

# 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 .....	04/03/2021 18:01 (SGT)
Date of Accident .....	04/03/2021 15:40 (SGT)
Exact Location of Accident .....	Marina Boulevard, Singapore
Additional Location Information .....	JUNC OF MARINA WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLE4729L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SU CHING CHUN
NRIC No .....	SXXXX214I
Email Address .....	JAYJAYGAL88@YAHOO.COM
Mobile Phone No .....	(Phone) +65-93668444
Alternative Phone No .....	+65-93668444

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	5082447037-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SU CHING CHUN
NRIC No .....	SXXXX214I
Date Of Birth .....	14/05/1980
Occupation .....	Outdoor

Date Of Driving Pass .....	19/04/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93668444
Alt. Phone Number .....	+65-93668444
Email Address .....	JAYJAYGAL88@YAHOO.COM
Address .....	BLK 335A ANCHORVALE CRESCENT
Address complement .....	#10-94
Postcode .....	541335
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 .....	Collision - Head to Rear
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SMY1157P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LI JINBO
NRIC No .....	SXXXX182E

Contact Number .....	(Phone) +65-97282006
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 .....	SU CHING CHUN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SLE4729L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LI JINBO
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMY1157P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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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  
4/3/2021

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 travelling along marina boulevard heading towards Sheaves Ave toward East coast. At the junction when the light is changing Amber, I stop my car. Suddenly vehicle 8 came from behind and hit onto my rear portion of my vehicle.

