

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 09/03/2021 16:34 (SGT)
Date of Accident 08/03/2021 15:50 (SGT)
Exact Location of Accident Sengkang Square, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH9975T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PERSONAL TRAINERS
Company Reg No 5XXXX301K
Email Address NEVTBY@GMAIL.COM
Mobile Phone No (Phone) +65-94798868
Alternative Phone No +65-94798868

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 5086401975-04
Cover Note Number -

DRIVER

Name of Driver KAREN KEE PEI NA
NRIC No SXXXX384I
Date Of Birth 01/04/1976
Occupation Indoor

Date Of Driving Pass	18/12/1997
Driving experience	23 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94798868
Alt. Phone Number	-
Email Address	NEVTBY@GMAIL.COM
Address	BLK 470B FERNSVALE LINK #14-430
Address complement	-
Postcode	792470
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	THAM CHEE SENG JOEY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20210309/7028

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	GX5330E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KAREN KEE PEI NA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLH9975T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	THAM CHEE SENG JOEY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLH9975T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 envelope/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.



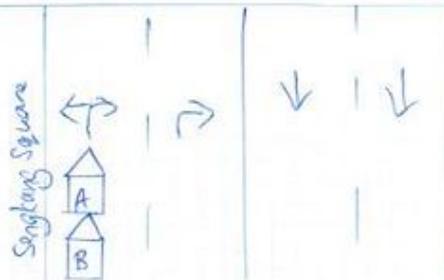
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Sengkang East Road



veh A : SLH9975T
veh B : GX5330E

Describe Circumstances of the Accident

On 8th March 2021 at about 3:50pm I was travelling along Sengleang Square before Sengkang East Road. I stopped my vehicle (veh A SLH9975T) at the traffic light. Suddenly I felt an impact coming from my rear. After alighting I realised I was hit by veh B (GX 5330E).

After the Accident I went to WONG CLINIC and was Given 3 days MC. (MC2103083290)

MY Passage: MR THAM CHEE SENG Joey i/c NO: S7222244Z was Given 3 days MC 2103093293

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



F/20210309/7028

1 of 2

POLICE REPORT (NP299)

Report No. F/20210309/7028

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 09/03/2021 13:07	Vide Report No.	Station Diary No.
Name Of Informant KAREN KEE PEI NA	Address 470B FERVALE LINK #14-430 SINGAPORE 792470	
ID Type / ID No. NRIC NO / S7609384I	Contact No. Home/Office:	Mobile: 94798868
Nationality SINGAPORE CITIZEN	Email Address karenkee76@gmail.com	
Occupation self employed	Sex Female	Age 44
Institution/School Name	Date of Birth 01/04/1976	Race Chinese
Date/Time Of Incident 08/03/2021 15:50 - 08/03/2021 16:00	Location Of Incident SENGKANG SQUARE	

Brief details.

on 8th march 2021 at about 3.50pm i was traveling along sengkang square before sengkang east rd. i stopped my vehicle Veh A (SLH9975T) at the traffic light. suddenly i felt an impact coming from my rear. After alighting a realised i was hit by Veh B (GX5330E).

after the accident i went to WONG Clinic and was given 3 days MC (MC2103083290)
my passage : Mr Tham chee seng Joey I/C:S7222244Z was given given 3 days MC 2103093293

Subjects Involved

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: 09/03/2021 13:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210309/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210309/7028

Victim			
Person Name	KAREN KEE PEI NA		
ID Type	NRIC NO	ID No	S7609384I
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	self employed	Address	470B FERNSVALE LINK #14-430 SINGAPORE 792470
Mobile No	94798868	Is Informant A Victim?	Yes
Person Name	KAREN KEE PEI NA (Informant)		

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: 09/03/2021 13:07
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

