

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 22/02/2021 13:07 (SGT)
Date of Accident 21/02/2021 20:25 (SGT)
Exact Location of Accident Jurong West Street 75, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA6043C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG SONG KUN
NRIC No SXXXX880Z
Email Address ONG_KUN5@HOTMAIL.COM
Mobile Phone No (Phone) +65-94301493
Alternative Phone No +65-94301493

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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 5117407089
Cover Note Number -

DRIVER

Name of Driver YAP SWEE LIN, JANICE (YE RUILIN)
NRIC No SXXXX278F
Date Of Birth 23/06/1985
Occupation Indoor

Date Of Driving Pass	05/08/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84998618
Alt. Phone Number	-
Email Address	ONG_KUN5@HOTMAIL.COM
Address	17 HIGHGATE CRESCENT
Address complement	-
Postcode	598798
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	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:J/20210222/7000

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	FBG6076G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 YAP SWEE LIN,JANICE(YE RUILIN)
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMA6043C
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

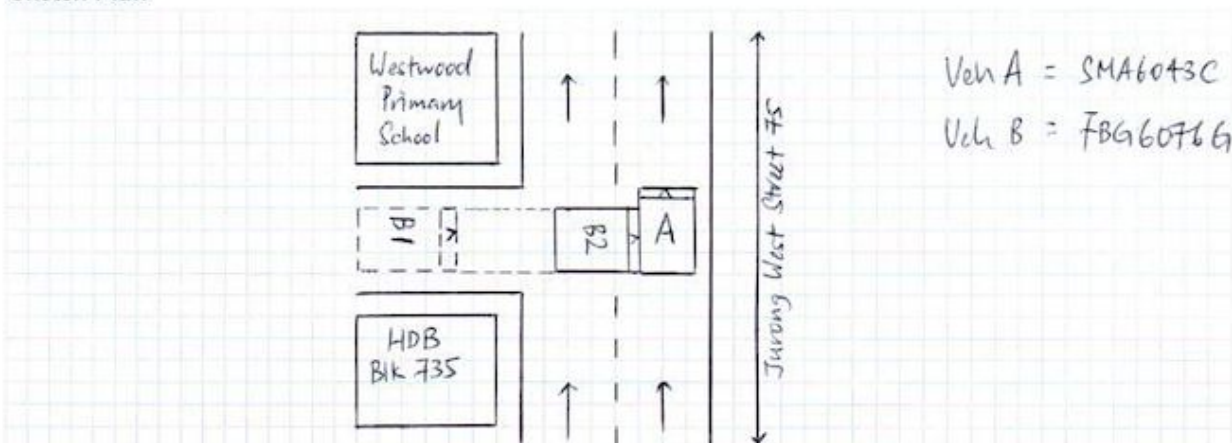
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

 22/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel



1 of 2

Report No. J/20210222/7000

Date/Time Report Made 22/02/2021 00:00	Vide Report No.	Station Diary No.
Name Of Informant YAP SWEE LIN, JANICE	Address 17 HIGHGATE CRESCENT SINGAPORE 598798	
ID Type / ID No. NRIC NO / S8517278F	Contact No. Home/Office: Mobile: 84998618	
Nationality SINGAPORE CITIZEN	Email Address janice.sl.yap@gmail.com	
Occupation Self Employed	Sex Female	Age 35
Institution/School Name	Date of Birth 23/06/1985	Race Chinese
Date/Time Of Incident 21/02/2021 20:25	Location Of Incident JURONG WEST STREET 75	

I alighted to realise that FBG6076G had dashed out from the carpark gantry and crashed into the whole left side of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2021 00:00
Officer In-Charge Of Case:	Classification Of Case:

 Accident report **SN09212M0008**



**SINGAPORE
POLICE FORCE**



J/20210222/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210222/7000

After the accident, I felt soreness over multiple areas of my body. Hence, I proceeded to Unihealth 24-Hr Clinic (Jurong East) and was given 3 days MC for my injuries.

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Signature Of Interpreter: Not applicable	Date/Time: 22/02/2021 00:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	























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ID Type / ID No. NRIC NO / S8517278F	Contact No. Home/Office: Mobile: 84998618	
Nationality SINGAPORE CITIZEN	Email Address janice.sl.yap@gmail.com	
Occupation Self Employed	Sex Female	Age 35
Institution/School Name	Date of Birth 23/06/1985	Race Chinese
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