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time 4/3/2021

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

 04/03/21  
 Witnessed by Reporting Centre  
 Personnel





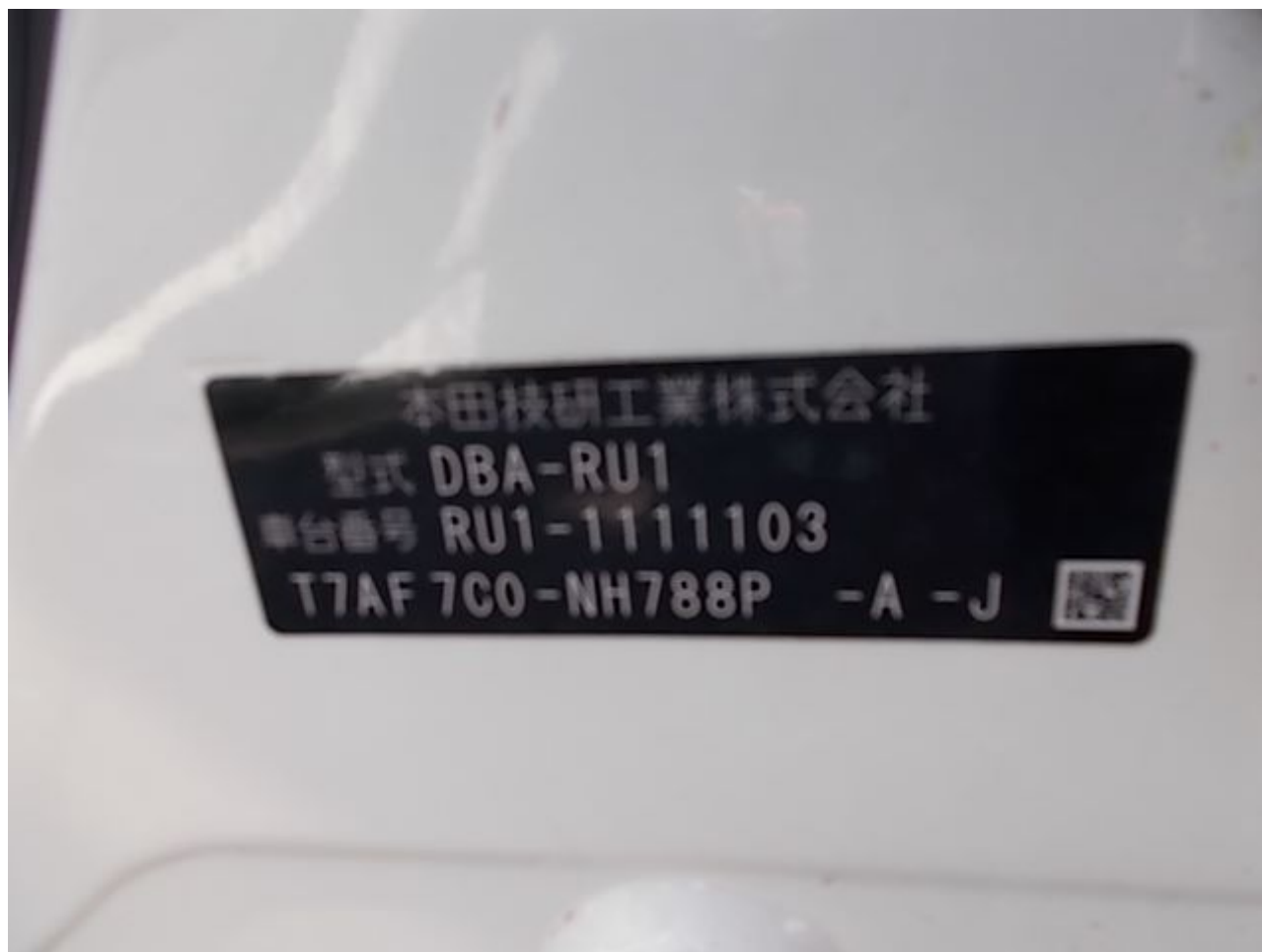














**SINGAPORE  
POLICE FORCE**



T/20210305/7019

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

1 of 3

Report No. T/20210305/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2021 14:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SU CHING CHUN			Address: 335A ANCHORVALE CRESCENT #10-94 SINGAPORE 541335		
ID Type / ID No.: NRIC NO / S80772141			Contact No.: Home/Office: Mobile: 93668444		
Nationality: TAIWANESE			Email: jayjaygal88@yahoo.com		
Sex: Female	Age: 40	Date of Birth: 14/05/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			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: 04/03/2021 15:40	Type of Location: T-Junction
Location:  MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE4729L	Car	HONDA	Vezel 1.5X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	1
SMY1157P	Car	HONDA	VEZEL	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210305/7019

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

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Report No. T/20210305/7019

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE4729L	NTUC Income Insurance Co-Operative Limited	5082447037-04	21/07/2020	20/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	SU CHING CHUN		ID No.	S8077214I
Related Vehicle	SLE4729L (Car)		Contact No.	93668444
Hospital/Clinic	ISLAND GROUP CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/03/2021		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Vehicle Owner				
Name	LI JINBO		ID No.	S7985182E
Related Vehicle	SMY1157P (Car)		Contact No.	97282006
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	

## Brief Details.

I have taken photos.

I was travelling along Marina Boulevard towards Sheares Ave going to East Coast direction. At the T-junction with a pedestrian crossing, the traffic light turns amber and I stop my car. Suddenly the car from behind hit onto the rear portion of my car.

This report is for the purpose of recording and insurance claims.



**SINGAPORE  
POLICE FORCE**

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



T/20210305/7019

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Report No. T/20210305/7019

**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 / TPiB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

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

Date/Time:  
05/03/2021 14:56

Classification Of Case:



**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: SN092134000E-01 Vehicle Registration No: SLF4739L  
 Name (as shown in NRIC): SU CHING CHUN NRIC/FIN/Passport No: SXXXX2141  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 335A ANCHORVALE CRESCENT #10-94 Singapore ( 541335 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 93668444  
 Email Address: \_\_\_\_\_  
 Date of Accident: 04/03/21 Time of Accident: 15:40  
 Place of Accident: MARINA BLVD  
 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:

ADD IN POLICE REPORT

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

2/jw 05/03/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: