

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 16/02/2021 12:30 (SGT)
Date of Accident 16/02/2021 08:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE towards Tuas
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM9011Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AGNES JAEL CHAN
NRIC No S7414276A
Email Address acf2004@gmail.com
Mobile Phone No (Phone) +65-87499363
Alternative Phone No +65-87499363

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model VOLKSWAGEN / JETTA 1.4 TSI A/T ABS D/AIRBAG 2WD
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112601345-01
Cover Note Number -

DRIVER

Name of Driver AGNES JAEL CHAN
NRIC No S7414276A
Date Of Birth 09/04/1974
Occupation Outdoor

Date Of Driving Pass	27/02/2012
Driving experience	9 YEARS
Gender	Female
Mobile Number	(Phone) +65-87499363
Alt. Phone Number	+65-87499363
Email Address	ac1f2004@gmail.com
Address	BLK 247 #08-454 HOUGANG AVENUE 3
Address complement	-
Postcode	530247
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Female

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

AS PER POLICE REPORT No.T/202102117/2002;

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	SH6136K
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	GOH HUAI SUAN
NRIC No	S1383354J
Contact Number	-
Address	-
Address complement	104 ALJUNIED CRESCENT #05-237
Postcode	380104
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	AGNES JAEL CHAN
Address	BLK 247 #08-454 HOUGANG AVENUE 3
Address Complement	-
Post Code	530247
Approximate Age Years Old	46
Injuries Sustained	-
Injured person in which vehicle?	SLM9011Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

 16/2/21

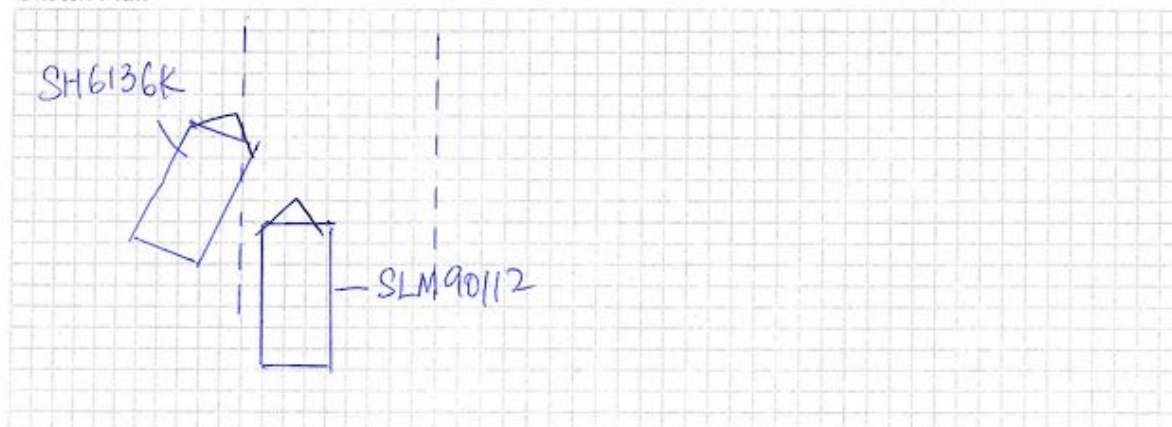
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

16 FEB 2021

Sketch Plan

Describe Circumstances of the Accident

Handwritten notes in blue ink:

- Ref
- 2-16

A large, stylized blue ink sketch of a road or path, starting from the left, curving upwards and then downwards, ending on the right side of the form.

Declaration

I/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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel

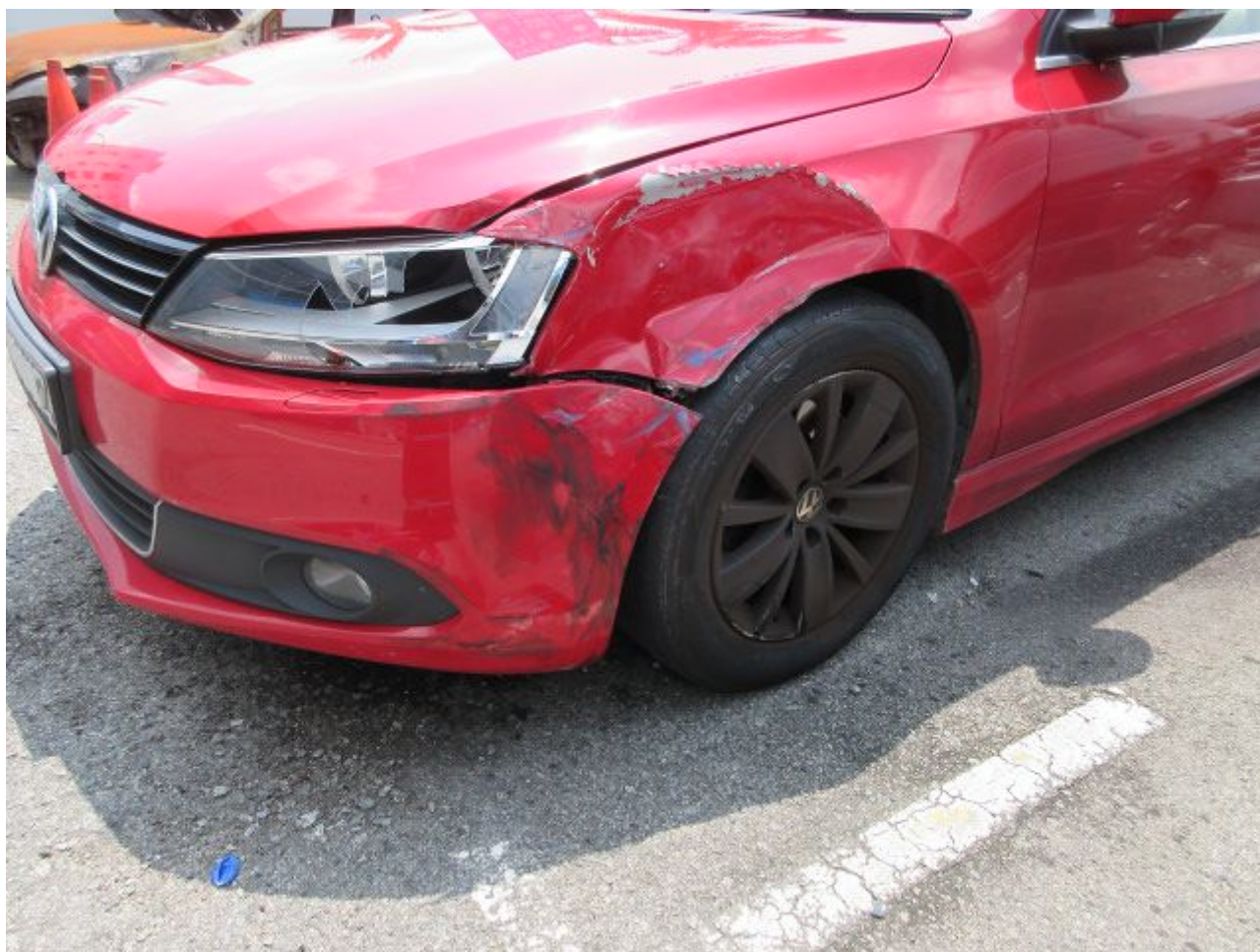
16 FEB 2021





















SINGAPORE
POLICE FORCE



T/20210217/2002

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

1 of 3

Report No. T/20210217/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2021 00:38	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: AGNES JAEEL CHAN	Address: APT BLK 247 HOUGANG AVENUE 3 #08-454 SINGAPORE 530247		
ID Type / ID No.: NRIC NO / S7414276A	Contact No.: Home/Office: Mobile: 87499363		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 46	Date of Birth: 09/04/1974	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: GRAB DRIVER	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: 16/02/2021 08:45	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6136K	Taxi				Slightly Damaged	0
SLM9011Z	Car	VOLKSWAGO N	JETTA 1.4 TSI A/T ABS D/AIRBAG 2WD	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210217/2002

2 of 3

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

Report No. T/20210217/2002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM9011Z	NTUC Income Insurance Co-Operative Limited	5112601345-01	14/09/2020	29/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AGNES JAEI CHAN		ID No. S7414276A
Related Vehicle	SLM9011Z (Car)		Contact No. 87499363
Hospital/Clinic	MEDIPOINT MEDICAL CENTRE (PONGGOL BRANCH)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	16/02/2021		Date Discharge 16/02/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 16/02/2021 at about 0845hrs, while I was driving my vehicle (Registration Number: SLM 9011Z) along Pan Island Expressway, I had met with an accident. I was driving straight on the third lane and suddenly there is a vehicle (Registration Number: SH6136K) had cut in into my lane and there is a collision between the two vehicle. We then move the vehicle slightly forward down the road and stopped our vehicle at the side of the road. We then went out to make a check on our vehicle and took photos of the accident scene. We had also exchange particulars and subsequently left the accident scene. I wish to state that about 30 minutes after the accident scene, I felt pain my neck, shoulder, body and back strain area. I then went to Medipoint Medical Centre to have myself examine. I was then given a total of 4 days of Medical Leave.

SINGAPORE
POLICE FORCE

T/20210217/2002

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

3 of 3

Report No. T/20210217/2002

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 3 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Informant:

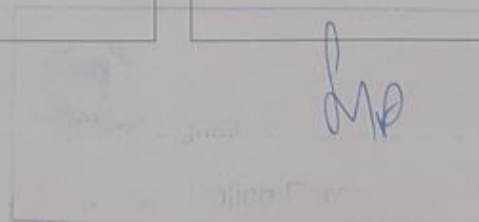
Signature Of Interpreter:
Not applicable

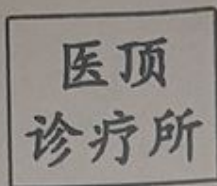
Date/Time:
17/02/2021 00:38

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168





MEDIPOINT MEDICAL CENTRE
(Punggol Branch)
Blk 401 Hougang Avenue 10 #01-1170
Singapore 530401
Tel: 63865046 Fax: 63854430

Medical Certificate

Date : 16 Feb 2021

MC No. : 0000011378

This is to certify that :

Name : AGNES JAEL CHAN

NRIC : S7414276A

is Unfit for Duty for 4 days

from 16 Feb 2021 to 19 Feb 2021 inclusive.

Remarks : Whiplash injury from road traffic accident
Acute back strain

DR. TAN PECK KIANG
MBBS (S'pore)
Grad. Dip. (Fam Med)
MCR 04853D


DR ANGELA TAN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV0L212G0004 Vehicle Registration No: SLM9011Z
 Name (as shown in NRIC): AGNES JAEI CHAN NRIC/FIN/Passport No: S7414276A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 247 #08-454 HOUGANG AVENUE 3 Singapore (530247)
 Contact (Tel): _____ Mobile No.: 8749 9363
 Email Address: acif2004@gmail.com
 Date of Accident: 16.02.2020 Time of Accident: 08:45
 Place of Accident: ALONG PIE TWRDS CHANGI
 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:

UPDATE TO WITHDRAW FROM OWN INSURANCE CLAIM. UPDATE TO THIRD PARTY. ATTACHED POLICE REPORT

AND ADD ON INJURIES.

Policyholder / Driver's Signature
Date: 17 FEB 2021

IDAC KAKI BUKIT(VAC)

Reporting Centre Personnel's Signature
Name: SITI
NRIC/FIN No.: _____
Date: 17 FEB 2021