SIH8431B**  
Chassis Number : J200E0022853
2. Name of Policyholder : LAU ENG GEE
3. Effective Date of Insurance : 24 Jul 2020
4. Expiry Date of Insurance : 25 Aug 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAU ENG GEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 24 Jul 2020 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Date of Accident : 03/02/2021 Accident Time: 12:55 (PM) (24-HR-Format)  
Accident Place : Entrance of Hillington Green Condo  
Vehicle No. (Car Plate No.) : STH 8431 B Make/Model: TOYOTA RUSH  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : LAU ENG GEE S8018027F  
Owner or Company Contact No. : 9755 8266 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 08/07/1980 DRIVER'S License Pass Date 06/08/2016  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 216 BUKIT BATOK STREET 21 #09-293  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : JADELIORALAU @ GMAIL . COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): HANDS / ARMS / BACK / ETC

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SLW 4413 C</u>	Vehicle. No: _____
Vehicle Make \Model: <u>MAZDA</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW – Passenger's name & gender:**